

# SYSTEMS SURVEY FORM



Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx Weight \_\_\_\_\_ Vegetarian  Gluten-free

**INSTRUCTIONS:** Fill in only the circles which apply to you. Leave blank if you don't have the problem.

- Fill in the circle marked 1 for MILD symptoms (occurs rarely).
- Fill in the circle marked 2 for MODERATE symptoms (occurs several times a month).
- Fill in the circle marked 3 for SEVERE symptoms (occurs almost constantly).
- Leave circles **BLANK** if they don't apply to you!

### GROUP 1

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

### GROUP 2

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

### GROUP 3

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

### GROUP 4

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

## SYSTEMS SURVEY FORM - PAGE 2

### GROUP 5

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

### GROUP 6

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

### GROUP 7

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

