

SYSTEMS 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 (occurs rarely).
- Fill in the circle marked 2 for MODERATE symptoms (occurs several times a month).
- Fill in the circle marked 3 for SEVERE symptoms (occurs almost constantly).
- **Leave circles BLANK if they don't apply to you!**

GROUP 1

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| 1 2 3
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 | 1 2 3
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 | 1 2 3
15 ○○○○ Appetite reduced
16 ○○○○ Cold sweats often
17 ○○○○ Fever easily raised
18 ○○○○ Neuralgia-like pains
19 ○○○○ Staring, blinks little
20 ○○○○ Sour stomach often |
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GROUP 2

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| 1 2 3
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 | 1 2 3
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 | 1 2 3
37 ○○○○ "Slow starter"
38 ○○○○ Get "chilled" infrequently
39 ○○○○ Perspire easily
40 ○○○○ Circulation poor, sensitive to cold
41 ○○○○ Subject to colds, asthma, bronchitis |
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GROUP 3

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| 1 2 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 | 1 2 3
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 | 1 2 3
53 ○○○○ Crave candy or coffee in afternoons
54 ○○○○ Moods of depression - "blues" or melancholy
55 ○○○○ Abnormal craving for sweets or snacks |
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GROUP 4

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| 1 2 3
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" | 1 2 3
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 | 1 2 3
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 |
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GROUP 5

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| <p>1 2 3
73 ○○○ Dizziness</p> <p>74 ○○○ Dry skin</p> <p>75 ○○○ Burning feet</p> <p>76 ○○○ Blurred vision</p> <p>77 ○○○ Itching skin and feet</p> <p>78 ○○○ Excessive falling hair</p> <p>79 ○○○ Frequent skin rashes</p> <p>80 ○○○ Bitter, metallic taste in mouth in mornings</p> <p>81 ○○○ Bowel movements painful or difficult</p> <p>82 ○○○ Worrier, feels insecure</p> | <p>1 2 3
83 ○○○ Feeling queasy; headache over eyes</p> <p>84 ○○○ Greasy foods upset</p> <p>85 ○○○ Stools light colored</p> <p>86 ○○○ Skin peels on foot soles</p> <p>87 ○○○ Pain between shoulder blades</p> <p>88 ○○○ Use laxatives</p> <p>89 ○○○ Stools alternate from soft to watery</p> <p>90 ○○○ History of gallbladder attacks or gallstones</p> | <p>1 2 3
91 ○○○ Sneezing attacks</p> <p>92 ○○○ Dreaming, nightmare type bad dreams</p> <p>93 ○○○ Bad breath (halitosis)</p> <p>94 ○○○ Milk products cause distress</p> <p>95 ○○○ Sensitive to hot weather</p> <p>96 ○○○ Burning or itching anus</p> <p>97 ○○○ Crave sweets</p> |
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GROUP 6

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| <p>1 2 3
98 ○○○ Loss of taste for meat</p> <p>99 ○○○ Lower bowel gas several hours after eating</p> <p>100 ○○○ Burning stomach sensations, eating relieves</p> | <p>1 2 3
101 ○○○ Coated tongue</p> <p>102 ○○○ Pass large amounts of foul-smelling gas</p> <p>103 ○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.</p> | <p>1 2 3
104 ○○○ Mucous colitis or "irritable bowel"</p> <p>105 ○○○ Gas shortly after eating</p> <p>106 ○○○ Stomach "bloating" after</p> |
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GROUP 7

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| <p>(A)</p> <p>1 2 3
107 ○○○ Insomnia</p> <p>108 ○○○ Nervousness</p> <p>109 ○○○ Can't gain weight</p> <p>110 ○○○ Intolerance to heat</p> <p>111 ○○○ Highly emotional</p> <p>112 ○○○ Flush easily</p> <p>113 ○○○ Night sweats</p> <p>114 ○○○ Thin, moist skin</p> <p>115 ○○○ Inward trembling</p> <p>116 ○○○ Heart palpitates</p> <p>117 ○○○ Increased appetite without weight gain</p> <p>118 ○○○ Pulse fast at rest</p> <p>119 ○○○ Eyelids and face twitch</p> <p>120 ○○○ Irritable and restless</p> <p>121 ○○○ Can't work under pressure</p> | <p>(C)</p> <p>1 2 3
137 ○○○ Failing memory</p> <p>138 ○○○ Low blood pressure</p> <p>139 ○○○ Increased sex drive</p> <p>140 ○○○ Headaches, "splitting or rending" type</p> <p>141 ○○○ Decreased sugar tolerance</p> <p>(D)</p> <p>1 2 3
142 ○○○ Abnormal thirst</p> <p>143 ○○○ Bloating of abdomen</p> <p>144 ○○○ Weight gain around hips or waist</p> <p>145 ○○○ Sex drive reduced or lacking</p> <p>146 ○○○ Tendency to ulcers, colitis</p> <p>147 ○○○ Increased sugar tolerance</p> <p>148 ○○○ Women: menstrual disorders</p> <p>149 ○○○ Young girls: lack of menstrual function</p> | <p>(E)</p> <p>1 2 3
150 ○○○ Dizziness</p> <p>151 ○○○ Headaches</p> <p>152 ○○○ Hot flashes</p> <p>153 ○○○ Increased blood pressure</p> <p>154 ○○○ Hair growth on face or body (female)</p> <p>155 ○○○ Sugar in urine (not diabetes)</p> <p>156 ○○○ Masculine tendencies (female)</p> <p>(F)</p> <p>1 2 3
157 ○○○ Weakness, dizziness</p> <p>158 ○○○ Chronic fatigue</p> <p>159 ○○○ Low blood pressure</p> <p>160 ○○○ Nails weak, ridged</p> <p>161 ○○○ Tendency to hives</p> <p>162 ○○○ Arthritic tendencies</p> <p>163 ○○○ Perspiration increase</p> <p>164 ○○○ Bowel disorders</p> <p>165 ○○○ Poor circulation</p> <p>166 ○○○ Swollen ankles</p> <p>167 ○○○ Crave salt</p> <p>168 ○○○ Brown spots or bronzing of skin</p> <p>169 ○○○ Allergies - tendency to asthma</p> <p>170 ○○○ Weakness after colds, influenza</p> <p>171 ○○○ Exhaustion - muscular and nervous</p> <p>172 ○○○ Respiratory disorders</p> |
| <p>(B)</p> <p>1 2 3
122 ○○○ Increase in weight</p> <p>123 ○○○ Decrease in appetite</p> <p>124 ○○○ Fatigue easily</p> <p>125 ○○○ Ringing in ears</p> <p>126 ○○○ Sleepy during day</p> <p>127 ○○○ Sensitive to cold</p> <p>128 ○○○ Dry or scaly skin</p> <p>129 ○○○ Constipation</p> <p>130 ○○○ Mental sluggishness</p> <p>131 ○○○ Hair coarse, falls out</p> <p>132 ○○○ Headaches upon arising, wear off during day</p> <p>133 ○○○ Slow pulse, below 65</p> <p>134 ○○○ Frequency of urination</p> <p>135 ○○○ Impaired hearing</p> <p>136 ○○○ Reduced initiative</p> | | |

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GROUP 8

- 1 2 3
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

- 1 2 3
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

- 1 2 3
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

- 1 2 3
200 ○○○ Very easily fatigued
201 ○○○ Premenstrual tension
202 ○○○ Painful menses
203 ○○○ Depressed feelings before
menstruation
204 ○○○ Menstruation excessive and
prolonged
205 ○○○ Painful breasts

- 1 2 3
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

- 1 2 3
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

IMPORTANT

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

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