

SYMPTOM SURVEY FORM

NAME _____ DOCTOR _____ DATE _____

AGE _____ SEX M _____ F _____

Phone # (_____) _____

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; feel "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 sleeps - 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 ☐ Susceptive 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 movement painful or difficult
- 82 ☐ Worries, 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

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 feeling 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

MALES 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 ☐ Avoid 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. _____