

Nutrition Symptom Survey Form

INSTRUCTIONS: Completely black out one of the three circles only if applicable to you:

1-mild — 2-moderate — 3-severe

- O O O MILD symptoms (once or twice last 3 months)
 O O O MODERATE symptoms (once or twice last month)
 O O O SEVERE symptoms (Chronic, once + last week)

LEAVE ITEM BLANK UNLESS IT APPLIES

NAME: _____ DATE: _____

DOB: _____ SEX: Male Female

HEIGHT: _____ WEIGHT: _____ lbs.

BLOOD PRESSURE: _____ PULSE: _____ bpm

List below your 3 main complaints in order of importance:

1. _____
2. _____
3. _____

1 2 3 ----- GROUP 1 -----SD

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

1 2 3 ----- GROUP 2 -----PD

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

1 2 3 ----- GROUP 3 -----SR

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

1 2 3 ----- GROUP 4 -----CV

- 56 O O O Hands and feet go to sleep easily, numbness
- 57 O O O Sigh frequently, "air hunger"
- 58 O O O Aware of "breathing heavily"
- 59 O O O High altitude discomfort
- 60 O O O Opens windows in closed room
- 61 O O O Susceptible to colds and fevers
- 62 O O O Afternoon "yawner"
- 63 O O O Get "drowsy" often
- 64 O O O Swollen ankles worse at night
- 65 O O O Muscle cramps, worse during exercise (charley-horses)
- 66 O O O Shortness of breathe on exertion
- 67 O O O Pain in chest /radiating into left arm, worse on exertion
- 68 O O O Bruise easily, "black/blue" spots
- 69 O O O Tendency to anemia
- 70 O O O "Nose bleeds" frequent
- 71 O O O Noises in head or "ringing in ears"
- 72 O O O "Tightness" under the breast-bone, worse on exertion

1 2 3 ----- GROUP 5 -----LBIL

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

1 2 3 ----- GROUP 6 -----DIG

- 98 O O O Loss of taste for meat
- 99 O O O Lower bowel gas several hours after eating
- 100 O O O Burning stomach sensations, eating relieves
- 101 O O O Coated tongue
- 102 O O O Pass large amounts of foul smelling gas
- 103 O O O Indigestion ½ -1 hour after eating; up to 3-4 hrs.
- 104 O O O "Irritable bowel" syndrome (Mucus Colitis)
- 105 O O O Gas shortly after eating
- 106 O O O Stomach "bloating" after eating

Continued on Other Side

1 2 3 ----- GROUP 7A -----HT

107 O O O Insomnia
108 O O O Nervousness
109 O O O Can't gain weight
110 O O O Intolerance to heat
111 O O O Highly emotional
112 O O O Flush easily
113 O O O Night sweats
114 O O O Thin, moist skin
115 O O O Inward trembling
116 O O O Heart palpitates
117 O O O Increased appetite without weight gain
118 O O O Pulse fast at rest
119 O O O Eyelids and face twitch
120 O O O Irritable and restless
121 O O O Can't work under pressure

1 2 3 ----- GROUP 7B -----hT

122 O O O Increase in weight
123 O O O Decrease in appetite
124 O O O Fatigue easily
125 O O O Ringing in ears
126 O O O Sleepy during day
127 O O O Sensitive to cold
128 O O O Dry or scaly skin
129 O O O Constipation
130 O O O Mental sluggishness
131 O O O Hair coarse, falls out
132 O O O Headaches upon arising wear off during day
133 O O O Slow pulse, below 65
134 O O O Frequency of urination
135 O O O Impaired hearing
136 O O O Reduced initiative

1 2 3 ----- GROUP 7C -----HP

137 O O O Failing memory
138 O O O Low blood pressure
139 O O O Increased sex drive
140 O O O Headaches, "splitting or rending" type
141 O O O Decreased sugar tolerance

1 2 3 ----- GROUP 7D -----hP

142 O O O Abnormal thirst
143 O O O Bloating of abdomen
144 O O O Weight gain around hips or waist
145 O O O Sex drive reduced or lacking
146 O O O Tendency to ulcers, colitis
147 O O O Increased sugar tolerance
148 O O O Women: menstrual disorders
149 O O O Young girls: lack of menstrual function

1 2 3 ----- GROUP 7E -----HA

150 O O O Dizziness
151 O O O Headaches
152 O O O Hot flashes
153 O O O Increased blood pressure
154 O O O Hair growth on face or body (female)
155 O O O Sugar in urine (not diabetes)
156 O O O Masculine tendencies (female)

1 2 3 ----- GROUP 7F -----hA

157 O O O Weakness, dizziness
158 O O O Chronic fatigue
159 O O O Low blood pressure
160 O O O Nails weak, ridged
161 O O O Tendency to hives
162 O O O Arthritic tendencies
163 O O O Perspiration increase
164 O O O Bowel disorders
165 O O O Poor circulation
166 O O O Swollen ankles
167 O O O Crave salt
168 O O O Brown spots or bronzing of skin
169 O O O Allergies - tendency to asthma

170 O O O Weakness after colds, influenza

171 O O O Exhaustion-muscular and nervous

172 O O O Respiratory disorders

1 2 3 ----- GROUP 8 -----FND

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

1 2 3 ----- FEMALE ONLY -----

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

1 2 3 ----- MALE ONLY -----

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

Notes:
