SYSTEM SURVEY FORM

Name: _____ **Sex:** Male Female **Date:** _____

○○○ DO NOT FILL circles that do not apply.
●○○ MILD
○●○ MODERATE
○○● SEVERE

GROUP 1
○○○ Acid foods upset
○○○ Get chilled often
○○○ "Lump" in throat
○○○ Dry mouth-eyes-nose
○○○ Pulse speeds after meal
○○○ Keyed up - fail to calm
○○○ Cut heals slowly
○○○ Gag easily
○○○ Unable to relax; startles easily
○○○ Extremities cold, clammy
○○○ Strong light irritates
○○○ Urine amount reduced
○○○ Heart pounds after retiring
○○○ "Nervous" stomach
○○○ Appetite reduced
○○○ Cold sweats often
○○○ Fever easily raised
○○○ Neuralgia-like pains
○○○ Staring, blinks little
○○○ Sour stomach often

GROUP 2
○○○ Joint stiffness on arising
○○○ Muscle-leg-toe cramps at night
○○○ "Butterfly" stomach, cramps
○○○ Eyes or nose watery
○○○ Eyes blink often
○○○ Eyelids swollen, puffy
○○○ Indigestion soon after meals
○○○ Always seems hungry; feels "lightheaded" often
○○○ Digestion rapid
○○○ Vomiting frequent
○○○ Hoarseness frequent
○○○ Breathing irregular
○○○ Pulse slow; feels "irregular"
○○○ Gagging reflex slow
○○○ Difficulty swallowing
○○○ Constipation, diarrhea alternating
○○○ "Slow starter"
○○○ Get "chilled" infrequently
○○○ Perspire easily
○○○ Circulation poor, sensitive to cold
○○○ Subject to colds, asthma, bronchitis

GROUP 3
○○○ Eat when nervous
○○○ Excessive appetite
○○○ Hungry between meals
○○○ Irritable before meals
○○○ Get "shaky" if hungry
○○○ Fatigue, eating relieves
○○○ "Lightheaded" if meals delayed
○○○ Heart palpitates if meals missed or delayed
○○○ Afternoon headaches
○○○ Overeating sweets upsets
○○○ Awaken after few hours sleep - hard to get back to sleep
○○○ Crave candy or coffee in afternoons
○○○ Moods of depression - "blues" or melancholy
○○○ Abnormal craving for sweets or snacks

GROUP 4
○○○ Hands and feet go to sleep easily, numbness
○○○ Sigh frequently, "air hunger"
○○○ Aware of "breathing heavily"
○○○ High altitude discomfort
○○○ Opens windows in closed rooms
○○○ Susceptible to colds and fevers
○○○ Afternoon "yawner"
○○○ Get "drowsy" often
○○○ Swollen ankles, worse at night
○○○ Muscle cramps, worse during exercise; get "charley horses"
○○○ Shortness of breath on exertion
○○○ Dull pain in chest or radiating into left arm, worse on exertion
○○○ Bruise easily, "black and blue" spots
○○○ Tendency to anemia
○○○ "Nose bleeds" frequent
○○○ Noises in head, or "ringing in ears"
○○○ Tension under the breastbone, or feeling of "tightness", worse on exertion

GROUP 5
○○○ Dizziness
○○○ Dry skin
○○○ Burning feet
○○○ Blurred vision
○○○ Itching skin and feet
○○○ Excessive falling hair
○○○ Frequent skin rashes
○○○ Bitter, metallic taste in mouth in mornings
○○○ Bowel movements painful or difficult
○○○ Worrier, feels insecure
○○○ Feeling queasy; headache over eyes
○○○ Greasy foods upset
○○○ Stools light colored
○○○ Skin peels on foot soles
○○○ Pain between shoulder blades
○○○ Use laxatives
○○○ Stools alternate from soft to watery
○○○ History of gallbladder attacks or gallstones
○○○ Sneezing attacks
○○○ Dreaming, nightmare type bad dreams
○○○ Bad breath (halitosis)
○○○ Milk products cause distress
○○○ Sensitive to hot weather
○○○ Burning or itching anus
○○○ Crave sweets

GROUP 6
○○○ Loss of taste for meat
○○○ Lower bowel gas several hours after eating
○○○ Burning stomach sensations, eating relieves
○○○ Coated tongue
○○○ Pass large amounts of foul-smelling gas
○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
○○○ Mucous colitis or "irritable bowel"
○○○ Gas shortly after eating
○○○ Stomach "bloating" after eating

