**Family Tree**

**Nutritional Health & Wellness**

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**SYMPTOM SURVEY FORM**

**Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS:**

***LEAVE BLANK IF THEY DO NOT APPLY TO YOU.***

**0 0 0 MILD once or twice in the last six months**

**0 0 0 MODERATE occurred once or twice last month**

**0 0 0 SEVERE occurred once or twice in the last week**

**GROUP 1**

1. 0 0 0 Acid foods upset
2. 0 0 0 Get chilled often
3. 0 0 0 “Lump in throat”
4. 0 0 0 Dry mouth-yes-nose
5. 0 0 0 Pulse speeds after meals
6. 0 0 0 Keyed up – fail to calm
7. 0 0 0 Cuts heals slowly
8. 0 0 0 Gag easily
9. 0 0 0 Unable to relax; startles easily
10. 0 0 0 Extremities cold, clammy
11. 0 0 0 Strong light irritates
12. 0 0 0 Urine amount reduced
13. 0 0 0 Heart pounds after retiring
14. 0 0 0 “Nervous” stomach
15. 0 0 0 Appetite reduced
16. 0 0 0 Cold Sweats often
17. 0 0 0 Fever easily raised
18. 0 0 0 Neuralgia-like pains (pain that travels along the length of a neve)
19. 0 0 0 Staring, blinks little

**GROUP 2**

1. 0 0 0 Sour Stomach often
2. 0 0 0 Joint stiffness on arising
3. 0 0 0 Muscle-leg-toe cramps at night
4. 0 0 0 “Butterfly: stomach, cramps
5. 0 0 0 Eyes or nose watery
6. 0 0 0 Eyes blink often
7. 0 0 0 Eyelids swollen, puffy
8. 0 0 0 Indigestion soon after meals
9. 0 0 0 Always seems hungry; feels “lightheaded “ often
10. 0 0 0 Digestion Rapid
11. 0 0 0 Vomiting frequent



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

1. 0 0 0 Hoarseness frequent
2. 0 0 0 Breathing irregular
3. 0 0 0 Pulse slow; feels;” irregular”
4. 0 0 0 Gagging reflex slow
5. 0 0 0 Difficulty swallowing
6. 0 0 0 Constipation, diarrhea alternating
7. 0 0 0 “Slow starter”
8. 0 0 0 Get “chilled” infrequently
9. 0 0 0 Perspire easily
10. 0 0 0 Circulation poor, sensitive to cold
11. 0 0 0 Subject to colds, asthma, bronchitis

**GROUP 3**

1. 0 0 0 Eats when nervous
2. 0 0 0 Excessive appetite
3. 0 0 0 Hungry between meals
4. 0 0 0 Irritable before meals
5. 0 0 0 Get “shaky” if hungry
6. 0 0 0 Fatigue, eating relieves
7. 0 0 0 “Lightheaded” if meals delayed
8. 0 0 0 Heart palpitates if meals missed or delayed
9. 0 0 0 Afternoon headaches
10. 0 0 0 Overeating sweets upsets
11. 0 0 0 Awaken after few hours sleep-hard to get back to sleep
12. 0 0 0 Crave candy or coffee in afternoon
13. 0 0 0 Moods depression – “blues” or melancholy
14. 0 0 0 Abnormal craving for sweets or snacks

**GROUP 4**

1. 0 0 0 Hands and feet go to sleep easily, numbness
2. 0 0 0 Sigh frequently, “air hunger”
3. 0 0 0 Aware of “breathing heavily”
4. 0 0 0 High altitude discomfort
5. 0 0 0 Opens windows in closed rooms
6. 0 0 0 Susceptible to colds and fevers
7. 0 0 0 Afternoon “yawner”
8. 0 0 0 Get “drowsy” often
9. 0 0 0 Swollen ankles, worst at night
10. 0 0 0 Muscle cramps, worse during exercise: get “charley horses”
11. 0 0 0 Shortness of breath on exertion
12. 0 0 0 Dull pain in chest or radiating into left arm, worse on exertion
13. 0 0 0 Bruise easily, “black and blue” spots
14. 0 0 0 Tendency to anemia
15. 0 0 0 “Nose bleed” frequent
16. 0 0 0 Noises in head, or “ringing in ears”
17. 0 0 0 Tension under the breastbone, or feeling of “tightness”, worse on exertion

