

**SYMPTOM SURVEY FORM**  
(Restricted to Professional Use)

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS:** Circle the number that applies to you. If a symptom does not apply, leave it blank.  
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),  
or (3) for **SEVERE** symptoms (occurs almost constantly).

**GROUP ONE**

- |                                   |                                            |                                   |
|-----------------------------------|--------------------------------------------|-----------------------------------|
| 1 - 1 2 3 Acid foods upset        | 8 - 1 2 3 Gag Easily                       | 15 - 1 2 3 Appetite reduced       |
| 2 - 1 2 3 Get chilled, often      | 9 - 1 2 3 Unable to relax, startles easily | 16 - 1 2 3 Cold sweats often      |
| 3 - 1 2 3 "Lump" in throat        | 10 - 1 2 3 Extremities cold, clammy        | 17 - 1 2 3 Fever easily raised    |
| 4 - 1 2 3 Dry mouth-eyes-nose     | 11 - 1 2 3 Strong light irritates          | 18 - 1 2 3 Neuralgia-like pains   |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced            | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring     | 20 - 1 2 3 Sour stomach frequent  |
| 7 - 1 2 3 Cuts heal slowly        | 14 - 1 2 3 "Nervous" stomach               |                                   |

**GROUP TWO**

- |                                                             |                                                  |                                       |
|-------------------------------------------------------------|--------------------------------------------------|---------------------------------------|
| 21 - 1 2 3 Joint stiffness after arising                    | 29 - 1 2 3 Digestion rapid                       | 37 - 1 2 3 "Slow starter"             |
| 22 - 1 2 3 Muscle-leg-toe cramps at night                   | 30 - 1 2 3 Vomiting frequent                     | 38 - 1 2 3 Get "chilled" infrequently |
| 23 - 1 2 3 "Butterfly" stomach, cramps                      | 31 - 1 2 3 Hoarseness frequent                   | 39 - 1 2 3 Perspire easily            |
| 24 - 1 2 3 Eyes or nose watery                              | 32 - 1 2 3 Breathing irregular                   | 40 - 1 2 3 Circulation poor,          |
| 25 - 1 2 3 Eyes blink often                                 | 33 - 1 2 3 Pulse slow; feels "irregular"         | sensitive to cold                     |
| 26 - 1 2 3 Eyelids swollen, puffy                           | 34 - 1 2 3 Gagging reflex slow                   | 41 - 1 2 3 Subject to colds,          |
| 27 - 1 2 3 Indigestion soon after meals                     | 35 - 1 2 3 Difficulty swallowing                 | asthma, bronchitis                    |
| 28 - 1 2 3 Always seem hungry;<br>feels "lightheaded" often | 36 - 1 2 3 Constipation,<br>diarrhea alternating |                                       |

**GROUP THREE**

- |                                           |                                                                        |                                                           |
|-------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------|
| 42 - 1 2 3 Eat when nervous               | 49 - 1 2 3 Heart palpitates if meals<br>missed or delayed              | 53 - 1 2 3 Crave candy or coffee<br>in afternoons         |
| 43 - 1 2 3 Excessive appetite             | 50 - 1 2 3 Afternoon headaches                                         | 54 - 1 2 3 Moods of depression -<br>"blues" or melancholy |
| 44 - 1 2 3 Hungry between meals           | 51 - 1 2 3 Overeating sweets upsets                                    | 55 - 1 2 3 Abnormal craving for<br>sweets or snacks       |
| 45 - 1 2 3 Irritable before meals         | 52 - 1 2 3 Awaken after few hours sleep<br>- hard to get back to sleep |                                                           |
| 46 - 1 2 3 Get "shaky" if hungry          |                                                                        |                                                           |
| 47 - 1 2 3 Fatigue, eating relieves       |                                                                        |                                                           |
| 48 - 1 2 3 "Lightheaded" if meals delayed |                                                                        |                                                           |

