

SYMPTOM SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ DOCTOR _____ DATE _____

AGE _____ PHONE (_____) _____ VEGETARIAN ___ Yes ___ No

INSTRUCTIONS: Circle the number that applies to you. If symptom doesn't apply, leave blank. Use (1) for MILD symptoms (occurs once or twice a month), (2) for MODERATE symptoms (occurs several times a month), and (3) for SEVERE symptoms (you are aware of it almost constantly).

GROUP ONE

- | | | |
|-----------------------------------|--|-----------------------------------|
| 1 - 1 2 3 Acid foods upset | 8 - 1 2 3 Gag easily | 15 - 1 2 3 Appetite reduced |
| 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 Fever easily raised |
| 4 - 1 2 3 Dry mouth-eyes-nose | 11 - 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 Urine amount reduced | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring | 20 - 1 2 3 Sour stomach frequent |
| 7 - 1 2 3 Cuts heal slowly | 14 - 1 2 3 "Nervous" stomach | |

GROUP TWO

- | | | |
|---|---|---|
| 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 "Butterfly" stomach, cramps | 31 - 1 2 3 Hoarseness frequent | 39 - 1 2 3 Perspire easily |
| 24 - 1 2 3 Eyes or nose watery | 32 - 1 2 3 Breathing irregular | 40 - 1 2 3 Circulation poor, sensitive to cold |
| 25 - 1 2 3 Eyes blink often | 33 - 1 2 3 Pulse slow; feels "irregular" | 41 - 1 2 3 Subject to colds, asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy | 34 - 1 2 3 Gagging reflex slow | |
| 27 - 1 2 3 Indigestion soon after meals | 35 - 1 2 3 Difficulty swallowing | |
| 28 - 1 2 3 Always seems hungry; feels "lightheaded" often | 36 - 1 2 3 Constipation, diarrhea alternating | |

GROUP THREE

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

GROUP FOUR

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

GROUP FIVE

- 73 - 1 2 3 Dizziness
- 74 - 1 2 3 Dry Skin
- 75 - 1 2 3 Burping feet
- 76 - 1 2 3 Blurred vision
- 77 - 1 2 3 Itching skin and feet
- 78 - 1 2 3 Excessive falling hair
- 79 - 1 2 3 Frequent skin rashes
- 80 - 1 2 3 Bitter, metallic taste in mouth in mornings
- 81 - 1 2 3 Bowel movements painful or difficult

- 82 - 1 2 3 Worrier, feels insecure
- 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
- 91 - 1 2 3 Sneezing attacks
- 92 - 1 2 3 Dreaming, nightmare type bad dreams
- 93 - 1 2 3 Bad breath (halitosis)
- 94 - 1 2 3 Milk products cause distress
- 95 - 1 2 3 Sensitive to hot weather
- 96 - 1 2 3 Burning or itching anus
- 97 - 1 2 3 Crave sweets

GROUP SIX

- 98 - 1 2 3 Loss of taste for meat
- 99 - 1 2 3 Lower bowel gas several hours after eating
- 100 - 1 2 3 Burning stomach sensations, eating relieves

- 101 - 1 2 3 Coated tongue
- 102 - 1 2 3 Pass large amounts of foul-smelling gas
- 103 - 1 2 3 Indigestion 1/2 - 1 hour after eating; may be up to 3 - 4 hrs.

- 104 - 1 2 3 Mucous colitis or "irritable bowel"
- 105 - 1 2 3 Gas shortly after eating
- 106 - 1 2 3 Stomach "bloating" after eating

GROUP SEVEN

(A)

- 107 - 1 2 3 Insomnia
- 108 - 1 2 3 Nervousness
- 109 - 1 2 3 Can't gain weight
- 110 - 1 2 3 Intolerance to heat
- 111 - 1 2 3 Highly emotional
- 112 - 1 2 3 Flush easily
- 113 - 1 2 3 Night sweats
- 114 - 1 2 3 Thin, moist skin
- 115 - 1 2 3 Inward trembling
- 116 - 1 2 3 Heart palpitates
- 117 - 1 2 3 Increased appetite without weight gain
- 118 - 1 2 3 Pulse fast at rest
- 119 - 1 2 3 Eyelids and face twitch
- 120 - 1 2 3 Irritable and restless
- 121 - 1 2 3 Can't work under pressure

(B)

- 122 - 1 2 3 Increase in weight
- 123 - 1 2 3 Decrease in appetite
- 124 - 1 2 3 Fatigue easily
- 125 - 1 2 3 Ringing in ears
- 126 - 1 2 3 Sleepy during day
- 127 - 1 2 3 Sensitive to cold
- 128 - 1 2 3 Dry or scaly skin
- 129 - 1 2 3 Constipation
- 130 - 1 2 3 Mental sluggishness
- 131 - 1 2 3 Hair coarse, falls out
- 132 - 1 2 3 Headaches upon arising wear off during day
- 133 - 1 2 3 Slow pulse, below 65
- 134 - 1 2 3 Frequency of urination
- 135 - 1 2 3 Impaired hearing
- 136 - 1 2 3 Reduced initiative

(C)

- 137 - 1 2 3 Failing memory
- 138 - 1 2 3 Low blood pressure
- 139 - 1 2 3 Increased sex drive
- 140 - 1 2 3 Headaches, "splitting or rending" type
- 141 - 1 2 3 Decreased sugar tolerance

