

# SYMPTOM SURVEY FORM

NAME \_\_\_\_\_ DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ SEX M \_\_\_\_\_ F \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

**INSTRUCTIONS:** Number the blanks which apply to you with either a 1, 2, or 3  
(1) for **MILD** symptoms  
(2) for **MODERATE** symptoms  
(3) for **SEVERE** symptoms  
Leave the blank **EMPTY** if it does not apply to you!

## GROUP 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
- 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

## GROUP 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; feel "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
- 52 \_\_ Awaken after few hours sleeps - 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 room
- 61 \_\_ Susceptive 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 "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 movement painful or difficult
- 82 \_\_ Worries, 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 attaches
- 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 \_\_ Mucus colitis or "irritable bowel"
- 105 \_\_ Gas shortly after eating
- 106 \_\_ Stomach "bloating" after eating

**GROUP 7**

**(A)**

- 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

**(B)**

- 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 7 (continued)**

**(C)**

- 137 \_\_ Failing memory
- 138 \_\_ Low blood pressure
- 139 \_\_ Increased sex drive
- 140 \_\_ Headaches, "splitting or rending" type
- 141 \_\_ Decreased sugar tolerance

**(D)**

- 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

**(E)**

- 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)

**(F)**

- 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 feeling 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

**MALES ONLY**

- 186 \_\_ Prostate trouble
- 187 \_\_ Urination difficult or dribbling
- 188 \_\_ Night urination frequent
- 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 \_\_ Avoid 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. \_\_\_\_\_
- \_\_\_\_\_