

System Survey Form

Patient _____ Doctor _____ Date _____
 Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male `` Female ``
 Pulse: Recumbent _____ Standing _____ Vegetarian `` Gluten-free ``
 Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive ``

INSTRUCTIONS: Fill in only the circles which apply to you.

- MILD symptoms (occurs rarely).
 MODERATE symptoms (occurs several times a month).
 SEVERE symptoms (occurs almost constantly)
 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 Muscle weakness
- 174 Lack of Stamina
- 175 Drowsiness after eating
- 176 Muscular soreness
- 177 Rapid heart beat
- 178 Hyper-irritable
- 179 Feeling of a band around your head
- 180 Melancholia (feeling of sadness)
- 181 Swelling of ankles
- 182 Diminished urination
- 183 Tendency to consume sweets or carbohydrates
- 184 Muscle spasms
- 185 Blurred vision
- 186 Loss of muscular control
- 187 Numbness
- 188 Night sweats
- 189 Rapid digestion
- 190 Sensitivity to noise
- 191 Redness of palms of hands and bottom of feet
- 192 Visible veins on chest and abdomen
- 193 Hemorrhoids
- 194 Apprehension (feeling that something bad will happen)
- 195 Nervousness causing loss of appetite
- 196 Nervousness with indigestion
- 197 Gastritis
- 198 Forgetfulness
- 199 Thinning hair

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. _____