SYSTEMS SURVEY FORM



Patient	Doctor	Date						
Birth Date // / A	pprox 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								
1 2 3 1 0 0 Acid foods upset 2 0 0 Get chilled often 3 0 0 "Lump" in throat 4 0 0 Dry mouth-eyes-nose 5 0 0 Pulse speeds after meal 6 0 0 Keyed up - fail to calm 7 0 0 Cut heals slowly	1 2 3 8 0 0 Gag easily 9 0 0 Unable to relax; startles easily 10 0 0 Extremities cold, clammy 11 0 0 Strong light irritates 12 0 0 Urine amount reduced 13 0 0 Heart pounds after retiring 14 0 0 "Nervous" stomach	1 2 3 15 ○ ○ Appetite reduced 16 ○ ○ Cold sweats often 17 ○ ○ Fever easily raised 18 ○ ○ Neuralgia-like pains 19 ○ ○ Staring, blinks little 20 ○ ○ Sour stomach often						
1 2 3	GROUP 2							
21 OOO Joint stiffness on arising 22 OOO Muscle-leg-toe cramps at night 23 OOO "Butterfly" stomach, cramps 24 OOO Eyes or nose watery 25 OOO Eyes blink often 26 OOO Eyelids swollen, puffy 27 OOO Indigestion soon after meals 28 OOO Always seems hungry; feels "lightheaded" often	29 O O Digestion rapid 30 O O Vomiting frequent 31 O O Hoarseness frequent 32 O O Breathing irregular 33 O O Pulse slow; feels "irregular" 34 O O Gagging reflex slow 35 O O Difficulty swallowing 36 O O Constipation, diarrhea alternating GROUP 3 1 2 3 49 O O Heart palpitates if meals missed	37 O O O Cover and in Fig. 1 2 3 38 O O Get "chilled" infrequently 39 O O Perspire easily 40 O O Circulation poor, sensitive to cold 41 O O Subject to colds, asthma, bronchitis						
43 OOO Excessive appetite 44 OOO Hungry between meals 45 OOO Irritable before meals	or delayed 50 ○ ○ ○ Afternoon headaches	afternoons 54 000 Moods of depression - "blues"						
46 O Get "shaky" if hungry 47 O Fatigue, eating relieves 48 O "Lightheaded" if meals delayed	51 O Overeating sweets upsets 52 O O Awaken after few hours sleep - hard to get back to sleep	or melancholy 55 OOO Abnormal craving for sweets or snacks						
1 2 3 1 2 3 1 2 3								
 56 OO Hands and feet go to sleep easily, numbness 57 OO Sigh frequently, "air hunger" 58 OO Aware of "breathing heavily" 59 OO High altitude discomfort 60 OO Opens windows in closed rooms 61 OO Susceptible to colds and fevers 62 OO Afternoon "yawner" 	63 OOO Get "drowsy" often 64 OOO Swollen ankles, worse at night 65 OOO Muscle cramps, worse during exercise; get "charley horses" 66 OOO Shortness of breath on exertion 67 OOO Dull pain in chest or radiating into left arm, worse on exertion	1 2 3 68 OOO Bruise easily, "black and blue" spots 69 OOO Tendency to anemia 70 OOO "Nose bleeds" frequent 71 OOO Noises in head, or "ringing in ears" 72 OOO Tension under the breastbone, or feeling of "tightness", worse on exertion						

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	GROUP 5	
1 2 3 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	GROUP 5 1 2 3 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 GROUP 6	1 2 3 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
99 OO Lower bowel gas several hours after eating 100 OO Burning stomach sensations, eating relieves	101 O O Coated tongue 102 O O Pass large amounts of foul-smelling gas 103 O O Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.	104 O O Mucous colitis or "irritable bowel" 105 O O Gas shortly after eating 106 O O Stomach "bloating" after
	GROUP 7	
(A) 1 2 3 107	1 2 3 137	1 2 3 (E) 150 O Dizziness 151 O Headaches 152 O Hot flashes 153 O Increased blood pressure 154 O Hair growth on face or body (female) 155 O Sugar in urine (not diabetes) 156 O Masculine tendencies (female)
118 O O Pulse fast at rest 119 O O Eyelids and face twitch 120 O O Irritable and restless 121 O O Can't work under pressure (B) 122 O O Increase in weight 123 O O Decrease in appetite 124 O O Fatigue easily 125 O O Ringing in ears 126 O O Sleepy during day 127 O O Sensitive to cold 128 O O Dry or scaly skin 129 O O Constipation	(D) 142	1 2 3 (F) 157 OO Weakness, dizziness 158 OO Chronic fatigue 159 OO Low blood pressure 160 OO Nails weak, ridged 161 OO Tendency to hives 162 OO Arthritic tendencies 163 OO Perspiration increase 164 OO Bowel disorders 165 OO Poor circulation 166 OO Swollen ankles 167 OO Crave salt 168 OO Brown spots or bronzing of
130 O O Mental sluggishness 131 O O Hair coarse, falls out 132 O O Headaches upon arising, wear off during day 133 O O Slow pulse, below 65 134 O O Frequency of urination 135 O O Impaired hearing 136 O O Reduced initiative		skin 169

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	GROUP 8							
1 2 3 173 O O Muscle weakness 174 O O Lack of Stamina 175 O O Drowsiness after eating	1 2 3 183 O O Tendency or carbohy 184 O O Muscle sp	to consume sweets ydrates		Visible veins on chest and abdomen Hemorrhoids				
176 OOO Muscular soreness 177 OOO Rapid heart beat	185 O O Blurred vis	sion		Apprehension (feeling that something bad will happen)				
178 O O Hyper-irritable 179 O O Feeling of a band around your	187 O O Numbnes 188 O O Night swe	s	195 🔾 🔾	Nervousness causing loss of appetite				
head 180	189 O O Rapid dige	to noise	197 000					
181 () () Swelling of ankles 182 () () Diminished urination	191 () () Redness of bottom of			Forgetfulness Thinning hair				
	E ONLY			BALL CANDA				
	E ONLY-			MALE ONLY				
1 2 3 200 OOO Very easily fatigued 201 OOO Premenstrual tension 202 OOO Painful menses 203 OOO Depressed feelings before menstruation 204 OOO Menstruation excessive and prolonged 205 OOO Painful breasts	1 2 3 206	scharge omy / ovaries sal hot flashes canty or missed se at menses	1 2 3 213 000 Prostate trouble 214 000 Urination difficult or dribbling 215 000 Night urination frequent 216 000 Depression 217 000 Pain on inside of legs or heels 218 000 Feeling of incomplete bowel evacuation 219 000 Lack of energy					
INDO-	*** A b ===		220 000	Migrating aches and pains				
IMPORTANT Please list the five main complaints you have in the order of their importance:			222 000	Tire too easily Avoids activity Leg nervousness at night Diminished sex drive				
2								
3								
4								
5								
BARNES THYROID TE	et e							
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.		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	Ten	nperature				
		Date	•					
PRE-MENSES FEMALES AND MENOPAUSAL FEMALES		Date Temperature						
Any two days during the month		Date Temperature						
FEMALES HAVING MENSTRUAL CYCLES The 2nd and 3rd day of flow OR any 5 days in a row		Ten	nperature					
MALES Date		Ten	nperature					
Any 2 days during the month Date		Ten	nperature					