(D)

- 142 - 1 2 3 Abnormal thirst
- 143 - 1 2 3 Bloating of abdomen
- 144 - 1 2 3 Weight gain around hips or waist
- 145 - 1 2 3 Sex drive reduced or lacking
- 146 - 1 2 3 Tendency to ulcers, colitis
- 147 - 1 2 3 Increased sugar tolerance
- 148 - 1 2 3 Women: menstrual disorders
- 149 - 1 2 3 Young girls: lack of menstrual function

(E)

- 150 - 1 2 3 Dizziness
- 151 - 1 2 3 Headaches
- 152 - 1 2 3 Hot flashes
- 153 - 1 2 3 Increased blood pressure
- 154 - 1 2 3 Hair growth on face or body (female)
- 155 - 1 2 3 Sugar in urine (not diabetes)
- 156 - 1 2 3 Masculine tendencies (female)

(F)

- 157 - 1 2 3 Weakness, dizziness
- 158 - 1 2 3 Chronic fatigue
- 159 - 1 2 3 Low blood pressure
- 160 - 1 2 3 Nails weak, ridged
- 161 - 1 2 3 Tendency to hives
- 162 - 1 2 3 Arthritic tendencies
- 163 - 1 2 3 Perspiration increase
- 164 - 1 2 3 Bowel disorders
- 165 - 1 2 3 Poor circulation
- 166 - 1 2 3 Swollen ankles
- 167 - 1 2 3 Crave salt
- 168 - 1 2 3 Brown spots or bronzing of skin
- 169 - 1 2 3 Allergies - tendency to asthma
- 170 - 1 2 3 Weakness after colds, influenza
- 171 - 1 2 3 Exhaustion - muscular and nervous
- 172 - 1 2 3 Respiratory disorders

| GROUP EIGHT | FEMALE ONLY | MALE ONLY |
|--|--|--|
| 173 - 1 2 3 Apprehension | 200 - 1 2 3 Very easily fatigued | 213 - 1 2 3 Prostate trouble |
| 174 - 1 2 3 Irritability | 201 - 1 2 3 Premenstrual tension | 214 - 1 2 3 Urination difficult or dribbling |
| 175 - 1 2 3 Morbid fears | 202 - 1 2 3 Painful menses | 215 - 1 2 3 Night urination frequent |
| 176 - 1 2 3 Never seems to get well | 203 - 1 2 3 Depressed feelings | 216 - 1 2 3 Depression |
| 177 - 1 2 3 Forgetfulness | 204 - 1 2 3 Menstruation excessive and prolonged | 217 - 1 2 3 Pain on inside of legs or heels |
| 178 - 1 2 3 Indigestion | 205 - 1 2 3 Painful breasts | 218 - 1 2 3 Feeling of incomplete bowel evacuation |
| 179 - 1 2 3 Poor appetite | 206 - 1 2 3 Menstruate too frequently | 219 - 1 2 3 Lack of energy |
| 180 - 1 2 3 Craving for sweets | 207 - 1 2 3 Vaginal discharge | 220 - 1 2 3 Migrating aches and pains |
| 181 - 1 2 3 Muscular soreness | 208 - 1 2 3 Hysterectomy/ovaries removed | 221 - 1 2 3 Tire too easily |
| 182 - 1 2 3 Depression; feelings of dread | 209 - 1 2 3 Menopausal hot flashes | 222 - 1 2 3 Avoids activity |
| 183 - 1 2 3 Noise sensitivity | 210 - 1 2 3 Menses scanty or missed | 223 - 1 2 3 Leg nervousness at night |
| 184 - 1 2 3 Acoustic hallucinations | 211 - 1 2 3 Acne, worse at menses | 224 - 1 2 3 Diminished sex drive |
| 185 - 1 2 3 Tendency to cry without reason | 212 - 1 2 3 Depression of long standing | |
| 186 - 1 2 3 Hair is coarse and/or thinning | | |
| 187 - 1 2 3 Weakness | | |
| 188 - 1 2 3 Fatigue | | |
| 189 - 1 2 3 Skin sensitive to touch | | |
| 190 - 1 2 3 Tendency toward hives | | |
| 191 - 1 2 3 Nervousness | | |
| 192 - 1 2 3 Headache | | |
| 193 - 1 2 3 Insomnia | | |
| 194 - 1 2 3 Anxiety | | |
| 195 - 1 2 3 Anorexia | | |
| 196 - 1 2 3 Inability to concentrate; confusion | | |
| 197 - 1 2 3 Frequent stuffy nose; sinus infections | | |
| 198 - 1 2 3 Allergy to some foods | | |
| 199 - 1 2 3 Loose joints | | |

IMPORTANT

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance:

1. _____
2. _____
3. _____
4. _____
5. _____

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

BARNES THYROID TEST

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.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row.

MALES

Any 2 days during the month.

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: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

BP SIT _____

PULSE SIT _____

SALIVA PH _____

BP STAND _____

PULSE STAND _____

BLOOD TYPE _____

CASE RECORD

Name _____ Date _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Age _____ Weight _____ Height _____ Sex _____

Occupation _____ Married _____

History of Illness and Treatment: _____

Operations, Accidents or Injuries: _____

Present Illness or Complaints: _____

Diagnostic Summary: _____

Treatment, Recommendations and Progress: _____
