Systems Survey Form

Name:		
Date:		
DOB:	-	
Age:		

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, do not circle anything for that symptom.

Circle the corresponding number

- 1 MILD symptom (occurs rarely)
- 2 MODERATE symptom (occurs several times a month)
- 3 **SEVERE** symptom (occurs almost constantly)

GROUP 1	45. 1 2 3 Get "shaky" if hungry	85 . 1 2 3 Discomf
1. 1 2 3 Acid foods upset	46 . 1 2 3 Fatigue, eating relieves	shoulder
2. 1 2 3 Get chilled often	47. 1 2 3 "Lightheaded" if meals delayed	86. 1 2 3 Occasion
3. 1 2 3 "Lump" in throat	48. 1 2 3 Heart palpitates if meals missed	87. 1 2 3 Stools a
4. 1 2 3 Dry mouth, eyes, nose	or delayed	to water
5. 1 2 3 Pulse speeds after meal	49. 1 2 3 Fatigue in afternoon	88. 1 2 3 Sneezing
6. 123 Keyed up, fail to calm	50. 1 2 3 Overeating sweets upsets	89. 1 2 3 Dreamin
7. 1 2 3 Gag occasionally	51. 1 2 3 Awaken after few hours sleep,	bad drea
8. 1 2 3 Unable to relax, startle easily	hard to get back to sleep	90. 1 2 3 Bad brea
9. 1 2 3 Extremities cold, clammy	52. 1 2 3 Crave candy or coffee in afternoon	91. 1 2 3 Milk prod
10. 1 2 3 Strong light irritates	53. 1 2 3 Moods of "blues" or melancholy	92 . 1 2 3 Sensitive
11. 1 2 3 Occasionally weak urine flow	54. 1 2 3 Craving for sweets or snacks	93. 1 2 3 Burning
12. 1 2 3 Heart pounds after retiring		94. 1 2 3 Crave sw
13. 1 2 3 "Nervous" stomach		
14. 1 2 3 Appetite reduced occasionally		$\frac{1}{2}$ $\frac{2}{3}$ TOT
15. 1 2 3 Cold sweats often	GROUP 4	
16. 1 2 3 Get heated easily	55. 1 2 3 Hands and feet go to	GROUP 6
17. 1 2 3 Nerve discomfort	sleep easily, numbness	95. 1 2 3 Loss of t
18. 1 2 3 Staring, blink little	56. 1 2 3 Sigh frequently, "air hunger"	96. 1 2 3 Lower bo
19. 1 2 3 Sour stomach frequent	57. 1 2 3 Aware of "breathing heavily"	after eat
TOTAL	58. 1 2 3 High-altitude discomfort	97. 1 2 3 Burning s
1 2 3 TOTAL	59 . 1 2 3 Open windows in closed room	eating re
	60. 1 2 3 Immune system challenges	98. 1 2 3 Coated t
GROUP 2	61. 1 2 3 Afternoon "yawner"	99. 1 2 3 Pass larg
20. 1 2 3 Joint stiffness after arising	62. 1 2 3 Get "drowsy" often	of foul-si
