

SYMPTOM SURVEY FORM

Patient _____ Date _____

INSTRUCTIONS

NUMBER EACH ITEM THAT APPLIES TO YOU AS FOLLOWS:

- Leave **BLANK**, if it does not apply to you
- USE **1** for **MILD** symptoms (occur once or twice a year)
- USE **2** for **MODERATE** symptoms (occur several times a year)
- USE **3** for **SEVERE** symptoms (you are aware of it almost constantly)

Panel 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 - fail to calm down
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

Panel 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

Panel 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

Panel 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
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 "lightness", worse on exertion

Panel 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 AM
81. ___ Bowel movements difficult or painful
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

SYMPTOM SURVEY FORM

- 95. ___ Sensitive to hot weather
- 96. ___ Burning or itching anus
- 97. ___ Crave sweets

Panel 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 ½ - 1 hour after eating: may be up to 3-4 hours
- 104. ___ Mucus colitis or "irritable bowel"
- 105. ___ Gas shortly after eating
- 106. ___ Stomach "bloating" after eating

GROUP 7

- 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
- 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 wears off during day
- 133. ___ Slow pulse, below 65
- 134. ___ Frequency or urination
- 135. ___ Impaired hearing
- 136. ___ Reduced initiative
- 137. ___ Failing memory
- 138. ___ Low blood pressure
- 139. ___ Increased sex drive
- 140. ___ Headaches "splitting or rending" type
- 141. ___ Decreased sugar tolerance
- 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. ___ Increase sugar tolerance
- 148. ___ Women: menstrual disorders
- 149. ___ Young girls: lack of menstrual function
- 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)
- 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. ___ Frequent night urination
- 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. _____