

# 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—fall 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

**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  Headache, "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. \_\_\_\_\_