

SYMPTOM SURVEY FORM

NUTRITIONAL ANALYSIS

Sex:(circle) Male Female Height _____ Weight _____ Age _____ Date of Birth _____

Blood type: _____ Email address: _____

Instructions: **LEAVE BLANK** if the symptom does not apply to you.
Completely black out one of the three circles: 1 – mild, 2 – moderate, or 3 - severe

- Mild** symptoms (once or twice in the last 6 months)
- Moderate** symptoms (once or twice last month)
- Severe** symptoms (Chronic, once or twice last week)

Group One

1. Acid Foods Upset
2. Get Chilled Often
3. "Lump" in Throat
4. Dry Mouth, Nose, Eyes
5. Pulse Speeds After Meal
6. Keyed Up – Fail to Calm
7. Cuts Heal 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. Body Temperature rises easily
18. Skin sensitive to touch
19. Staring, Blinks Little
20. Sour Stomach Frequent

Group Two

21. Joint Stiffness After Arising
22. Muscle-Leg-Toe Cramps At Night
23. "Butterfly" Stomach
24. Eyes Or Nose Watery
25. Eyes Blink Often
26. Eyelids Swollen, Puffy
27. Indigestion Soon After Meals
28. Always Seem Hungry; Feels "Light-Headed" Often
29. Digestion Rapid
30. Vomiting Frequent
31. Hoarseness Frequent
32. Irregular Breathing
33. Pulse Slow; Feels Irregular
34. Slow gagging reflex
35. Difficulty Swallowing
36. Constipation, Diarrhea Alternating
37. "Slow Starter"
38. Not easily chilled
39. Perspire Easily
40. Circulation Poor, Sensitive To Cold
41. Subject To Colds, Asthma, Bronchitis

Group Three

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. "Lightheadedness" If Meals delayed
49. Heart Palpitates If Meals Missed, Delayed
50. Afternoon Headaches
51. Overeating Sweets Upsets
52. Awaken After Few Hours Sleep, Hard to Get Back to Sleep
53. Crave Candy or Coffee in Afternoons
54. Moods or Depression , "Blues" or Melancholy
55. Abnormal Craving for Sweets or Snacks

Group Four

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 Room
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" Frequently
71. Noises in Head, or "Ringing In Ears"
72. Tension Under the Breastbone, or Feeling of "Tightness", Worse on Exertion

Pt Name: _____

File #: _____

Group Five

- 73. 0 0 0 Dizziness
- 74. 0 0 0 Dry Skin
- 75. 0 0 0 Burning Feet
- 76. 0 0 0 Blurred Vision
- 77. 0 0 0 Itching Skin and Feet
- 78. 0 0 0 Excessive Falling Hair
- 79. 0 0 0 Frequent Skin Rashes
- 80. 0 0 0 Bitter, Metallic Taste in Mouth in Mornings
- 81. 0 0 0 Bowel Movements Painful or Difficult
- 82. 0 0 0 Feeling of Worry, Dread, or Insecurity
- 83. 0 0 0 Feeling Queasy; Headache over Eyes
- 84. 0 0 0 Greasy Foods Upset
- 85. 0 0 0 Stools Light-Colored
- 86. 0 0 0 Skin Peels on Foot Soles
- 87. 0 0 0 Pain Between Shoulder Blades
- 88. 0 0 0 Use Laxatives
- 89. 0 0 0 Stools Alternate from Soft to Watery
- 90. 0 0 0 History of Gallbladder Attacks, or Kidney Stones
- 91. 0 0 0 Sneezing Attacks
- 92. 0 0 0 Dreaming, Nightmare Type Bad Dreams
- 93. 0 0 0 Bad Breath (Halitosis)
- 94. 0 0 0 Milk Products Cause Distress
- 95. 0 0 0 Sensitive To Hot Weather
- 96. 0 0 0 Burning Or Itching Anus
- 97. 0 0 0 Crave Sweets

Group Six

- 98. 0 0 0 Loss Of Taste For Meat
- 99. 0 0 0 Lower Bowel Gas Several Hours After Eating
- 100. 0 0 0 Burning Stomach Sensations, Eating Relieves
- 101. 0 0 0 Coated Tongue
- 102. 0 0 0 Pass Large Amounts Of Foul-Smelling Gas
- 103. 0 0 0 Indigestion 1/2 hour up to 3-4 Hours After Eating
- 104. 0 0 0 Mucous Colitis Or "Irritable Bowel"
- 105. 0 0 0 Gas Shortly After Eating
- 106. 0 0 0 Stomach "Bloating" After Eating

Group Seven**(Group 7- A)**

- 107. 0 0 0 Insomnia
- 108. 0 0 0 Nervousness
- 109. 0 0 0 Can't Gain Weight
- 110. 0 0 0 Intolerance To Heat
- 111. 0 0 0 Highly Emotional
- 112. 0 0 0 Flush Easily
- 113. 0 0 0 Night Sweats
- 114. 0 0 0 Thin, Moist Skin
- 115. 0 0 0 Inward Trembling
- 116. 0 0 0 Heart Palpitates
- 117. 0 0 0 Increased Appetite Without Weight Gain
- 118. 0 0 0 Pulse Fast At Rest
- 119. 0 0 0 Eyelids And Face Twitch
- 120. 0 0 0 Irritable And Restless
- 121. 0 0 0 Can't Work Under Pressure

(Group 7- B)