21. 1 2 3 Muscle, leg, toe cramps at night	63. 1 2 3 Swollen ankles worse at night	100. 1 2 3 Indigestic
22. 1 2 3 "Butterfly" stomach, cramps	64. 1 2 3 Muscle cramps, worse during	may be u
23. 1 2 3 Eyes or nose watery	exercise; get "charley horse"	101. 1 2 3 Watery o
24. 1 2 3 Eyes blink often	65. 1 2 3 Difficulty catching breath,	102. 1 2 3 Gas shor
25. 1 2 3 Eyelids swollen, puffy	especially during exercise	103. 1 2 3 Stomach
26. 1 2 3 Indigestion soon after meals	66 . 1 2 3 Tightness or pressure in chest,	TOT
27. 1 2 3 Always seem hungry,	worse on exertion	1 2 3 TOT
feel "lightheaded" often	67. 1 2 3 Skin discolors easily after impact	
28. 1 2 3 Digestion rapid	68. 1 2 3 Tendency to anemia	GROUP 7A
29. 1 2 3 Vomit occasionally	69. 1 2 3 Noises in head or "ringing in ears"	104. 1 2 3 Difficulty
30. 1 2 3 Hoarseness frequent	70. 1 2 3 Fatigue upon exertion	105. 1 2 3 On edge
31. 1 2 3 Uneven breathing		106. 1 2 3 Can't gai
32. 1 2 3 Pulse slow	1 2 3	107. 1 2 3 Intolerar
33. 1 2 3 Gagging reflex slow	cnoun -	108. 1 2 3 Highly er
34. 1 2 3 Difficulty swallowing	GROUP 5	109. 1 2 3 Flush ea
35. 1 2 3 Temporary constipation or diarrhea	71. 1 2 3 Dizziness	110. 1 2 3 Night sw
36 . 1 2 3 "Slow starter"	72 . 1 2 3 Dry skin	111. 1 2 3 Thin, mo
37. 1 2 3 Get "chilled"	73. 1 2 3 Burning feet	112. 1 2 3 Inward to
38. 1 2 3 Perspire easily	74. 1 2 3 Blurred vision	113. 1 2 3 Heart ra
39. 1 2 3 Sensitive to cold	75. 1 2 3 Itching skin and feet	114. 1 2 3 Increase
40. 1 2 3 Upper respiratory challenges	76. 1 2 3 Hair loss	weight g
TOTAL	77. 1 2 3 Occasional skin rashes	115. 1 2 3 Pulse fas
1 2 3	78. 1 2 3 Bitter, metallic taste in mouth	116. 1 2 3 Eyelids a
. 2 3	in morning	117. 1 2 3 Irritable
		110 177 (
GROUP 3	79. 1 2 3 Occasional constipation	118. 1 2 3 Can't wo
GROUP 3 41. 1 2 3 Eat when nervous	79. 1 2 3 Occasional constipation80. 1 2 3 Worrier, feels insecure	тот
GROUP 3 41. 1 2 3 Eat when nervous 42. 1 2 3 Excessive appetite	 79. 1 2 3 Occasional constipation 80. 1 2 3 Worrier, feels insecure 81. 1 2 3 Nausea occasionally after eating 	
GROUP 3 41. 1 2 3 Eat when nervous	79. 1 2 3 Occasional constipation80. 1 2 3 Worrier, feels insecure	тот

