

SYMPTOM SURVEY FORM



Patient _____ Doctor _____ Date _____

Birth Date ____ / ____ / ____ Approx Weight _____ Vegetarian: Yes No

INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.

* Fill in the circle marked 1 for MILD symptoms (occurred once or twice last 6 months). ●○○

* Fill in the circle marked 2 for MODERATE symptoms (occurred once or twice last month). ○●○

* Fill in the circle marked 3 for SEVERE symptoms (chronic, occurred once or twice last week). ○○●

Leave circles BLANK if they don't apply to you! ○○○

GROUP ONE

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

GROUP TWO

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

GROUP THREE

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

GROUP FOUR

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