

# SYMPTOM SURVEY FORM



Client \_\_\_\_\_ Clinician \_\_\_\_\_ Date \_\_\_\_\_  
 Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx Weight \_\_\_\_\_ Sex: Male  Female   
 Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_ Vegetarian: Yes  No   
 Blood pressure: Recumbent \_\_\_\_ / \_\_\_\_ Standing \_\_\_\_ / \_\_\_\_ Ragland's Test is Positive

**INSTRUCTIONS:** Fill in only the circles which apply to you.  
   MILD symptoms (occurred once or twice last 6 months).  
   MODERATE symptoms (occurred once or twice last month).  
   SEVERE symptoms (chronic, occurred once or twice last week).  
   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    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
- 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
- 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**

- 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. \_\_\_\_\_