SYMPTOM SURVEY FORM



Patient			Do	octor		Da		
Birth Date	/	/	Approx Weight			Sex:		
Pulse: Rec			Standing			Vegetarian:		
		ont.	_ Standing	Ctonding		•		
Blood press	sure: Recumb	ent		Standing		/ Ragi	and's Test is Positive · ·	
INSTRUCTIONS: Fill in only the circles which apply to you. O O MILD symptoms (occurred once or twice last 6 months). O O O MODERATE symptoms (occurred once or twice last month). O O O SEVERE symptoms (chronic, occurred once or twice last week). O O C Leave circles BLANK if they don't apply to you! 1 2 3 GROUP1					3 0 0 0 3 0 0 0 5 0 0 0	Awaken after few hours sleep - hard to get back to sleep Crave candy or coffee in afternoons Moods of depression - "blues" or melancholy Abnormal craving for sweets or snacks GROUP 4 Hands and feet go to sleep easily, numbness		
2 0 0 0 3 0 0 0 4 0 0 0 5 0 0 0	Acid foods upse Get chilled often "Lump" in throat Dry mouth-eyes Pulse speeds af Keyed up - fail to Cut heals slowly	i-nose iter meal o calm		58 59 60 61 62	3 0 0 0 9 0 0 0 9 0 0 0 9 0 0 0	Sigh frequently, "air hunger" Aware of "breathing heavily" High altitude discomfort Opens windows in closed room Susceptible to colds and fevers Afternoon "yawner" Get "drowsy" often		
9 0 0 0 10 0 0 0 11 0 0 0 12 0 0 0 13 0 0 0 14 0 0 0 15 0 0 0	Gag easily Unable to relax; Extremities cold, Strong light irrita Urine amount re Heart pounds at "Nervous" stom: Appetite reduce Cold sweats oft	clammy ates duced fter retiring ach d		64 65 66 67 68 69 70	000 000 000 000 000 000	Swollen ankles, worse at night Muscle cramps, worse during e Shortness of breath on exertior Dull pain in chest or radiating in Bruise easily, "black and blue" s Tendency to anemia "Nose bleeds" frequent Noises in head, or "ringing in ea Tension under the breastbone,	n to left arm, worse on exertion spots	
18 0 0 0 19 0 0 0 20 0 0 0	Fever easily rais Neuralgia-like pa Staring, blinks lit Sour stomach o GROUP 2	ains tle ften		73 74	3 0 0 0 1 0 0 0	worse on exertion GROUP 5 Dizziness Dry skin Burning feet		
22 0 0 0 23 0 0 0 24 0 0 0	Joint stiffness o Muscle-leg-toe o "Butterfly" stome Eyes or nose w Eyes blink often	cramps at night ach, cramps atery		77 78 79	000 000 000	Blurred vision Itching skin and feet Excessive falling hair Frequent skin rashes Bitter, metallic taste in mouth in a	morninas	
27 0 0 0 28 0 0 0 29 0 0 0	Eyelids swollen Indigestion soor Always seems I Digestion rapid Vomiting freque	n after meals nungry; feels "ligh	ntheaded" often	81 82 83 84	000	Bowel movements painful or dif Worrier, feels insecure Feeling queasy; headache over Greasy foods upset Stools light colored	ficult	
32 0 0 0 33 0 0 0 34 0 0 0	Hoarseness free Breathing irregu Pulse slow; feel Gagging reflex Difficulty swallo	lar s "irregular" slow		88 88 88	000 000 000 000	Skin peels on foot soles Pain between shoulder blades Use laxatives Stools alternate from soft to wa History of gallbladder attacks or	•	
37 0 0 0 38 0 0 0 39 0 0 0 40 0 0 0	"Slow starter" Get "chilled" infr Perspire easily Circulation poor	, sensitive to cold		91 92 93 94	000	Sneezing attacks Dreaming, nightmare type bad d Bad breath (halitosis) Milk products cause distress Sensitive to hot weather		
42 0 0 0 43 0 0 0	GROUP 3 Eat when nervo Excessive appe	tite	itis	96 97 98	000 000 000	Burning or itching anus Crave sweets GROUP 6 Loss of taste for meat		
45 0 0 0 46 0 0 0 47 0 0 0	Hungry between Irritable before r Get "shaky" if h Fatigue, eating r "Lightheaded" if	neals ungry relieves		100 101 102	000	Lower bowel gas several hours Burning stomach sensations, ea Coated tongue Pass large amounts of foul-sme Indigestion 1/2 - 1 hour after ea	ating relieves	
50 000	Heart palpitates Afternoon head Overeating swe		or delayed	10 ⁴ 105	000	Mucous colitis or "irritable bowe Gas shortly after eating Stomach "bloating" after eating	• •	

1 2 3 GROUP 7A	1 2 3
