

# SYSTEMS SURVEY FORM

Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_  
Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx Weight \_\_\_\_\_ Sex: Male  Female   
Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_ Vegetarian  Gluten-free   
Blood pressure: Recumbent \_\_\_\_ / \_\_\_\_ Standing \_\_\_\_ / \_\_\_\_ Ragland's Test is Positive

INSTRUCTIONS: Fill in only the circles which apply to you.

- ○ ○ MILD symptoms (occurs rarely).  
○ ● ○ MODERATE symptoms (occurs several times a month).  
○ ○ ● SEVERE symptoms (occurs almost constantly)  
○ ○ ○ Leave circles BLANK if they don't apply to you!

## 1 2 3 GROUP 1

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

## GROUP 2

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

## GROUP 3

- 42 ○ ○ ○ Eat when nervous  
43 ○ ○ ○ Excessive appetite  
44 ○ ○ ○ Hungry between meals  
45 ○ ○ ○ Irritable before meals  
46 ○ ○ ○ Get "shaky" if hungry  
47 ○ ○ ○ Fatigue, eating relieves  
48 ○ ○ ○ "Lightheaded" if meals delayed  
49 ○ ○ ○ Heart palpitates if meals missed or delayed  
50 ○ ○ ○ Afternoon headaches  
51 ○ ○ ○ Overeating sweets upsets

## 1 2 3

- 52 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep  
53 ○ ○ ○ Crave candy or coffee in afternoons  
54 ○ ○ ○ Moods of depression - "blues" or melancholy  
55 ○ ○ ○ Abnormal craving for sweets or snacks

## GROUP 4

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

## GROUP 5

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

## GROUP 6

- 98 ○ ○ ○ Loss of taste for meat  
99 ○ ○ ○ Lower bowel gas several hours after eating  
100 ○ ○ ○ Burning stomach sensations, eating relieves  
101 ○ ○ ○ Coated tongue  
102 ○ ○ ○ Pass large amounts of foul-smelling gas  
103 ○ ○ ○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.  
104 ○ ○ ○ Mucous colitis or "irritable bowel"  
105 ○ ○ ○ Gas shortly after eating  
106 ○ ○ ○ Stomach "bloating" after eating

**1 2 3 GROUP 7A**

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

**GROUP 7B**

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

**GROUP 7C**

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

**GROUP 7D**

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

**GROUP 7E**

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

**GROUP 7F**

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

**1 2 3**

- 170 ○○○ Weakness after colds, influenza
- 171 ○○○ Exhaustion - muscular and nervous
- 172 ○○○ Respiratory disorders

**GROUP 8**

- 173 ○○○ Muscle weakness
- 174 ○○○ Lack of Stamina
- 175 ○○○ Drowsiness after eating
- 176 ○○○ Muscular soreness
- 177 ○○○ Rapid heart beat
- 178 ○○○ Hyper-irritable
- 179 ○○○ Feeling of a band around your head
- 180 ○○○ Melancholia (feeling of sadness)
- 181 ○○○ Swelling of ankles
- 182 ○○○ Diminished urination
- 183 ○○○ Tendency to consume sweets or carbohydrates
- 184 ○○○ Muscle spasms
- 185 ○○○ Blurred vision
- 186 ○○○ Loss of muscular control
- 187 ○○○ Numbness
- 188 ○○○ Night sweats
- 189 ○○○ Rapid digestion
- 190 ○○○ Sensitivity to noise
- 191 ○○○ Redness of palms of hands and bottom of feet
- 192 ○○○ Visible veins on chest and abdomen
- 193 ○○○ Hemorrhoids
- 194 ○○○ Apprehension (feeling that something bad will happen)
- 195 ○○○ Nervousness causing loss of appetite
- 196 ○○○ Nervousness with indigestion
- 197 ○○○ Gastritis
- 198 ○○○ Forgetfulness
- 199 ○○○ Thinning hair

**FEMALE ONLY**

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

**MALE ONLY**

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

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_