# Symptom Survey

## What to fill out

#### **Instructions**

- Please circle any of the symptoms you've had within the last 6 months
  Circle
  - 1. Mild
  - 2. Mediocre
  - 3. Severe
- When you complete this form, you will talk *privately with the Doctor* to discuss your health problems and any concerns you may have
- An appropriate care plan will be discussed and may require further testing, necessary to determine the precise cause of your health problems.
- You will be scheduled for a follow up call or visit, to go over the results of this information along with any recommendations for treatment and any other consultations.

#### **SYSTEMS SURVEY FORM**

(Restricted to Professional Use)

PATIENT	AGE	DOCTOR	DATE

<u>INSTRUCTIONS</u>: 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).

1 - 1 2 3   Acid foods upset   8 - 1 2 3   Gag Easily   15 - 1 2 3   Appetite reduced   2 - 1 2 3   Gat chilled, often   9 - 1 2 3   Unable to relax, startles easily   16 - 1 2 3   Cold sweats often   3 - 1 2 3   Tump?' in throat   10 - 1 2 3   Extermities could, clammy   17 - 1 2 3   Cold sweats often   3 - 1 2 3   Pulse speeds after meal   12 - 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   Heart pounds after retiring   20 - 1 2 3   Staring, blinks little   Gand   14 - 1 2 3 "Nevrous" stomach   GROUP TWO	ODOUD ONE				
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   Neuralgia-like pains   18 - 1 2 3   Neuralgia-like pains   19 - 1 2 3   Neuralgia-l	1 1 2 2 Acid foods upset	GROUP ONE	15 1 2 2 Apportite reduced		
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6					
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CROUP TWO   21 - 1 2 3   Joint stiffness after arising   29 - 1 2 3   Digestion rapid   37 - 1 2 3 "Slow starter"   30 - 1 2 3   Vomiting frequent   38 - 1 2 3   Get "chilled" infrequently   23 - 1 2 3   Eyes or nose watery   31 - 1 2 3   Hoarseness frequent   39 - 1 2 3   Perspire easily   25 - 1 2 3   Eyes blink often   33 - 1 2 3   Breathing irregular   40 - 1 2 3   Circulation poor, sensitive to cold   26 - 1 2 3   Eyelids swollen, puffy   34 - 1 2 3   Gagging reflex slow   41 - 1 2 3   Subject to colds, asthma, bronchitis   28 - 1 2 3   Always seem hungry; feels "lightheaded" often   68 - 1 2 3   Eat when nervous   49 - 1 2 3   Heart palpitates if meals   53 - 1 2 3   Crave candy or coffee   missed or delayed		-	20 – 1 2 5 Soul Stomach frequent		
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   "Buscle-leg-toe cramps at night   30 - 1 2 3   Vomiting frequent   38 - 1 2 3   Get "chilled" infrequently   23 - 1 2 3   Eyes or nose watery   32 - 1 2 3   Breathing irregular   40 - 1 2 3   Circulation poor,   sensitive to cold   26 - 1 2 3   Eyelids swollen, puffy   34 - 1 2 3   Dulse slow; feels "irregular   sensitive to cold   27 - 1 2 3   Indigestion soon after meals   35 - 1 2 3   Difficulty swallowing   36 - 1 2 3   Difficulty swallowing   36 - 1 2 3   Difficulty swallowing   Seles "lightheaded" often	I - 1 2 3 Guts fleat slowly				
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61 - 1 2 3 Susceptible to colds radiating into left arm, worse on exertion	<b>60</b> - 1 2 3 Opens windows in	on exertion	breastbone, or feeling		
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l and the control of	61 - 1 2 3 Susceptible to colds	radiating into left arm,	worse on exertion		
and fevers worse on exertion	and fevers	worse on exertion			
62 - 1 2 3 Afternoon "yawner"	62 - 1 2 3 Afternoon "yawner"				