107 O O O Insomnia	170 O O O Weakness after colds, influenza
108 O O O Nervousness	171 O O O Exhaustion - muscular and nervous
109 O O Can't gain weight	172 O O Respiratory disorders
110 O O O Intolerance to heat	
111 OOO Highly emotional	GROUP 8
112 O O O Flush easily	173 O O O Apprehension
113 O O O Night sweats	174 O O O Irritability
114 O O O Thin, moist skin	175 O O O Morbid fears
115 O O O Inward trembling	176 O O O Never seems to get well
116 O O O Heart palpitates	177 O O Forgetfulness
117 O O O Increased appetite without weight gain	178 O O O Indigestion
118 O O O Pulse fast at rest	179 O O O Poor appetite
119 O O O Fulse last at rest	180 O O Craving for sweets
120 O O Irritable and restless	181 O O O Muscular soreness
121 O O O Can't work under pressure	182 O O O Depression; feelings of dread
	183 O O Noise sensitivity
GROUP 7B	184 O O O Acoustic hallucinations
122 O O O Increase in weight	185 O O O Tendency to cry without reason
123 O O O Decrease in appetite	186 O O O Hair is coarse and/or thinning
124 O O O Fatigue easily	187 O O O Weakness
125 O O O Ringing in ears	188 O O O Fatigue
126 O O O Sleepy during day	189 O O O Skin sensitive to touch
127 O O O Sensitive to cold	190 O O O Tendency toward hives
128 O O O Dry or scaly skin	191 O O O Nervousness
129 O O Constipation	192 O O O Headache
130 O O O Mental sluggishness	193 O O O Insomnia
131 O O O Hair coarse, falls out	194 O O O Anxiety
132 O O O Headaches upon arising, wear off during day	195 O O O Anorexia
133 O O O Slow pulse, below 65	196 O O O Inability to concentrate; confusion
134 O O O Frequency of urination	197 O O O Frequent stuffy nose; sinus infections
135 O O O Impaired hearing	198 O O O Allergy to some foods
136 O O O Reduced initiative	199 O O O Loose joints
GROUP 7C	FEMALE ONLY
137 OOO Failing memory	200 O O Very easily fatigued
138 OOO Low blood pressure	201 O O O Premenstrual tension
139 OOO Increased sex drive	202 O O O Painful menses
140 OOO Headaches, "splitting or rending" type	203 OOO Depressed feelings before menstruation
141 OOO Decreased sugar tolerance	204 O O O Menstruation excessive and prolonged
GROUP 7D	205 O O O Painful breasts
142 O O O Abnormal thirst	206 OOO Menstruate too frequently
143 OOO Bloating of abdomen	207 OOO Vaginal discharge
144 O O O Weight gain around hips or waist	208 O Hysterectomy / ovaries removed
145 O O O Sex drive reduced or lacking	209 O O O Menopausal hot flashes
146 O O O Tendency to ulcers, colitis	210 OOO Menses scanty or missed
147 O O O Increased sugar tolerance	211 OOO Acne, worse at menses
148 O O O Women: menstrual disorders	212 OOO Depression of long standing
149 O O O Young girls: lack of menstrual function	MALE ONLY
GROUP 7E	213 O O O Prostate trouble
150 O O O Dizziness	214 OOO Urination difficult or dribbling
151 O O O Headaches	215 O O O Night urination frequent
152 O O O Hot flashes	216 O O O Depression
153 O O O Increased blood pressure	217 O O O Pain on inside of legs or heels
154 O O O Hair growth on face or body (female)	218 O O O Feeling of incomplete bowel evacuation
155 O O O Sugar in urine (not diabetes)	219 O O O Lack of energy
156 O O O Masculine tendencies (female)	220 O O O Migrating aches and pains
GROUP 7F	221 OOO Tire too easily
157 O O O Weakness, dizziness	222 O O O Avoids activity
158 O O O Chronic fatigue	223 O O O Leg nervousness at night
159 OOO Low blood pressure	224 O O O Diminished sex drive
160 O O O Nails weak, ridged	List the fire was a second sint and the second seco
161 OOO Tendency to hives	List the five main complaints you have in the order of their importance:
•	1
162 O O O Arthritic tendencies 163 O O O Perspiration increase	
164 O O O Bowel disorders	2
165 O O O Poor circulation	
166 O O O Swollen ankles	3
167 O O O Crave salt	4
168 O O O Brown spots or bronzing of skin	
169 O O O Allergies - tendency to asthma	5