**GROUP 5**

1. 0 0 0 Dizziness
2. 0 0 0 Dry skin
3. 0 0 0 Burning feet
4. 0 0 0 Blurred vision
5. 0 0 0 Itching skin and feet
6. 0 0 0 Excessive falling hair
7. 0 0 0 Frequent skin rashes
8. 0 0 0 Bitter, metallic taste in mouth in mornings
9. 0 0 0 bowel movements painful or difficult
10. 0 0 0 Worrier, feels insecure
11. 0 0 0 Feeling queasy; headache over eyes
12. 0 0 0 Greasy foods upset
13. 0 0 0 Stools light colored
14. 0 0 0 Skin peels on foot soles
15. 0 0 0 Pain between shoulder blades
16. 0 0 0 Use laxatives
17. 0 0 0 Stools alternate from soft to watery
18. 0 0 0 History of gallbladder attacks or gallstones
19. 0 0 0 Sneezing attacks
20. 0 0 0 Dreaming, nightmare type bad dreams
21. 0 0 0 Bad breath (halitosis)
22. 0 0 0 Milk products cause distress
23. 0 0 0 Sensitive to hot weather
24. 0 0 0 Burning or itching anus
25. 0 0 0 Crave sweets

**GROUP 6**

1. 0 0 0 loss of taste for meat
2. 0 0 0 Lower bowel gas several hours after eating

100. 0 0 0 Burning stomach sensations, eating relieves

101. 0 0 0 Coated tongue

102. 0 0 0 Pass large amounts of foul-smelling gas

103. 0 0 0 Indigestion ½-1 hour after eating; may be up to 3-4 hours

104. 0 0 0 Mucous colitis or “irritable bowel”