#### **SYSTEMS SURVEY FORM** - Page 2

<ul> <li>73 - 1 2 3 Dizziness</li> <li>74 - 1 2 3 Dry skin</li> <li>75 - 1 2 3 Burning feet</li> <li>76 - 1 2 3 Blurred vision</li> <li>77 - 1 2 3 Itching skin and feet</li> <li>78 - 1 2 3 Excessive falling hair</li> <li>79 - 1 2 3 Frequent skin rashes</li> <li>80 - 1 2 3 Bitter, metallic taste in mouth in mornings</li> <li>81 - 1 2 3 Bowel movements painful or difficult</li> <li>82 - 1 2 3 Worrier, feels insecure</li> </ul>	GROUP FIVE  83 - 1 2 3 Feeling queasy; headache over eyes  84 - 1 2 3 Greasy foods upset  85 - 1 2 3 Stools light-colored  86 - 1 2 3 Skin peels on foot soles  87 - 1 2 3 Pain between shoulder blades  88 - 1 2 3 Use laxatives  89 - 1 2 3 Stools alternate from soft to watery  90 - 1 2 3 History of gallbladder attacks or gallstones  GROUP SIX	<ul> <li>91 - 1 2 3 Sneezing attacks</li> <li>92 - 1 2 3 Dreaming, nightmare type bad dreams</li> <li>93 - 1 2 3 Bad breath (halitosis)</li> <li>94 - 1 2 3 Milk products cause distress</li> <li>95 - 1 2 3 Sensitive to hot weather</li> <li>96 - 1 2 3 Burning or itching anus</li> <li>97 - 1 2 3 Crave sweets</li> </ul>
98 - 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
99 – 1 2 3 Lower bowel gas several hours after eating	<b>102</b> – 1 2 3 Pass large amounts of foul-smelling gas	"irritable bowel"  105 - 1 2 3 Gas shortly after eating
100 – 1 2 3 Burning stomach	<b>103</b> – 1 2 3 Indigestion 1/2 - 1 hour after	
sensations, eating relieve	ğ .	eating; may be up to 3-4 hours after
	GROUP SEVEN	
(A)	G.1.661 621211	
107 – 1 2 3 Insomnia		(E)
108 – 1 2 3 Nervousness	(C)	<b>150</b> – 1 2 3 Dizziness <b>151</b> – 1 2 3 Headaches
109 - 1 2 3 Can't gain weight	(C) <b>137</b> – 1 2 3 Failing memory	<b>151</b> – 1 2 3 Headaches <b>152</b> – 1 2 3 Hot flashes
111 – 1 2 3 Highly emotional	<b>138</b> – 1 2 3 Low blood pressure	<b>153</b> – 1 2 3 Increased blood
112 - 1 2 3 Flush easily	<b>139</b> – 1 2 3 Increased sex drive	pressure
<b>113</b> – 1 2 3 Night sweats	140 - 1 2 3 Headaches, "splitting	·
<b>114</b> - 1 2 3 Thin, moist skin	or rendering" type	or body (female)
115 - 1 2 3 Inward trembling	<b>141</b> – 1 2 3 Decreased sugar	<b>155</b> – 1 2 3 Sugar in urine
116 – 1 2 3 Heart palpitates	tolerance	(not diabetes)
117 - 1 2 3 Increased appetite witho weight gain	out	156 – 1 2 3 Masculine tendencies
118 – 1 2 3 Pulse fast at rest	(D)	(female)
119 – 1 2 3 Eyelids and face twitch	<b>142</b> – 1 2 3 Abnormal thirst	(F)
<b>120</b> – 1 2 3 Irritable and restless	143 - 1 2 3 Bloating of abdomen	
121 - 1 2 3 Can't work under pressu	•	<b>158</b> – 1 2 3 Chronic fatigue
	hips or waist	<b>159</b> – 1 2 3 Low blood pressure
(B)	<b>145</b> – 1 2 3 Sex drive reduced	<b>160</b> – 1 2 3 Nails, weak, ridged
122 – 1 2 3 Increase in weight	or lacking	161 – 1 2 3 Tendency to hives
<b>123</b> - 1 2 3 Decrease in appetite   <b>124</b> - 1 2 3 Fatigue easily	<b>146</b> – 1 2 3 Tendency to ulcers, colitis	<b>162</b> – 1 2 3 Arthritic tendencies <b>163</b> – 1 2 3 Perspiration increase
<b>125</b> – 1 2 3 Fatigue easily	147 – 1 2 3 Increased sugar	<b>164</b> – 1 2 3 Bowel disorders
126 - 1 2 3 Sleepy during day	tolerance	<b>165</b> – 1 2 3 Poor circulation
<b>127</b> – 1 2 3 Sensitive to cold	<b>148</b> – 1 2 3 Women: menstrual	<b>166</b> – 1 2 3 Swollen ankles
<b>128</b> – 1 2 3 Dry or scaly skin	disorders	<b>167</b> – 1 2 3 Crave salt
<b>129</b> – 1 2 3 Constipation	<b>149</b> – 1 2 3 Young girls:	<b>168</b> – 1 2 3 Brown spots or
130 – 1 2 3 Mental sluggishness	lack of menstrual	bronzing of skin
131 - 1 2 3 Hair coarse, falls out 132 - 1 2 3 Headaches upon arising	function	169 – 1 2 3 Allergies - tendency to asthma
wear off during day		170 – 1 2 3 Weakness after colds,
<b>133</b> – 1 2 3 Slow pulse, below 65		influenza
134 - 1 2 3 Frequency of urination		171 - 1 2 3 Exhaustion - muscular
<b>135</b> – 1 2 3 Impaired hearing		and nervous
136 - 1 2 3 Reduced initiative		172 – 1 2 3 Respiratory disorders