- 122. 0 0 0 Noticable weight gain
- 123. 0 0 0 Decrease In Appetite
- 124. 0 0 0 Fatigue Easily
- 125. 0 0 0 Ringing In Ears
- 126. 0 0 0 Sleepy During Day
- 127. 0 0 0 Sensitive To Cold
- 128. 0 0 0 Dry Or Scaly Skin
- 129. 0 0 0 Constipation
- 130. 0 0 0 Mental Sluggishness
- 131. 0 0 0 Hair Coarse, Falls Out
- 132. 0 0 0 Headaches Upon Arising, Wear Off During Day
- 133. 0 0 0 Slow Pulse, Below 65
- 134. 0 0 0 Frequency Of Urination
- 135. 0 0 0 Impaired hearing
- 136. 0 0 0 Reduced initiative

(Group 7- C)

- 137. 0 0 0 Failing Memory
- 138. 0 0 0 Low Blood Pressure
- 139. 0 0 0 Increased Sex Drive
- 140. 0 0 0 Headaches, "Splitting or Rending" Type
- 141. 0 0 0 Decreased Sugar Tolerance

(Group 7- D)

- 142. 0 0 0 Abnormal Thirst
- 143. 0 0 0 Bloating Of Abdomen
- 144. 0 0 0 Weight Gain Around Hips Or Waist
- 145. 0 0 0 Sex Drive Reduced or Lacking
- 146. 0 0 0 Tendency to Ulcers, Colitis
- 147. 0 0 0 Increased Sugar Tolerance
- 148. 0 0 0 Women: Menstrual Disorders
- 149. 0 0 0 Young Girls: Lack of Menstruation

(Group 7- E)

- 150. 0 0 0 Dizziness
- 151. 0 0 0 Headaches
- 152. 0 0 0 Hot Flashes
- 153. 0 0 0 Increased Blood Pressure
- 154. 0 0 0 (Female) Hair Growth On Face Or Body
- 155. 0 0 0 Sugar In Urine (Not Diabetes)
- 156. 0 0 0 (Female) Masculine Tendencies

(Group 7- F)

- 157. 0 0 0 Weakness, Dizziness
- 158. 0 0 0 Chronic Fatigue
- 159. 0 0 0 Low Blood Pressure
- 160. 0 0 0 Nails Weak, Ridged
- 161. 0 0 0 Tendency To Hives
- 162. 0 0 0 Arthritic Tendencies
- 163. 0 0 0 Perspiration Increase
- 164. 0 0 0 Bowel Disorders
- 165. 0 0 0 Poor Circulation
- 166. 0 0 0 Swollen Ankles
- 167. 0 0 0 Crave Salt
- 168. 0 0 0 Brown Spots Or Bronzing Of Skin
- 169. 0 0 0 Allergies – Tendency To Asthma
- 170. 0 0 0 Weakness After Colds, Influenza
- 171. 0 0 0 Exhaustion – Muscular And Nervous
- 172. 0 0 0 Respiratory Disorders

Group Eight

- 173. 0 0 0 Apprehension
- 174. 0 0 0 Irritability
- 175. 0 0 0 Morbid Fears
- 176. 0 0 0 Never seems to get well
- 177. 0 0 0 Forgetfulness
- 178. 0 0 0 Indigestion
- 179. 0 0 0 Poor appetite
- 180. 0 0 0 Craving for sweets
- 181. 0 0 0 Muscular soreness
- 182. 0 0 0 Depression; feelings of dread
- 183. 0 0 0 Noise sensitivity
- 184. 0 0 0 Acoustic hallucinations
- 185. 0 0 0 Tendency to cry without reason
- 186. 0 0 0 Hair is course and/or thinning
- 187. 0 0 0 Weakness
- 188. 0 0 0 Fatigue
- 189. 0 0 0 Skin sensitive to touch
- 190. 0 0 0 Tendency toward hives
- 191. 0 0 0 Nervousness
- 192. 0 0 0 Headache
- 193. 0 0 0 Insomnia
- 194. 0 0 0 Anxiety
- 195. 0 0 0 Anorexia
- 196. 0 0 0 Inability to concentrate; confusion
- 197. 0 0 0 Frequent stuffy nose; sinus infections
- 198. 0 0 0 Allergy to some foods
- 199. 0 0 0 Loose joints

Female Only

- 200. 0 0 0 Very easily fatigued
- 201. 0 0 0 Premenstrual Tension
- 202. 0 0 0 Painful menses
- 203. 0 0 0 Depressed Feelings Before Menstruation
- 204. 0 0 0 Menstruation Excessive And Prolonged
- 205. 0 0 0 Painful Breasts
- 206. 0 0 0 Menstruate Too Frequently
- 207. 0 0 0 Vaginal Discharge
- 208. 0 0 0 Hysterectomy/ Ovaries Removed
- 209. 0 0 0 Menopausal Hot Flashes
- 210. 0 0 0 Menses Scanty Or Missed
- 211. 0 0 0 Acne, Worse At Menses
- 212. 0 0 0 Depression Of Long Standing

Male Only

- 213. 0 0 0 Prostrate Trouble
- 214. 0 0 0 Urination Difficult Or Dribbling
- 215. 0 0 0 Night Urination Frequent
- 216. 0 0 0 Depression
- 217. 0 0 0 Pain On Inside Of Legs Or Heels
- 218. 0 0 0 Feeling Of Incomplete Bowel Evacuation
- 219. 0 0 0 Lack Of Energy
- 220. 0 0 0 Migrating Aches And Pains
- 221. 0 0 0 Tire Too Easily
- 222. 0 0 0 Avoids Activity
- 223. 0 0 0 Leg Nervousness At Night
- 224. 0 0 0 Diminished Sex Drive

In order of IMPORTANCE – List your five main physical complaints:

1.

2.

3.

4.

5.

LIST ALL MEDICATIONS AND VITAMINS:
