

SYMPTOM SURVEY FORM

Patient: _____ Doctor: _____
 Date: _____ Birth Date: _____
 Approx Weight: _____ Sex: Male or Female _____
 Pulse: Sitting ___/___ Standing ___/___ Vegetarian: yes or no
 Blood Pressure: Sitting _____ Standing _____
 Ragland's Test is Positive: yes or no

Instructions: Place an "x" in the brackets which apply to you.

MILD symptoms (occur once/twice in last 6 month)

MODERATE symptoms (once/twice in last month)

SEVERE symptoms (chronic, once/twice a week)

Leave brackets BLANK if they don't apply to you!

- | | | | | | |
|---|--------------------------|--------------------------|--|----|--|
| 1 | 2 | 3 | GROUP 1 | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Acid foods upset | 37 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> "Slow starter" |
| | <input type="checkbox"/> | <input type="checkbox"/> | Get chilled often | 38 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Get "chilled" infrequently |
| | <input type="checkbox"/> | <input type="checkbox"/> | "Lump" in throat | 39 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Perspire easily |
| | <input type="checkbox"/> | <input type="checkbox"/> | Dry mouth-eyes-nose | 40 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Circulation poor, sensitive to cold |
| | <input type="checkbox"/> | <input type="checkbox"/> | Pulse speeds after meal | 41 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Subject to colds, asthma, bronchitis |
| | <input type="checkbox"/> | <input type="checkbox"/> | Keyed up – fail to calm | | GROUP 3 |
| | <input type="checkbox"/> | <input type="checkbox"/> | Cut heals slowly | 42 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eat when nervous |
| | <input type="checkbox"/> | <input type="checkbox"/> | Gag easily | 43 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Excessive appetite |
| | <input type="checkbox"/> | <input type="checkbox"/> | Unable to relax; startles easily | 44 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hungry between meals |
| | <input type="checkbox"/> | <input type="checkbox"/> | Extremities cold, clammy | 45 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Irritable before meals |
| | <input type="checkbox"/> | <input type="checkbox"/> | Strong light irritates | 46 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Get "shaky" if hungry |
| | <input type="checkbox"/> | <input type="checkbox"/> | Urine amount reduced | 47 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fatigue, eating relieves |
| | <input type="checkbox"/> | <input type="checkbox"/> | Heart pounds after retiring | 48 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> "Lightheaded" if meals delayed |
| | <input type="checkbox"/> | <input type="checkbox"/> | "Nervous" stomach | 49 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heart palpitates if meals missed or delayed |
| | <input type="checkbox"/> | <input type="checkbox"/> | Appetite reduced | 50 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Afternoon headaches |
| | <input type="checkbox"/> | <input type="checkbox"/> | Cold sweats often | 51 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overeating sweets upsets |
| | <input type="checkbox"/> | <input type="checkbox"/> | Fever easily raised | 52 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Awaken after few hours of sleep- |
| | <input type="checkbox"/> | <input type="checkbox"/> | Neuralgia – like pains | 53 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crave candy or coffee in afternoons |
| | <input type="checkbox"/> | <input type="checkbox"/> | Staring, blinks little | 54 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moods of depression "blues" or melancholy |
| | <input type="checkbox"/> | <input type="checkbox"/> | Sour stomach often | 55 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abnormal craving for sweets or snacks |
| | | | GROUP 2 | | GROUP 4 |
| | <input type="checkbox"/> | <input type="checkbox"/> | Joint stiffness on arising | 56 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands and feet go to sleep easily, numbness |
| | <input type="checkbox"/> | <input type="checkbox"/> | Muscle-leg-toe cramps at night | 57 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sigh frequently, "air hunger" |
| | <input type="checkbox"/> | <input type="checkbox"/> | "Butterfly" stomach, cramps | 58 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aware of "breathing heavily" |
| | <input type="checkbox"/> | <input type="checkbox"/> | Eyes or nose watery | 59 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High Altitude discomfort |
| | <input type="checkbox"/> | <input type="checkbox"/> | Eyes blink often | 60 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Opens windows in closed rooms |
| | <input type="checkbox"/> | <input type="checkbox"/> | Eyelids swollen, puffy | 61 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Susceptible to colds and fevers |
| | <input type="checkbox"/> | <input type="checkbox"/> | Indigestion soon after meals | 62 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Afternoon "yawner" |
| | <input type="checkbox"/> | <input type="checkbox"/> | Always seems hungry; feels "lightheaded" | 63 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Get "drowsy" often |
| | <input type="checkbox"/> | <input type="checkbox"/> | Digestion rapid | 64 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swollen ankles, worse at night |
| | <input type="checkbox"/> | <input type="checkbox"/> | Vomiting frequent | 65 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Muscle cramps, worse during exercise |
| | <input type="checkbox"/> | <input type="checkbox"/> | Hoarseness frequent | 66 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shortness of breath on exertion |
| | <input type="checkbox"/> | <input type="checkbox"/> | Breathing irregular | 67 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dull pain in chest/radiating into left arm |
| | <input type="checkbox"/> | <input type="checkbox"/> | Pulse slow; feels "irregular" | 68 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bruise easily, "black and blue" spots |
| | <input type="checkbox"/> | <input type="checkbox"/> | Gagging reflex slow | 69 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tendency to anemia |
| | <input type="checkbox"/> | <input type="checkbox"/> | Difficulty swallowing | 70 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> "Nose bleeds" frequent |
| | <input type="checkbox"/> | <input type="checkbox"/> | Constipation, diarrhea alternating | 71 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Noises in head, or "ringing in ears" |
| | | | | 72 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tension under the breastbone |

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 ½ - 1 hour after eating
- 104 [] [] [] Mucous colitis or "irritable bowel"
- 105 [] [] [] Gas shortly after eating
- 106 [] [] [] Stomach "bloating" after eating

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
- 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 sense 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
- 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 course 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. _____