GROUP EIGHT	FEMALE	ONLY	MALE ONLY
173 – 1 2 3 Muscle weakness	<b>200</b> – 1 2 3 Very easi	ly fatigued	<b>213</b> – 1 2 3 Prostate trouble
174 - 1 2 3 Lack of Stamina	<b>201</b> – 1 2 3 Premens	trual tension	214 - 1 2 3 Urination difficult
176 - 1 2 3 Muscular soreness	<b>202</b> – 1 2 3 Painful m		or dribbling
177 - 1 2 3 Rapid heart beat	<b>203</b> – 1 2 3 Depresse	ed feelings	<b>215</b> – 1 2 3 Night urination frequent
179 – 1 2 3 Feeling of a band around	before me	a material and	<b>216</b> – 1 2 3 Depression
your head	<b>204</b> – 1 2 3 Menstrua	tion overecive	·
180 - 1 2 3 Melancholia (feeling of sadness)	and prolo		<b>217</b> – 1 2 3 Pain on inside of
181 - 1 2 3 Swelling of ankles	205 - 1 2 3 Painful bi	reasts	legs or heels
182 – 1 2 3 Diminished urination 183 – 1 2 3 Tendency to consume	<b>206</b> – 1 2 3 Menstrua	I	218 - 1 2 3 Feeling of incomplete
sweets or carbohydrates	<b>207</b> – 1 2 3 Vaginal d	· · · ·	bowel evacuation
104 1 0 2 Musele enceme	<b>208</b> – 1 2 3 Hysterect	· I	<b>219</b> – 1 2 3 Lack of energy
<b>184</b> - 1 2 3 Muscle spasms <b>185</b> - 1 2 3 Blurred vision	removed		220 - 1 2 3 Migrating aches and pair
186 - 1 2 3 Loss of muscular control	<b>209</b> – 1 2 3 Menopau	sal hot flashes	<b>221</b> – 1 2 3 Tire too easily
187 - 1 2 3 Numbness   188 - 1 2 3 Night sweats	<b>210</b> – 1 2 3 Menses s		<b>222</b> – 1 2 3 Avoids activity
<b>189</b> – 1 2 3 Rapid digestion	<b>211</b> – 1 2 3 Acne, wo	· ·	223 - 1 2 3 Leg nervousness at night
190 – 1 2 3 Sensitivity to noise 191 – 1 2 3 Redness of palms of hands	<b>212</b> – 1 2 3 Depression	I	<b>224</b> – 1 2 3 Diminished sex drive
and bottom of feet			
192 – 1 2 3 Visible veins on chest and		IMPORT	
abdomen  193 - 1 2 3 Hemorrhoids	TO THE PATIENT: Please their importance.	list below the five mai	n physical complaints you have in order of
194 - 1 2 3 Apprehension (feeling that			
something bad is going to happen)	1		
195 – 1 2 3 Nervousness causing loss	2		
of appetite  196 – 1 2 3 Nervousness with	3		
indigestion			
<b>197</b> – 1 2 3 Gastritis			
198 - 1 2 3 Forgetfulness   199 - 1 2 3 Thinning hair	5		
	(TO BE COMPLETED	BY DOCTOR)	
	•	,	
Postural Blood Pressure: Recumbent	Stand	ing	Pulse
Hema-Combistix Urine readings: pH	Albumin p	er cent	Glucose per cent
Occult Blood pH of Saliva	pH of Sto	ol specimen	Weight
Hemoglobin Blood Clotting Time			
BARNES THYROID TEST  You can do the following test at home to see if you may have a functional low thyroid.			
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		es then turn your machine on; continue on for an addition regular one, shake down the night before.	
ed if the patient expends any energy prior to taking the test - down the thermometer, etc. It is important that the test be cond		Date:	Temperature:
ing the prior positioning of both the thermometer and a clock important.  PRE-MENSES FEMALES AND MENOPAUSAL FEMALES			Temperature:
Any two days during the month			Temperature:
FEMALES HAVING MENSTRUAL CYCLES The 2 <sup>nd</sup> and 3 <sup>rd</sup> day of flow OR any 5 days in a row.		Date:	Temperature:

