



Systems Survey Form

Patient _____

Date _____

Instructions: Circle the number that applies to you. If a symptom does not apply, leave it blank. Circle either:
 (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month) or
 (3) for **SEVERE** symptoms (occurs almost constantly).

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| <p>1 2 3 Get chilled, often</p> <p>1 2 3 Pulse speeds after meal</p> <p>1 2 3 Keyed up – fail to calm</p> <p>1 2 3 Unable to relax, startles easily</p> <p>1 2 3 “Nervous” stomach</p> <p>1 2 3 Appetite reduced</p> <p>1 2 3 Sour stomach frequent</p> <p>1 2 3 “Butterfly” stomach, cramps</p> <p>1 2 3 Indigestion soon after meals</p> <p>1 2 3 Always seem hungry; feels lightheaded often</p> <p>1 2 3 Digestion rapid</p> <p>1 2 3 Vomiting frequent</p> <p>1 2 3 Difficulty swallowing</p> <p>1 2 3 Constipation, diarrhea alternating</p> <p>1 2 3 Subject to colds, asthma, bronchitis</p> <p>1 2 3 Eat when nervous</p> <p>1 2 3 Excessive appetite</p> <p>1 2 3 Hungry between meals</p> <p>1 2 3 Irritable before meals</p> <p>1 2 3 Get “shaky” if hungry</p> <p>1 2 3 “Lightheaded” if meals delayed</p> <p>1 2 3 Afternoon headaches</p> <p>1 2 3 Awaken after few hours sleep – hard to get back to sleep</p> <p>1 2 3 Crave candy or coffee in afternoons</p> <p>1 2 3 Moods of depression – “blues” or melancholy</p> <p>1 2 3 Abnormal craving for sweets or snacks</p> <p>1 2 3 Sigh frequently, “air hunger”</p> <p>1 2 3 Susceptible to colds and fevers</p> <p>1 2 3 Afternoon “yawner”</p> <p>1 2 3 Get “drowsy” often</p> <p>1 2 3 Muscle cramps, worse during exercise; get “charley horses”</p> <p>1 2 3 Shortness of breath on exertion</p> | <p>1 2 3 Dull pain in chest or radiating into left arm, worse on exertion</p> <p>1 2 3 Dizziness</p> <p>1 2 3 Dry skin</p> <p>1 2 3 Itchy skin and feet</p> <p>1 2 3 Excessive falling hair</p> <p>1 2 3 Frequent skin rashes</p> <p>1 2 3 Bowel movements painful or difficult</p> <p>1 2 3 Greasy foods upset</p> <p>1 2 3 Stools light-colored</p> <p>1 2 3 Use laxatives</p> <p>1 2 3 Stools alternate from soft to watery</p> <p>1 2 3 History of gallbladder attacks or gallstones</p> <p>1 2 3 Milk products cause distress</p> <p>1 2 3 Lower bowel gas several hours after eating</p> <p>1 2 3 Burning stomach sensations, eating relieves</p> <p>1 2 3 Pass large amounts of foul-smelling gas</p> <p>1 2 3 Indigestion ½ - 1 hour after</p> <p>1 2 3 Mucous colitis or “irritable bowel”</p> <p>1 2 3 Gas shortly after eating</p> <p>1 2 3 Stomach “bloating”</p> <p>1 2 3 Highly emotional</p> <p>1 2 3 Night sweats</p> <p>1 2 3 Inward trembling</p> <p>1 2 3 Increased appetite without weight gain</p> <p>1 2 3 Pulse fast at rest</p> <p>1 2 3 Irritable and restless</p> <p>1 2 3 Can’t work under pressure</p> <p>1 2 3 Increase in weight</p> <p>1 2 3 Fatigue easily</p> <p>1 2 3 Sleepy during day</p> <p>1 2 3 Sensitive to cold</p> <p>1 2 3 Mental sluggishness</p> |
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- 1 2 3 Hair coarse, falls out
- 1 2 3 Reduced initiative
- 1 2 3 Low blood pressure
- 1 2 3 Weight gain around hips or waist
- 1 2 3 Sex drive reduced or lacking
- 1 2 3 Tendency to ulcers, colitis
- 1 2 3 Women: menstrual disorders
- 1 2 3 Young girls: lack of menstrual function
- 1 2 3 Dizziness
- 1 2 3 Headaches
- 1 2 3 Hair growth on face or body (female)
- 1 2 3 Masculine tendencies (female)
- 1 2 3 Weakness, dizziness
- 1 2 3 Chronic fatigue
- 1 2 3 Low blood pressure
- 1 2 3 Nails weak, ridged
- 1 2 3 Perspiration increase
- 1 2 3 Bowel disorders
- 1 2 3 Poor circulation
- 1 2 3 Swollen ankles
- 1 2 3 Crave salt
- 1 2 3 Allergies – tendency to asthma
- 1 2 3 Exhaustion – muscular and nervous
- 1 2 3 Muscle weakness
- 1 2 3 Lack of stamina
- 1 2 3 Drowsiness after eating
- 1 2 3 Muscular soreness
- 1 2 3 Rapid heart beat
- 1 2 3 Hyper-irritable
- 1 2 3 Melancholia (feeling of sadness)
- 1 2 3 Tendency to consume sweets or carbohydrates
- 1 2 3 Muscle spasms
- 1 2 3 Blurred vision
- 1 2 3 Loss of muscular control
- 1 2 3 Numbness
- 1 2 3 Night sweats
- 1 2 3 Rapid digestion
- 1 2 3 Hemorrhoids
- 1 2 3 Apprehension (feeling that something bad is going to happen)
- 1 2 3 Gastritis
- 1 2 3 Forgetfulness
- 1 2 3 Thinning hair

Female Only -

- 1 2 3 Very easily fatigued
- 1 2 3 Premenstrual tension
- 1 2 3 Painful menses
- 1 2 3 Depressed feelings before menstruation
- 1 2 3 Menstruation excessive and prolonged
- 1 2 3 Painful breasts
- 1 2 3 Menstruate too frequently
- 1 2 3 Vaginal discharge
- 1 2 3 Hysterectomy/ovaries removed
- 1 2 3 Menopausal hot flashes
- 1 2 3 Menses scanty or missed
- 1 2 3 Acne, worse at menses
- 1 2 3 Depression of long standing

Male Only -

- 1 2 3 Prostate trouble
- 1 2 3 Urination difficult or dribbling
- 1 2 3 Night urination frequent
- 1 2 3 Depression
- 1 2 3 Pain on inside of legs or heels
- 1 2 3 Feeling of incomplete bowel evacuation
- 1 2 3 Lack of energy
- 1 2 3 Migrating aches and pains
- 1 2 3 Tire too easily
- 1 2 3 Avoids activity
- 1 2 3 Leg nervousness at night
- 1 2 3 Diminished sex drive

ALL PATIENTS

History of illness and treatment:

Operations, accidents, or injuries:

Present illness or complaints:

Current supplements/vitamins you are taking