GROUP 7A
○○○ Insomnia
○○○ Nervousness
○○○ Can't gain weight
○○○ Intolerance to heat
○○○ Highly emotional
○○○ Flush easily
○○○ Night sweats
○○○ Thin, moist skin
○○○ Inward trembling
○○○ Heart palpitates
○○○ Increased appetite without weight gain
○○○ Pulse fast at rest
○○○ Eyelids and face twitch
○○○ Irritable and restless
○○○ Can't work under pressure

GROUP 7B
○○○ Increase in weight
○○○ Decrease in appetite
○○○ Fatigue easily
○○○ Ringing in ears
○○○ Sleepy during day
○○○ Sensitive to cold
○○○ Dry or scaly skin
○○○ Constipation
○○○ Mental sluggishness
○○○ Hair course, falls out
○○○ Headaches upon arising, wear off during day
○○○ Slow pulse, below 65
○○○ Frequency of urination
○○○ Impaired hearing
○○○ Reduced initiative

GROUP 7C
○○○ Failing memory
○○○ Low blood pressure
○○○ Increased sex drive
○○○ Headaches, "splitting or rending" type
○○○ Decreased sugar tolerance

GROUP 7D
○○○ Abnormal thirst
○○○ Bloating of abdomen
○○○ Weight gain around hips or waist
○○○ Sex drive reduced or lacking
○○○ Tendency to ulcers, colitis
○○○ Increased sugar tolerance
○○○ Women: menstrual disorders
○○○ Young girls: lack of menstrual function

GROUP 7E
○○○ Dizziness
○○○ Headaches
○○○ Hot flashes
○○○ Increased blood pressure
○○○ Hair growth on face or body (female)
○○○ Sugar in urine (not diabetes)
○○○ Masculine tendencies (female)

GROUP 7F
○○○ Weakness, dizziness
○○○ Chronic fatigue
○○○ Low blood pressure
○○○ Nails weak, ridged
○○○ Tendency to hives
○○○ Arthritic tendencies
○○○ Perspiration increase
○○○ Bowel disorders
○○○ Poor circulation
○○○ Swollen ankles
○○○ Crave salt
○○○ Brown spots or bronzing of skin
○○○ Allergies – tendency to asthma
○○○ Weakness after colds, influenza
○○○ Exhaustion - muscular and nervous
○○○ Respiratory disorders

GROUP 8
○○○ Apprehension
○○○ Irritability
○○○ Morbid fears
○○○ Never seems to get well
○○○ Forgetfulness
○○○ Indigestion
○○○ Poor appetite
○○○ Craving for sweets
○○○ Muscular soreness
○○○ Depression; feelings of dread
○○○ Noise sensitivity
○○○ Acoustic hallucinations
○○○ Tendency to cry without reason
○○○ Hair is course and/or thinning
○○○ Weakness
○○○ Fatigue
○○○ Skin sensitive to touch
○○○ Tendency toward hives
○○○ Nervousness
○○○ Headaches
○○○ Insomnia
○○○ Anxiety
○○○ Anorexia
○○○ Inability to concentrate; confusion
○○○ Frequent stuffy nose; sinus infections
○○○ Allergy to some foods
○○○ Loose joints

FEMALE ONLY
○○○ Very easily fatigued
○○○ Premenstrual tension
○○○ Painful menses
○○○ Depressed feelings before menstruation
○○○ Menstruation excessive and prolonged
○○○ Painful breasts
○○○ Menstruate too frequently
○○○ Vaginal discharge
○○○ Hysterectomy / ovaries removed
○○○ Menopausal hot flashes
○○○ Menses scanty or missed
○○○ Acne, worse at menses
○○○ Depression of long standing

MALE ONLY
○○○ Prostate trouble
○○○ Urination difficult or dribbling
○○○ Night urination frequent
○○○ Depression
○○○ Pain on inside of legs or heels
○○○ Feeling of incomplete bowel evacuation
○○○ Lack of energy
○○○ Migrating aches and pains
○○○ Tire too easily
○○○ Avoids activity
○○○ Leg nervousness at night
○○○ Diminished sex drive

List your five main complaints in the order of their importance:
1. _____
2. _____
3. _____
4. _____
5. _____