MALES
Any 2 days during the month.

\_Temperature: \_\_\_\_\_

\_Temperature:\_\_\_\_\_

\_Temperature: \_\_\_\_

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

Date:\_\_\_

Date:\_\_\_

## **Diet Diary**

## What to fill out

#### **Instructions**

- Write down everything and anything you have eaten within the last 5-7 days
  - Please list anything that you put in your mouth, i.e. gum, candies, etc
- When you complete this form, you will talk *privately with the Doctor* to discuss your health problems and any concerns you may have
- An appropriate care plan will be discussed and may require further testing, necessary to determine the precise cause of your health problems.
- You will be scheduled for a follow up call or visit, to go over the results of this information along with any recommendations for treatment and any other consultations.

### **Daily Record of Food Intake** 1 Your diet may be the key to better health.

Each day, record all the items you eat and drink. Be sure to include the approximate amount of each item. When you have completed this form, return it to your health care professional for evaluation.



Name: Day 1 - Date: LUNCH Time: DINNER Time: BREAKFAST Time: Meat & Dairy: Vegetables & Fruits: Breads, Cereals, & Grains: Fats (butter, margarine, oils, etc.): Candy, Sweets, & Junk Food: Water Intake (fl. oz.): Other Drinks: MID-MORNING SNACK Time: MID-DAY SNACK Time: **NIGHTTIME SNACK** Time: **Bowel Movements** (# and consistency): Hours of Sleep: Quality of Sleep: (good) 1 2 3 4 5 (poor) Day 2 - Date: BREAKFAST Time: LUNCH Time: DINNER Time: Meat & Dairy: Vegetables & Fruits: Breads, Cereals, & Grains: Fats (butter, margarine, oils, etc.): Candy, Sweets, & Junk Food: Water Intake (fl. oz.): Other Drinks: MID-DAY SNACK Time: NIGHTTIME SNACK Time: MID-MORNING SNACK Time: Snack: **Bowel Movements** (# and consistency): Hours of Sleep: Quality of Sleep: (good) 1 2 3 4 5 (poor) Day 3 - Date: BREAKFAST Time: LUNCH Time: DINNER Time: Meat & Dairy: Vegetables & Fruits: Breads, Cereals, & Grains: Fats (butter, margarine, oils, etc.): Candy, Sweets, & Junk Food: Water Intake (fl. oz.): Other Drinks: MID-MORNING SNACK Time: MID-DAY SNACK Time: **NIGHTTIME SNACK** Time: **Bowel Movements**(# and consistency): Hours of Sleep: Quality of Sleep: (good) 1 2 3 4 5 (poor) Notes:

Day 4 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:		
Vegetables & Fruits:		
Breads, Cereals, & Grains:		
Fats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 5 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:		
Vegetables & Fruits:		
Breads, Cereals, & Grains:		
Fats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 6 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:		
Vegetables & Fruits:		
Breads, Cereals, & Grains:		
Fats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 7 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:		
Vegetables & Fruits:		
Breads, Cereals, & Grains:		
Fats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)