

SYMPTOM SURVEY FORM



Patient _____ Doctor _____ Date _____
Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male ** Female **
Pulse: Recumbent _____ Standing _____ Vegetarian: Yes ** No **
Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive **

INSTRUCTIONS: Fill in only the circles which apply to you.
● ○ ○ MILD symptoms (occurred once or twice last 6 months).
○ ● ○ MODERATE symptoms (occurred once or twice last month).
○ ○ ● SEVERE symptoms (chronic, occurred once or twice last week).
○ ○ ○ Leave circles **BLANK** if they don't apply to you!

- 1 2 3 GROUP 1**
- 1 ○ ○ ○ Acid foods upset
 - 2 ○ ○ ○ Get chilled often
 - 3 ○ ○ ○ "Lump" in throat
 - 4 ○ ○ ○ Dry mouth-eyes-nose
 - 5 ○ ○ ○ Pulse speeds after meal
 - 6 ○ ○ ○ Keyed up - fail to calm
 - 7 ○ ○ ○ Cut heals 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 often
- GROUP 2**
- 21 ○ ○ ○ Joint stiffness on 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

- 1 2 3**
- 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 rooms
 - 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 and 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
- 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 ○ ○ ○ Mucous colitis or "irritable bowel"
 - 105 ○ ○ ○ Gas shortly after eating
 - 106 ○ ○ ○ Stomach "bloating" after eating

1 2 3 GROUP 7A

- 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

GROUP 7B

- 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 7C

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

GROUP 7D

- 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

GROUP 7E

- 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)

GROUP 7F

- 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

1 2 3

- 170 Weakness after colds, influenza
- 171 Exhaustion - muscular and nervous
- 172 Respiratory disorders

GROUP 8

- 173 Apprehension
- 174 Irritability
- 175 Morbid fears
- 176 Never seems to get well
- 177 Forgetfulness
- 178 Indigestion
- 179 Poor appetite
- 180 Craving for sweets
- 181 Muscular soreness
- 182 Depression; feelings of dread
- 183 Noise sensitivity
- 184 Acoustic hallucinations
- 185 Tendency to cry without reason
- 186 Hair is coarse and/or thinning
- 187 Weakness
- 188 Fatigue
- 189 Skin sensitive to touch
- 190 Tendency toward hives
- 191 Nervousness
- 192 Headache
- 193 Insomnia
- 194 Anxiety
- 195 Anorexia
- 196 Inability to concentrate; confusion
- 197 Frequent stuffy nose; sinus infections
- 198 Allergy to some foods
- 199 Loose joints

FEMALE ONLY

- 200 Very easily fatigued
- 201 Premenstrual tension
- 202 Painful menses
- 203 Depressed feelings before menstruation
- 204 Menstruation excessive and prolonged
- 205 Painful breasts
- 206 Menstruate too frequently
- 207 Vaginal discharge
- 208 Hysterectomy / ovaries removed
- 209 Menopausal hot flashes
- 210 Menses scanty or missed
- 211 Acne, worse at menses
- 212 Depression of long standing

MALE ONLY

- 213 Prostate trouble
- 214 Urination difficult or dribbling
- 215 Night urination frequent
- 216 Depression
- 217 Pain on inside of legs or heels
- 218 Feeling of incomplete bowel evacuation
- 219 Lack of energy
- 220 Migrating aches and pains
- 221 Tire too easily
- 222 Avoids activity
- 223 Leg nervousness at night
- 224 Diminished sex drive

List the five main complaints you have in the order of their importance:

1. _____
2. _____
3. _____
4. _____
5. _____