

SYSTEMS SURVEY FORM

PATIENT _____ AGE _____

DATE _____

INSTRUCTIONS: 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).

GROUP 1

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|-----------------------------------|--|-----------------------------------|
| 1 – 1 2 3 Acid foods upset | 8 – 1 2 3 Unable to relax, startles easily | 15 – 1 2 3 Cold sweats often |
| 2 – 1 2 3 Get chilled, often | 9 – 1 2 3 Extremities cold, clammy | 16 – 1 2 3 Get heated easily |
| 3 – 1 2 3 “Lump” in throat | 10 – 1 2 3 Strong light irritates | 17 – 1 2 3 Nerve discomfort |
| 4 – 1 2 3 Dry mouth-eyes-nose | 11 – 1 2 3 Occasionally weak urine flow | 18 – 1 2 3 Staring, blinks little |
| 5 – 1 2 3 Pulse speeds after meal | 12 – 1 2 3 Heart pounds after retiring | 19 – 1 2 3 Sour stomach frequent |
| 6 – 1 2 3 Keyed up - fail to calm | 13 – 1 2 3 “Nervous” stomach | |
| 7 – 1 2 3 Gag occasionally | 14 – 1 2 3 Appetite reduced occasionally | |

GROUP 2

- | | | |
|---|--|-------------------------------|
| 20 – 1 2 3 Joint stiffness after arising | 28 – 1 2 3 Digestion rapid | 36 – 1 2 3 “Slow starter” Get |
| 21 – 1 2 3 Muscle-leg-toe cramps at night | 29 – 1 2 3 Vomiting occasionally | 37 – 1 2 3 “chilled” Perspire |
| 22 – 1 2 3 “Butterfly” stomach, cramps | 30 – 1 2 3 Hoarseness frequent | 38 – 1 2 3 easily Sensitive |
| 23 – 1 2 3 Eyes or nose watery | 31 – 1 2 3 Uneven breathing | 39 – 1 2 3 to cold Upper |
| 24 – 1 2 3 Eyes blink often | 32 – 1 2 3 Pulse slow | 40 – 1 2 3 respiratory |
| 25 – 1 2 3 Eyelids swollen, puffy | 33 – 1 2 3 Gagging reflex slow | challenges |
| 26 – 1 2 3 Indigestion soon after meals | 34 – 1 2 3 Difficulty swallowing | |
| 27 – 1 2 3 Always seem hungry;
feels “lightheaded” often | 35 – 1 2 3 Temporary constipation
or diarrhea | |

GROUP 3

- | | | |
|---|---|---|
| 41 – 1 2 3 Eat when nervous | 48 – 1 2 3 Heart palpitates if meals
missed or delayed | 52 – 1 2 3 Crave candy or
coffee in afternoons |
| 42 – 1 2 3 Excessive appetite | 49 – 1 2 3 Fatigue in afternoons | 53 – 1 2 3 Moods of “blues” or
melancholy |
| 43 – 1 2 3 Hungry between meals | 50 – 1 2 3 Overeating sweets upsets | 54 – 1 2 3 Craving for sweets
or snacks |
| 44 – 1 2 3 Irritable before meals | 51 – 1 2 3 Awaken after few hours’ sleep
- hard to get back to sleep | |
| 45 – 1 2 3 Get “shaky” if hungry | | |
| 46 – 1 2 3 Fatigue, eating relieves | | |
| 47 – 1 2 3 “Lightheaded” if meals delayed | | |

GROUP 4

- | | | |
|---|---|--|
| 55 – 1 2 3 Hands and feet go to sleep
easily, numbness | 62 – 1 2 3 Get “drowsy” often | 67 – 1 2 3 Skin discolors easily
after impact |
| 56 – 1 2 3 Sigh frequently, “air
hunger” | 63 – 1 2 3 Swollen ankles
worse at night | 68 – 1 2 3 Tendency to anemia |
| 57 – 1 2 3 Aware of “breathing
heavily” | 64 – 1 2 3 Muscle cramps, worse
during exercise; get
“charley horses” | 69 – 1 2 3 Noises in head, or
“ringing in ears” |
| 58 – 1 2 3 High altitude discomfort | 65 – 1 2 3 Difficulty catching breath,
especially during exercise | 70 – 1 2 3 Fatigue upon
exertion |
| 59 – 1 2 3 Opens windows in
closed room | 66 – 1 2 3 Tightness or pressure in
chest, worse on exertion | |
| 60 – 1 2 3 Immune system challenges | | |
| 61 – 1 2 3 Afternoon “yawner” | | |

