

# SYMPTOM SURVEY FORM

NAME \_\_\_\_\_ DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

Phone # (     ) \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: M \_\_\_ F \_\_\_

**INSTRUCTIONS:** Number the boxes which apply to you with either a 1, 2, or 3  
 (1) for MILD symptoms  
 (2) for MODERATE symptoms  
 (3) for SEVERE symptoms  
 Leave the box BLANK if it does not apply to you!

## GROUP 1

- 1  Acid foods upset
- 2  Get chilled, often
- 3  "Lump" in throat
- 4  Dry mouth-eyes-nose
- 5  Pulse speeds after meals
- 6  Keyed up—fail to calm
- 7  Cuts heal slowly
- 8  Gag easily
- 9  Unable to relax; startles easily
- 10  Extremities cold, clammy
- 11  Strong light irritates
- 12  Urine amount reduced
- 13  Heart pounds after retiring
- 14  "Nervous" stomach
- 15  Appetite reduced
- 16  Cold sweats often
- 17  Fever easily raised
- 18  Neuralgia-like pains
- 19  Staring, blinks little
- 20  Sour stomach frequent

## GROUP 2

- 21  Joint stiffness after arising
- 22  Muscle-leg-toe cramps at night
- 23  "Butterfly" stomach, cramps
- 24  Eyes or nose watery
- 25  Eyes blink often
- 26  Eyelids swollen, puffy
- 27  Indigestion soon after meals
- 28  Always seems hungry; feels "lightheaded" often
- 29  Digestion rapid
- 30  Vomiting frequent
- 31  Hoarseness frequent
- 32  Breathing irregular
- 33  Pulse slow; feels "irregular"
- 34  Gagging reflex slow
- 35  Difficulty swallowing
- 36  Constipation, diarrhea alternating
- 37  "Slow starter"
- 38  Get "chilled" infrequently
- 39  Perspire easily
- 40  Circulation poor, sensitive to cold
- 41  Subject to colds, asthma, bronchitis

## GROUP 3

- 42  Eat when nervous
- 43  Excessive appetite
- 44  Hungry between meals
- 45  Irritable before meals
- 46  Get "shaky" if hungry
- 47  Fatigue, eating relieves
- 48  "Lightheaded" if meals delayed
- 49  Heart palpitates if meals missed or delayed
- 50  Afternoon headaches
- 51  Overeating sweets upsets
- 52  Awaken after few hours sleep—hard to get back to sleep
- 53  Crave candy or coffee in afternoons
- 54  Moods of depression—"blues" or melancholy
- 55  Abnormal craving for sweets or snacks

## GROUP 4

- 56  Hands and feet go to sleep easily, numbness
- 57  Sigh frequently, "air hunger"
- 58  Aware of "breathing heavily"
- 59  High altitude discomfort
- 60  Opens windows in closed room
- 61  Susceptible to colds and fevers
- 62  Afternoon "yawner"
- 63  Get "drowsy" often
- 64  Swollen ankles worse at night
- 65  Muscle cramps, worse during exercise; get "charley horses"
- 66  Shortness of breath on exertion
- 67  Dull pain in chest or radiating into left arm, worse on exertion
- 68  Bruise easily, "black/blue" spots
- 69  Tendency to anemia
- 70  "Nose bleeds" frequent
- 71  Noises in head or "ringing in ears"
- 72  Tension under the breastbone, or feeling of "tightness", worse on exertion

## GROUP 5

- 73  Dizziness
- 74  Dry skin
- 75  Burning feet
- 76  Blurred vision
- 77  Itching skin and feet
- 78  Excessive falling hair
- 79  Frequent skin rashes
- 80  Bitter, metallic taste in mouth in mornings
- 81  Bowel movements painful or difficult
- 82  Worrier, feels insecure
- 83  Feeling queasy; headache over eyes
- 84  Greasy foods upset
- 85  Stools light-colored
- 86  Skin peels on foot soles
- 87  Pain between shoulder blades
- 88  Use laxatives
- 89  Stools alternate from soft to watery
- 90  History of gallbladder attacks or gallstones
- 91  Sneezing attacks
- 92  Dreaming, nightmare type bad dreams
- 93  Bad breath (halitosis)
- 94  Milk products cause distress
- 95  Sensitive to hot weather
- 96  Burning or itching anus
- 97  Crave sweets

