

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. _____