

Systems Survey Form

| | |
|----------------------------------|---|
| Circle the corresponding number. | |
| 1 | MILD symptom (occurs rarely) |
| 2 | MODERATE symptom (occurs several times a month) |
| 3 | SEVERE symptom (occurs almost constantly) |



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

GROUP 1

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

GROUP 2

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

GROUP 3

| | | |
|-----|-------|------------------------|
| 41. | 1 2 3 | Eat when nervous |
| 42. | 1 2 3 | Excessive appetite |
| 43. | 1 2 3 | Hungry between meals |
| 44. | 1 2 3 | Irritable before meals |

| | | |
|-------|-------|---|
| 45. | 1 2 3 | Get "shaky" if hungry |
| 46. | 1 2 3 | Fatigue, eating relieves |
| 47. | 1 2 3 | "Lightheaded" if meals delayed |
| 48. | 1 2 3 | Heart palpitates if meals missed or delayed |
| 49. | 1 2 3 | Fatigue in afternoon |
| 50. | 1 2 3 | Overeating sweets upsets |
| 51. | 1 2 3 | Awaken after few hours sleep, hard to get back to sleep |
| 52. | 1 2 3 | Crave candy or coffee in afternoon |
| 53. | 1 2 3 | Moods of "blues" or melancholy |
| 54. | 1 2 3 | Craving for sweets or snacks |
| _____ | | TOTAL |
| 1 | 2 | 3 |

GROUP 4

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

GROUP 5

| | | |
|-----|-------|--|
| 71. | 1 2 3 | Dizziness |
| 72. | 1 2 3 | Dry skin |
| 73. | 1 2 3 | Burning feet |
| 74. | 1 2 3 | Blurred vision |
| 75. | 1 2 3 | Itching skin and feet |
| 76. | 1 2 3 | Hair loss |
| 77. | 1 2 3 | Occasional skin rashes |
| 78. | 1 2 3 | Bitter, metallic taste in mouth in morning |
| 79. | 1 2 3 | Occasional constipation |
| 80. | 1 2 3 | Worrier, feels insecure |
| 81. | 1 2 3 | Nausea occasionally after eating |
| 82. | 1 2 3 | Greasy foods upset |
| 83. | 1 2 3 | Stools light-colored |
| 84. | 1 2 3 | Skin peels on foot soles |

| | | |
|-------|-------|--------------------------------------|
| 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 |
| _____ | | TOTAL |
| 1 | 2 | 3 |

GROUP 6

| | | |
|-------|-------|---|
| 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 1/2-1 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" |
| _____ | | TOTAL |
| 1 | 2 | 3 |

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 |

_____ TOTAL
1 2 3

Systems Survey Form

| | |
|----------------------------------|---|
| Circle the corresponding number. | |
| 1 | MILD symptom (occurs rarely) |
| 2 | MODERATE symptom (occurs several times a month) |
| 3 | SEVERE symptom (occurs almost constantly) |



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

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

_ 1 _ 2 _ 3 TOTAL

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

_ 1 _ 2 _ 3 TOTAL

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 Immune system challenges
- 144. 1 2 3 Menstrual disorders

_ 1 _ 2 _ 3 TOTAL

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)

_ 1 _ 2 _ 3 TOTAL

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

_ 1 _ 2 _ 3 TOTAL

GROUP 8

- 165. 1 2 3 Muscle weakness
- 166. 1 2 3 Lack of stamina
- 167. 1 2 3 Drowsiness after eating
- 168. 1 2 3 Muscular soreness
- 169. 1 2 3 Heart races
- 170. 1 2 3 Hyperirritable
- 171. 1 2 3 Feeling of a band around head
- 172. 1 2 3 Melancholia (feeling of sadness)
- 173. 1 2 3 Swelling of ankles
- 174. 1 2 3 Change in urinary function
- 175. 1 2 3 Tendency to consume
sweets/carbohydrates
- 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

_ 1 _ 2 _ 3 TOTAL

FEMALE ONLY

- 192. 1 2 3 Very easily fatigued
- 193. 1 2 3 Premenstrual tension
- 194. 1 2 3 Menses more painful than usual
- 195. 1 2 3 Depressed feelings
before menstruation
- 196. 1 2 3 Painful breasts during menses
- 197. 1 2 3 Menstruate too frequently
- 198. 1 2 3 Hysterectomy/ovaries removed
- 199. 1 2 3 Menopausal hot flashes
- 200. 1 2 3 Menses scanty or missed
- 201. 1 2 3 Acne, worse at menses

_ 1 _ 2 _ 3 TOTAL

MALE ONLY

- 202. 1 2 3 Less involved in
exercise/social activities
- 203. 1 2 3 Difficult to postpone urination
- 204. 1 2 3 Weak urinary stream
- 205. 1 2 3 Feeling of "blues" or melancholy
- 206. 1 2 3 Feeling of incomplete
bowel evacuation
- 207. 1 2 3 Lack of energy
- 208. 1 2 3 Muscles in arms and legs seem
softer/smaller
- 209. 1 2 3 Tire too easily
- 210. 1 2 3 Avoid activity
- 211. 1 2 3 Leg nervousness at night
- 212. 1 2 3 Diminished sex drive

_ 1 _ 2 _ 3 TOTAL

IMPORTANT | Please list below the five main physical complaints you have in order of their importance.

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