105. 0 0 0 Gas shortly after eating

106. 0 0 0 Stomach “bloating” after eating

**GROUP 7A**

107. 0 0 0 Insomnia

108. 0 0 0 Nervousness

109. 0 0 0 Can’t gain weight

110. 0 0 0 Intolerance to heat

111. 0 0 0 Highly Emotional

112. 0 0 0 Flush easily

113. 0 0 0 Night sweats

114. 0 0 0 Thin, moist skin

115. 0 0 0 Inward trembling

116. 0 0 0 Heart palpitates

117. 0 0 0 Increased appetite without weight gain

118. 0 0 0 Pulse fast at rest

119. 0 0 0 Eyelids and face twitch

120. 0 0 0 Irritable and restless

121. 0 0 0 Can’t work under pressure

**GROUP 7B**

122. 0 0 0 Increase in weight

123. 0 0 0 Decrease in appetite

124. 0 0 0 Fatigue easily

125. 0 0 0 Ringing in ears

126. 0 0 0 Sleepy during day

127. 0 0 0 Sensitive to cold

128. 0 0 0 Dry or scaly skin

129. 0 0 0 Constipation

130. 0 0 0 Mental Sluggishness

131. 0 0 0 Hair coarse, falls out

132. 0 0 0 Headaches upon arising, wears off during day

133. 0 0 0 Slow pulse, below 65

134. 0 0 0 Frequency of urination

135. 0 0 0 Impaired hearing

136. 0 0 0 Reduced initiative

**GROUP 7C**

137. 0 0 0 Failing memory

138. 0 0 0 Low blood pressure

139. 0 0 0 Increased sex drive

140. 0 0 0 Headaches, “splitting or rending” types

141. 0 0 0 Decreased sugar tolerance

**GROUP 7D**

142. 0 0 0 Abnormal thirst

143. 0 0 0 Bloating of abdomen

144. 0 0 0 Weight gain around hips or waist

145. 0 0 0 Sex drive reduced or lacking

146. 0 0 0 Tendency to ulcers, colitis

147. 0 0 0 Increased sugar tolerance

148. 0 0 0 Woman: menstrual disorder

149. 0 0 0 Young girls: lack in menstrual function

**GROUP 7F**

150. 0 0 0 Dizziness

151. 0 0 0 Headaches

152. 0 0 0 Hot flashes

153. 0 0 0 Increased blood pressure

154. 0 0 0 Hair growth on face or body (female)

155. 0 0 0 Sugar in urine (not diabetes)

156. 0 0 0 Masculine tendencies (female)

**GROUP 7F**

157. 0 0 0 Weakness, dizziness

158. 0 0 0 Chronic fatigue

159. 0 0 0 Low blood pressure

160. 0 0 0 Nails weak, ridged

161. 0 0 0 Tendency to hives

162. 0 0 0 Arthritic tendencies

163. 0 0 0 Perspiration increased

164. 0 0 0 Bowel disorders

165. 0 0 0 Poor circulation

166. 0 0 0 Swollen ankles

167. 0 0 0 Crave salt

168. 0 0 0 Brown spots or bronzing of skin

169. 0 0 0 Allergies- tendency to asthma

170. 0 0 0 Weakness after colds, influenza

171. 0 0 0 Exhaustion- muscular and nervous

172. 0 0 0 Respiratory disorders

**GROUP 8**

173. 0 0 0 Apprehension

174. 0 0 0 Irritability

175. 0 0 0 Morbid feels

176. 0 0 0 Never seems to get well

178. 0 0 0 Forgetfulness

179. 0 0 0 Poor appetite

180. 0 0 0 Craving for sweets

181. 0 0 0 Muscular soreness

182. 0 0 0 Depression; feeling of dread

183. 0 0 0 Noise sensitivity

184. 0 0 0 Acoustic hallucinations

185. 0 0 0 Tendency to cry without reason

186. 0 0 0 Hair coarse and/or thinning

187. 0 0 0 Weakness

188. 0 0 0 Fatigue

189. 0 0 0 Skin sensitive to touch

190. 0 0 0 Tendency toward hives

191. 0 0 0 Nervousness

192. 0 0 0 Headache

193. 0 0 0 Insomnia

194. 0 0 0 Anxiety

195. 0 0 0 Anorexia

196. 0 0 0 Inability to concentrate; confusion

197. 0 0 0 Frequent stuffy nose; sinus infections

198. 0 0 0 Allergy to some foods

199. 0 0 0 Loose joints

**FEMALE ONLY**

200. 0 0 0 Very easily fatigued

201. 0 0 0 Premenstrual tension

202. 0 0 0 Painful menses

203. 0 0 0 Depressed feelings before menstruation

204. 0 0 0 Menstruate excessive and prolonged

205. 0 0 0 Painful breasts

206. 0 0 0 Menstruate too frequently

207. 0 0 0 Vaginal discharge

208. 0 Hysterectomy/ovaries removed

209. 0 0 0 Menopausal hot flashes

210. 0 0 0 Menses scanty or missed

211. 0 0 0 Acne, worse at menses

212. 0 0 0 Depression of long standing

**MALE ONLY**

213. 0 0 0 Prostate trouble

214. 0 0 0 Urination difficult or dribbling

215. 0 0 0 Night urination frequently

216. 0 0 0 Depression

217. 0 0 0 Pain on inside or legs or heels

218. 0 0 0 Feeling of incomplete bowel evacuation

219. 0 0 0 Lack of energy

220. 0 0 0 Migrating aches and pains

221. 0 0 0 Tire to easily

222. 0 0 0 Avoids activity

223. 0 0 0 Leg nervousness

224. 0 0 0 Diminished sex drive

List the **five main complaints** you have in the order of their importance:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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