85.	1	2	3	Discomfort between
				shoulder blades
86.	1	2	3	Occasional laxative use
87.	1	2	3	Stools alternate from soft
				to watery
88.	1	2	3	Sneezing attacks
89.	1	2	3	Dreaming, nightmare-type
				bad dreams
90.	1	2	3	Bad breath (halitosis)
91.	1	2	3	Milk products cause upset
92.	1	2	3	Sensitive to hot weather
93.	1	2	3	Burning or itching anus
94.	1	2	3	Crave sweets
· Para	-	2		TOTAL
GRC	U	P	5	
95.	1	2	3	Loss of taste for meat
96.	1	2	3	Lower bowel gas several hours
				after eating
97.	1	2	3	Burning stomach sensations,
				eating relieves
98.	1	2	3	Coated tongue
99.	1	2	3	Pass large amounts
				of foul-smelling gas
100.	1	2	3	Indigestion ½-1 hour after eating;
				may be up to 3-4 hours after
101.	1	2	3	Watery or loose stool
102.	1	2	3	Gas shortly after eating
103.	1	2	3	Stomach "bloating"
1	-	2	-	TOTAL
GRO	U	P	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
1	-	2		

GROUP 7B	GROUP 7F	
119. 1 2 3 Increase in weight	151. 1 2 3 Weakness, dizziness	187. 1 2 3 Nervousness causing
120. 1 2 3 Decrease in appetite	152. 1 2 3 Tired throughout day	loss of appetite
121. 1 2 3 Fatigue easily	153. 1 2 3 Nails weak, ridged	188. 1 2 3 Nervousness with indigestion
122 . 1 2 3 Ringing in ears	154 . 1 2 3 Sensitive skin	189. 1 2 3 Gastritis
123. 1 2 3 Sleepy during day	155 . 1 2 3 Stiff joints	190. 1 2 3 Forgetfulness
124. 1 2 3 Sensitive to cold	156. 1 2 3 Perspiration increase	191. 1 2 3 Thinning hair
125. 1 2 3 Dry or scaly skin	157. 1 2 3 Bowel discomfort	
126. 1 2 3 Temporary constipation	158. 1 2 3 Poor circulation	1 2 3 TOTAL
127. 1 2 3 Mental sluggishness	159 . 1 2 3 Swollen ankles	
128. 1 2 3 Hair coarse, falls out	160 . 1 2 3 Crave salt	FEMALE ONLY
129. 1 2 3 Tension in head upon arising	161. 1 2 3 Areas of skin darkening	192. 1 2 3 Very easily fatigued
wears off during day	162. 1 2 3 Upper respiratory sensitivity	193. 1 2 3 Premenstrual tension
130. 1 2 3 Slow pulse below 65	163. 1 2 3 Tiredness	194. 1 2 3 Menses more painful than usual
131. 1 2 3 Changing urinary function	164. 1 2 3 Breathing challenges	195. 1 2 3 Depressed feelings
132. 1 2 3 Sounds appear diminished		before menstruation
133. 1 2 3 Reduced initiative	1 2 3 TOTAL	196. 1 2 3 Painful breasts during menses
TOTAL		197. 1 2 3 Menstruate too frequently
	GROUP 8	198. 1 2 3 Hysterectomy/ovaries removed
GROUP 7C	165. 1 2 3 Muscle weakness	199. 1 2 3 Menopausal hot flashes
134. 1 2 3 Failing memory with age	166. 1 2 3 Lack of stamina	200. 1 2 3 Menses scanty or missed
135. 1 2 3 Increased sex drive	167. 1 2 3 Drowsiness after eating	201. 1 2 3 Acne, worse at menses
136. 1 2 3 Episodes of tension in head	168. 1 2 3 Muscular soreness	201. 1 2 3 Acrie, worse at menses
137. 1 2 3 Decreased sugar tolerance	169. 1 2 3 Heart races	
	170. 1 2 3 Hyperiritable	' 2 3
1 2 5 TOTAL	171. 1 2 3 Feeling of a band around head	MALE ONLY
GROUP 7D	172. 1 2 3 Melancholia (feeling of sadness)	202. 1 2 3 Less involved in
138. 1 2 3 Abnormal thirst	173. 1 2 3 Swelling of ankles	
139. 1 2 3 Bloating of abdomen	174. 1 2 3 Change in urinary function	exercise/social activities 203. 1 2 3 Difficult to postpone urination
140. 1 2 3 Weight gain around hips or waist	175. 1 2 3 Tendency to consume	204. 1 2 3 Weak urinary stream
141. 1 2 3 Sex drive reduced or lacking	sweets/carbohydrates	205. 1 2 3 Feeling of "blues" or melancholy
142. 1 2 3 Tendency for stomach issues	176. 1 2 3 Muscle spasms	206. 1 2 3 Feeling of incomplete
143. 1 2 3 Immune system challenges	177. 1 2 3 Blurred vision	bowel evacuation
144. 1 2 3 Menstrual disorders	178. 1 2 3 Involuntary muscle action	207. 1 2 3 Lack of energy
	179. 1 2 3 Numbness	208. 1 2 3 Muscles in arms and legs seem
1 2 TOTAL	180 . 1 2 3 Night sweats	softer/smaller
GROUP 7E	181. 1 2 3 Rapid digestion	209. 1 2 3 Tire too easily
145. 1 2 3 Dizziness	182. 1 2 3 Sensitivity to noise	210. 1 2 3 Avoid activity
146. 1 2 3 Headaches	183. 1 2 3 Redness of palms of hands and	211. 1 2 3 Leg nervousness at night
147. 1 2 3 Hot flashes	bottom of feet	212. 1 2 3 Diminished sex drive
148. 1 2 3 Hair growth on face	184. 1 2 3 Visible veins on chest and abdomen	212. 1 2 3 Dirininshed sex drive
or body (female)	185. 1 2 3 Hemorrhoids	
149. 1 2 3 Sugar in urine (not diabetes)	186. 1 2 3 Apprehension (feeling that	
150. 1 2 3 Masculine tendencies (female)	something bad is going to happen)	
1 2 TOTAL		
IMPORTANT Please list	below the five main physical complaints you have	e in order of their importance.

<u>5.</u>