GROUP 5

- | | | |
|--|---|--|
| 71 - 1 2 3 Dizziness | 81 - 1 2 3 Nausea occasionally after eating | 88 - 1 2 3 Sneezing attacks |
| 72 - 1 2 3 Dry skin | 82 - 1 2 3 Greasy foods upset | 89 - 1 2 3 Dreaming, nightmare type bad dreams |
| 73 - 1 2 3 Burning feet | 83 - 1 2 3 Stools light-colored | 90 - 1 2 3 Bad breath (halitosis) |
| 74 - 1 2 3 Blurred vision | 84 - 1 2 3 Skin peels on foot soles | 91 - 1 2 3 Milk products cause upset |
| 75 - 1 2 3 Itching skin and feet | 85 - 1 2 3 Discomfort between shoulder blades | 92 - 1 2 3 Sensitive to hot weather |
| 76 - 1 2 3 Hair loss | 86 - 1 2 3 Occasional laxative use | 93 - 1 2 3 Burning or itching anus |
| 77 - 1 2 3 Occasional skin rashes | 87 - 1 2 3 Stools alternate from soft to watery | 94 - 1 2 3 Crave sweets |
| 78 - 1 2 3 Bitter, metallic taste in mouth in mornings | | |
| 79 - 1 2 3 Occasional constipation | | |
| 80 - 1 2 3 Worrier, feels insecure | | |

GROUP 6

- | | | |
|--|---|--------------------------------------|
| 95 - 1 2 3 Loss of taste for meat | 98 - 1 2 3 Coated tongue | 101 - 1 2 3 Watery or loose stool |
| 96 - 1 2 3 Lower bowel gas several hours after eating | 99 - 1 2 3 Pass large amounts of foul-smelling gas | 102 - 1 2 3 Gas shortly after eating |
| 97 - 1 2 3 Burning stomach sensations, eating relieves | 100 - 1 2 3 Indigestion ½ - 1 hour after eating; may be up to 3-4 hours after | 103 - 1 2 3 Stomach "bloating" |

GROUP 7

GROUP 7A

- 104 - 1 2 3 Difficulty sleeping
 105 - 1 2 3 On edge
 106 - 1 2 3 Can't gain weight
 107 - 1 2 3 Intolerance to heat
 108 - 1 2 3 Highly emotional
 109 - 1 2 3 Flush easily
 110 - 1 2 3 Night sweats
 111 - 1 2 3 Thin, moist skin
 112 - 1 2 3 Inward trembling
 113 - 1 2 3 Heart races
 114 - 1 2 3 Increased appetite without weight gain
 115 - 1 2 3 Pulse fast at rest
 116 - 1 2 3 Eyelids and face twitch
 117 - 1 2 3 Irritable and restless
 118 - 1 2 3 Can't work under pressure

GROUP 7B

- 119 - 1 2 3 Increase in weight
 120 - 1 2 3 Decrease in appetite
 121 - 1 2 3 Fatigue easily
 122 - 1 2 3 Ringing in ears
 123 - 1 2 3 Sleepy during day
 124 - 1 2 3 Sensitive to cold
 125 - 1 2 3 Dry or scaly skin
 126 - 1 2 3 Temporary constipation
 127 - 1 2 3 Mental sluggishness
 128 - 1 2 3 Hair coarse, falls out
 129 - 1 2 3 Tension in head upon arising wears off during day
 130 - 1 2 3 Slow pulse, below 65
 131 - 1 2 3 Changing urinary function
 132 - 1 2 3 Sounds appear diminished
 133 - 1 2 3 Reduced initiative

GROUP 7C

- 134 - 1 2 3 Failing memory with age
 135 - 1 2 3 Increased sex drive
 136 - 1 2 3 Episodes of tension in head
 137 - 1 2 3 Decreased sugar tolerance