**GROUP FOUR**

- |                                                           |                                                                                   |                                                                                                |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 56 - 1 2 3 Hands and feet go to sleep<br>easily, numbness | 63 - 1 2 3 Get "drowsy" often                                                     | 68 - 1 2 3 Bruise easily, "black<br>and blue" spots                                            |
| 57 - 1 2 3 Sigh frequently, "air<br>hunger"               | 64 - 1 2 3 Swollen ankles<br>worse at night                                       | 69 - 1 2 3 Tendency to anemia                                                                  |
| 58 - 1 2 3 Aware of "breathing<br>heavily"                | 65 - 1 2 3 Muscle cramps, worse<br>during exercise; get<br>"charley horses"       | 70 - 1 2 3 "Nose bleeds" frequent                                                              |
| 59 - 1 2 3 High altitude discomfort                       | 66 - 1 2 3 Shortness of breath<br>on exertion                                     | 71 - 1 2 3 Noises in head, or<br>"ringing in ears"                                             |
| 60 - 1 2 3 Opens windows in<br>closed room                | 67 - 1 2 3 Dull pain in chest or<br>radiating into left arm,<br>worse on exertion | 72 - 1 2 3 Tension under the<br>breastbone, or feeling<br>of "tightness",<br>worse on exertion |
| 61 - 1 2 3 Susceptible to colds<br>and fevers             |                                                                                   |                                                                                                |
| 62 - 1 2 3 Afternoon "yawner"                             |                                                                                   |                                                                                                |



## GROUP FIVE

- |                                                               |                                                                |                                                       |
|---------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|
| <b>73</b> - 1 2 3 Dizziness                                   | <b>83</b> - 1 2 3 Feeling queasy; headache over eyes           | <b>91</b> - 1 2 3 Sneezing attacks                    |
| <b>74</b> - 1 2 3 Dry skin                                    | <b>84</b> - 1 2 3 Greasy foods upset                           | <b>92</b> - 1 2 3 Dreaming, nightmare type bad dreams |
| <b>75</b> - 1 2 3 Burning feet                                | <b>85</b> - 1 2 3 Stools light-colored                         | <b>93</b> - 1 2 3 Bad breath (halitosis)              |
| <b>76</b> - 1 2 3 Blurred vision                              | <b>86</b> - 1 2 3 Skin peels on foot soles                     | <b>94</b> - 1 2 3 Milk products cause distress        |
| <b>77</b> - 1 2 3 Itching skin and feet                       | <b>87</b> - 1 2 3 Pain between shoulder blades                 | <b>95</b> - 1 2 3 Sensitive to hot weather            |
| <b>78</b> - 1 2 3 Excessive falling hair                      | <b>88</b> - 1 2 3 Use laxatives                                | <b>96</b> - 1 2 3 Burning or itching anus             |
| <b>79</b> - 1 2 3 Frequent skin rashes                        | <b>89</b> - 1 2 3 Stools alternate from soft to watery         | <b>97</b> - 1 2 3 Crave sweets                        |
| <b>80</b> - 1 2 3 Bitter, metallic taste in mouth in mornings | <b>90</b> - 1 2 3 History of gallbladder attacks or gallstones |                                                       |
| <b>81</b> - 1 2 3 Bowel movements painful or difficult        |                                                                |                                                       |
| <b>82</b> - 1 2 3 Worrier, feels insecure                     |                                                                |                                                       |

## GROUP SIX

- |                                                                |                                                                                  |                                                        |
|----------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>98</b> - 1 2 3 Loss of taste for meat                       | <b>101</b> - 1 2 3 Coated tongue                                                 | <b>104</b> - 1 2 3 Mucous colitis or "irritable bowel" |
| <b>99</b> - 1 2 3 Lower bowel gas several hours after eating   | <b>102</b> - 1 2 3 Pass large amounts of foul-smelling gas                       | <b>105</b> - 1 2 3 Gas shortly after eating            |
| <b>100</b> - 1 2 3 Burning stomach sensations, eating relieves | <b>103</b> - 1 2 3 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hours | <b>106</b> - 1 2 3 Stomach "bloating" after eating     |