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**GROUP 6**

- 98  Loss of taste for meat
- 99  Lower bowel gas several hours after eating
- 100  Burning stomach sensations, eating relieves
- 101  Coated tongue
- 102  Pass large amounts of foul-smelling gas
- 103  Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
- 104  Mucus colitis or "irritable bowel"
- 105  Gas shortly after eating
- 106  Stomach "bloating" after eating

**GROUP 7**

**(A)**

- 107  Insomnia
- 108  Nervousness
- 109  Can't gain weight
- 110  Intolerance to heat
- 111  Highly emotional
- 112  Flush easily
- 113  Night sweats
- 114  Thin, moist skin
- 115  Inward trembling
- 116  Heart palpitates
- 117  Increased appetite without weight gain
- 118  Pulse fast at rest
- 119  Eyelids and face twitch
- 120  Irritable and restless
- 121  Can't work under pressure

**(B)**

- 122  Increase in weight
- 123  Decrease in appetite
- 124  Fatigue easily
- 125  Ringing in ears
- 126  Sleepy during day
- 127  Sensitive to cold
- 128  Dry or scaly skin
- 129  Constipation
- 130  Mental sluggishness
- 131  Hair coarse, falls out
- 132  Headaches upon arising wear off during day
- 133  Slow pulse, below 65
- 134  Frequency of urination
- 135  Impaired hearing
- 136  Reduced initiative

**GROUP 7 (continued)**

**(C)**

- 137  Failing memory
- 138  Low blood pressure
- 139  Increased sex drive
- 140  Headaches, "splitting or rending" type
- 141  Decreased sugar tolerance

**(D)**

- 142  Abnormal thirst
- 143  Bloating of abdomen
- 144  Weight gain around hips or waist
- 145  Sex drive reduced or lacking
- 146  Tendency to ulcers, colitis
- 147  Increased sugar tolerance
- 148  Women: menstrual disorders
- 149  Young girls: lack of menstrual function

**(E)**

- 150  Dizziness
- 151  Headaches
- 152  Hot flashes
- 153  Increased blood pressure
- 154  Hair growth on face or body (female)
- 155  Sugar in urine (not diabetes)
- 156  Masculine tendencies (female)

**(F)**

- 157  Weakness, dizziness
- 158  Chronic fatigue
- 159  Low blood pressure
- 160  Nails weak, ridged
- 161  Tendency to hives
- 162  Arthritic tendencies
- 163  Perspiration increase
- 164  Bowel disorders
- 165  Poor circulation
- 166  Swollen ankles
- 167  Crave salt
- 168  Brown spots or bronzing of skin
- 169  Allergies—tendency to asthma
- 170  Weakness after colds, influenza
- 171  Exhaustion—muscular and nervous
- 172  Respiratory disorders

**FEMALE ONLY**

- 173  Very easily fatigued
- 174  Premenstrual tension
- 175  Painful menses
- 176  Depressed feelings before menstruation
- 177  Menstruation excessive and prolonged
- 178  Painful breasts
- 179  Menstruate too frequently
- 180  Vaginal discharge
- 181  Hysterectomy/ovaries removed
- 182  Menopausal hot flashes
- 183  Menses scanty or missed
- 184  Acne, worse at menses
- 185  Depression of long standing

**MALE ONLY**

- 186  Prostate trouble
- 187  Urination difficult or dribbling
- 188  Night urination frequent
- 189  Depression
- 190  Pain on inside of legs or heels
- 191  Feeling of incomplete bowel evacuation
- 192  Lack of energy
- 193  Migrating aches and pains
- 194  Tire too easily
- 195  Avoids activity
- 196  Leg nervousness at night
- 197  Diminished sex drive

**IMPORTANT**

TO THE PATIENT: Please list below the five main health complaints you have in order of their importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_