GROUP 7D

- 138 - 1 2 3 Abnormal thirst
 139 - 1 2 3 Bloating of abdomen
 140 - 1 2 3 Weight gain around hips or waist
 141 - 1 2 3 Sex drive reduced or lacking
 142 - 1 2 3 Tendency for stomach issues
 143 - 1 2 3 Increased sugar tolerance
 144 - 1 2 3 Menstrual disorders

GROUP 7E

- 145 - 1 2 3 Dizziness
 146 - 1 2 3 Headaches
 147 - 1 2 3 Hot flashes
 148 - 1 2 3 Hair growth on face or body (female)
 149 - 1 2 3 Sugar in urine (not diabetes)
 150 - 1 2 3 Masculine tendencies (female)

GROUP 7F

- 151 - 1 2 3 Weakness, dizziness
 152 - 1 2 3 Tired throughout day
 153 - 1 2 3 Nails, weak, ridged
 154 - 1 2 3 Sensitive skin
 155 - 1 2 3 Stiff joints
 156 - 1 2 3 Perspiration increase
 157 - 1 2 3 Bowel discomfort
 158 - 1 2 3 Poor circulation
 159 - 1 2 3 Swollen ankles
 160 - 1 2 3 Crave salt
 161 - 1 2 3 Areas of skin darkening
 162 - 1 2 3 Upper respiratory sensitivity
 163 - 1 2 3 Tiredness
 164 - 1 2 3 Breathing challenges

GROUP 8	FEMALE ONLY	MALE ONLY
165 – 1 2 3 Muscle weakness	192 – 1 2 3 Very easily fatigued	202 – 1 2 3 Less involved in exercise/social activities
166 – 1 2 3 Lack of stamina	193 – 1 2 3 Premenstrual tension	203 – 1 2 3 Difficult to postpone urination
167 – 1 2 3 Drowsiness after eating	194 – 1 2 3 Menses more painful than usual	204 – 1 2 3 Weak urinary stream
168 – 1 2 3 Muscular soreness	195 – 1 2 3 Depressed feelings before menstruation	205 – 1 2 3 Feeling of “blues” or melancholy
169 – 1 2 3 Heart races	196 – 1 2 3 Painful breasts during menses	206 – 1 2 3 Feeling of incomplete bowel evacuation
170 – 1 2 3 Hyper-irritable	197 – 1 2 3 Menstruate too frequently	207 – 1 2 3 Lack of energy
171 – 1 2 3 Feeling of a band around your head	198 – 1 2 3 Hysterectomy/ovaries removed	208 – 1 2 3 Muscles in arms and legs seem softer/smaller
172 – 1 2 3 Melancholia (feeling of sadness)	199 – 1 2 3 Menopausal hot flashes	209 – 1 2 3 Tire too easily
173 – 1 2 3 Swelling of ankles	200 – 1 2 3 Menses scanty or missed	210 – 1 2 3 Avoids activity
174 – 1 2 3 Change in urinary function	201 – 1 2 3 Acne, worse at menses	211 – 1 2 3 Leg nervousness at night
175 – 1 2 3 Tendency to consume sweets/carbohydrates		212 – 1 2 3 Diminished sex drive
176 – 1 2 3 Muscle spasms		
177 – 1 2 3 Blurred vision		
178 – 1 2 3 Involuntary muscle action		
179 – 1 2 3 Numbness		
180 – 1 2 3 Night sweats		
181 – 1 2 3 Rapid digestion		
182 – 1 2 3 Sensitivity to noise		
183 – 1 2 3 Redness of palms of hands and bottom of feet		
184 – 1 2 3 Visible veins on chest and abdomen		
185 – 1 2 3 Hemorrhoids		
186 – 1 2 3 Apprehension (feeling that something bad is going to happen)		
187 – 1 2 3 Nervousness causing loss of appetite		
188 – 1 2 3 Nervousness with indigestion		
189 – 1 2 3 Gastritis		
190 – 1 2 3 Forgetfulness		
191 – 1 2 3 Thinning hair		
IMPORTANT		
TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		