## GROUP SEVEN

- |                                                               |                                                             |                                                         |
|---------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|
| (A)                                                           | (C)                                                         | (E)                                                     |
| <b>107</b> - 1 2 3 Insomnia                                   | <b>137</b> - 1 2 3 Failing memory                           | <b>150</b> - 1 2 3 Dizziness                            |
| <b>108</b> - 1 2 3 Nervousness                                | <b>138</b> - 1 2 3 Low blood pressure                       | <b>151</b> - 1 2 3 Headaches                            |
| <b>109</b> - 1 2 3 Can't gain weight                          | <b>139</b> - 1 2 3 Increased sex drive                      | <b>152</b> - 1 2 3 Hot flashes                          |
| <b>110</b> - 1 2 3 Intolerance to heat                        | <b>140</b> - 1 2 3 Headaches, "splitting or rendering" type | <b>153</b> - 1 2 3 Increased blood pressure             |
| <b>111</b> - 1 2 3 Highly emotional                           | <b>141</b> - 1 2 3 Decreased sugar tolerance                | <b>154</b> - 1 2 3 Hair growth on face or body (female) |
| <b>112</b> - 1 2 3 Flush easily                               |                                                             | <b>155</b> - 1 2 3 Sugar in urine (not diabetes)        |
| <b>113</b> - 1 2 3 Night sweats                               |                                                             | <b>156</b> - 1 2 3 Masculine tendencies (female)        |
| <b>114</b> - 1 2 3 Thin, moist skin                           | (D)                                                         | (F)                                                     |
| <b>115</b> - 1 2 3 Inward trembling                           | <b>142</b> - 1 2 3 Abnormal thirst                          | <b>157</b> - 1 2 3 Weakness, dizziness                  |
| <b>116</b> - 1 2 3 Heart palpitates                           | <b>143</b> - 1 2 3 Bloating of abdomen                      | <b>158</b> - 1 2 3 Chronic fatigue                      |
| <b>117</b> - 1 2 3 Increased appetite without weight gain     | <b>144</b> - 1 2 3 Weight gain around hips or waist         | <b>159</b> - 1 2 3 Low blood pressure                   |
| <b>118</b> - 1 2 3 Pulse fast at rest                         | <b>145</b> - 1 2 3 Sex drive reduced or lacking             | <b>160</b> - 1 2 3 Nails, weak, ridged                  |
| <b>119</b> - 1 2 3 Eyelids and face twitch                    | <b>146</b> - 1 2 3 Tendency to ulcers, colitis              | <b>161</b> - 1 2 3 Tendency to hives                    |
| <b>120</b> - 1 2 3 Irritable and restless                     | <b>147</b> - 1 2 3 Increased sugar tolerance                | <b>162</b> - 1 2 3 Arthritic tendencies                 |
| <b>121</b> - 1 2 3 Can't work under pressure                  | <b>148</b> - 1 2 3 Women: menstrual disorders               | <b>163</b> - 1 2 3 Perspiration increase                |
| (B)                                                           | <b>149</b> - 1 2 3 Young girls: lack of menstrual function  | <b>164</b> - 1 2 3 Bowel disorders                      |
| <b>122</b> - 1 2 3 Increase in weight                         |                                                             | <b>165</b> - 1 2 3 Poor circulation                     |
| <b>123</b> - 1 2 3 Decrease in appetite                       |                                                             | <b>166</b> - 1 2 3 Swollen ankles                       |
| <b>124</b> - 1 2 3 Fatigue easily                             |                                                             | <b>167</b> - 1 2 3 Crave salt                           |
| <b>125</b> - 1 2 3 Ringing in ears                            |                                                             | <b>168</b> - 1 2 3 Brown spots or bronzing of skin      |
| <b>126</b> - 1 2 3 Sleepy during day                          |                                                             | <b>169</b> - 1 2 3 Allergies - tendency to asthma       |
| <b>127</b> - 1 2 3 Sensitive to cold                          |                                                             | <b>170</b> - 1 2 3 Weakness after colds, influenza      |
| <b>128</b> - 1 2 3 Dry or scaly skin                          |                                                             | <b>171</b> - 1 2 3 Exhaustion - muscular and nervous    |
| <b>129</b> - 1 2 3 Constipation                               |                                                             | <b>172</b> - 1 2 3 Respiratory disorders                |
| <b>130</b> - 1 2 3 Mental sluggishness                        |                                                             |                                                         |
| <b>131</b> - 1 2 3 Hair coarse, falls out                     |                                                             |                                                         |
| <b>132</b> - 1 2 3 Headaches upon arising wear off during day |                                                             |                                                         |
| <b>133</b> - 1 2 3 Slow pulse, below 65                       |                                                             |                                                         |
| <b>134</b> - 1 2 3 Frequency of urination                     |                                                             |                                                         |
| <b>135</b> - 1 2 3 Impaired hearing                           |                                                             |                                                         |
| <b>136</b> - 1 2 3 Reduced initiative                         |                                                             |                                                         |



**GROUP EIGHT**

- 173** - 1 2 3 Apprehension  
**174** - 1 2 3 Irritability  
**175** - 1 2 3 Morbid fears  
**176** - 1 2 3 Never seems to get well  
**177** - 1 2 3 Forgetfulness  
**178** - 1 2 3 Indigestion  
**179** - 1 2 3 Poor appetite  
**180** - 1 2 3 Craving for sweets  
**181** - 1 2 3 Muscular soreness  
**182** - 1 2 3 Depression; feelings of dread  
**183** - 1 2 3 Noise sensitivity  
**184** - 1 2 3 Acoustic hallucinations  
**185** - 1 2 3 Tendency to cry without reason  
**186** - 1 2 3 Hair is coarse and/or thinning  
**187** - 1 2 3 Weakness  
**188** - 1 2 3 Fatigue  
**189** - 1 2 3 Skin sensitive to touch  
**190** - 1 2 3 Tendency toward hives  
**191** - 1 2 3 Nervousness  
**192** - 1 2 3 Headache  
**193** - 1 2 3 Insomnia  
**194** - 1 2 3 Anxiety  
**195** - 1 2 3 Anorexia  
**196** - 1 2 3 Inability to concentrate; confusion  
**197** - 1 2 3 Frequent stuffy nose; sinus infections  
**198** - 1 2 3 Allergy to some foods  
**199** - 1 2 3 Loose joints

**FEMALE ONLY**

- 200** - 1 2 3 Very easily fatigued  
**201** - 1 2 3 Premenstrual tension  
**202** - 1 2 3 Painful menses  
**203** - 1 2 3 Depressed feelings before menstruation  
**204** - 1 2 3 Menstruation excessive and prolonged  
**205** - 1 2 3 Painful breasts  
**206** - 1 2 3 Menstruate too frequently  
**207** - 1 2 3 Vaginal discharge  
**208** - 1 2 3 Hysterectomy/ovaries removed  
**209** - 1 2 3 Menopausal hot flashes  
**210** - 1 2 3 Menses scanty or missed  
**211** - 1 2 3 Acne, worse at menses  
**212** - 1 2 3 Depression of long standing

**MALE ONLY**

- 213** - 1 2 3 Prostate trouble  
**214** - 1 2 3 Urination difficult or dribbling  
**215** - 1 2 3 Night urination frequent  
**216** - 1 2 3 Depression  
**217** - 1 2 3 Pain on inside of legs or heels  
**218** - 1 2 3 Feeling of incomplete bowel evacuation  
**219** - 1 2 3 Lack of energy  
**220** - 1 2 3 Migrating aches and pains  
**221** - 1 2 3 Tire too easily  
**222** - 1 2 3 Avoids activity  
**223** - 1 2 3 Leg nervousness at night  
**224** - 1 2 3 Diminished sex drive

**IMPORTANT**

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**(TO BE COMPLETED BY DOCTOR)**

Postural Blood Pressure: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_ Pulse \_\_\_\_\_

Hema-Combistix Urine readings: pH \_\_\_\_\_ Albumin per cent \_\_\_\_\_ Glucose per cent \_\_\_\_\_

Occult Blood \_\_\_\_\_ pH of Saliva \_\_\_\_\_ pH of Stool specimen \_\_\_\_\_ Weight \_\_\_\_\_

Hemoglobin \_\_\_\_\_ Blood Clotting Time \_\_\_\_\_

**BARNES THYROID TEST**

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

**PRE-MENSES FEMALES AND MENOPAUSAL FEMALES**

Any two days during the month

**FEMALES HAVING MENSTRUAL CYCLES**

The 2<sup>nd</sup> and 3<sup>rd</sup> day of flow OR any 5 days in a row.

**MALES**

Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

BP SIT \_\_\_\_\_ BP STAND \_\_\_\_\_  
 PULSE SIT \_\_\_\_\_ PULSE STAND \_\_\_\_\_  
 SALIVA PH \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_

# CASE RECORD

Name \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_

Occupation \_\_\_\_\_ Married \_\_\_\_\_

History of Illness and Treatment: \_\_\_\_\_

\_\_\_\_\_

Operations, Accidents or Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Illness or Complaints: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diagnostic Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment, Recommendations and Progress: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_