

SYSTEMS SURVEY FORM



Patient _____ Doctor _____ Date _____

Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male `` Female ``

Vegetarian `` Gluten-free ``

*** Leave answer blank if it does not apply please ***

INSTRUCTIONS: Fill in only the circles which apply to you.

- MILD symptoms (occurs rarely).
- MODERATE symptoms (occurs several times a month).
- SEVERE symptoms (occurs almost constantly)
- Leave circles **BLANK** if they don't apply to you!

1 2 3 GROUP 1

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

GROUP 2

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

GROUP 3

- 41 Eat when nervous
- 42 Excessive appetite
- 43 Hungry between meals
- 44 Irritable before meals
- 45 Get "shaky" if hungry
- 46 Fatigue, eating relieves
- 47 "Lightheaded" if meals delayed
- 48 Heart palpitates if meals missed or delayed
- 49 Fatigue in afternoons
- 50 Overeating sweets upsets

1 2 3

- 51 Awaken after few hours sleep - hard to get back to sleep
- 52 Crave candy or coffee in afternoons
- 53 Moods of "blues" or melancholy
- 54 Craving for sweets or snacks

GROUP 4

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

GROUP 5

- 71 Dizziness
- 72 Dry skin
- 73 Burning feet
- 74 Blurred vision
- 75 Itching skin and feet
- 76 Hair loss
- 77 Occasional skin rashes
- 78 Bitter, metallic taste in mouth in mornings
- 79 Occasional constipation
- 80 Worrier, feels insecure
- 81 Nausea occasionally after eating
- 82 Greasy foods upset
- 83 Stools light colored
- 84 Skin peels on foot soles
- 85 Discomfort between shoulder blades
- 86 Occasional laxative use
- 87 Stools alternate from soft to watery
- 88 Sneezing attacks
- 89 Dreaming, nightmare type bad dreams
- 90 Bad breath (halitosis)
- 91 Milk products cause upset
- 92 Sensitive to hot weather
- 93 Burning or itching anus
- 94 Crave sweets

GROUP 6

- 95 Loss of taste for meat
- 96 Lower bowel gas several hours after eating
- 97 Burning stomach sensations, eating relieves
- 98 Coated tongue
- 99 Pass large amounts of foul-smelling gas
- 100 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
- 101 Watery or loose stool
- 102 Gas shortly after eating
- 103 Stomach "bloating"

1 2 3 GROUP 7A

- 104 Difficulty sleeping
- 105 On edge
- 106 Can't gain weight
- 107 Intolerance to heat
- 108 Highly emotional
- 109 Flush easily
- 110 Night sweats
- 111 Thin, moist skin
- 112 Inward trembling
- 113 Heart races
- 114 Increased appetite without weight gain
- 115 Pulse fast at rest
- 116 Eyelids and face twitch
- 117 Irritable and restless
- 118 Can't work under pressure

GROUP 7B

- 119 Increase in weight
- 120 Decrease in appetite
- 121 Fatigue easily
- 122 Ringing in ears
- 123 Sleepy during day
- 124 Sensitive to cold
- 125 Dry or scaly skin
- 126 Temporary constipation
- 127 Mental sluggishness
- 128 Hair coarse, falls out
- 129 Tension in head upon arising wears off during day
- 130 Slow pulse, below 65
- 131 Changing urinary function
- 132 Sounds appear diminished
- 133 Reduced initiative

GROUP 7C

- 134 Failing memory with age
- 135 Increased sex drive
- 136 Episodes of tension in head
- 137 Decreased sugar tolerance

GROUP 7D

- 138 Abnormal thirst
- 139 Bloating of abdomen
- 140 Weight gain around hips or waist
- 141 Sex drive reduced or lacking
- 142 Tendency for stomach issues
- 143 Increased sugar tolerance
- 144 Menstrual disorders

GROUP 7E

- 145 Dizziness
- 146 Headaches
- 147 Hot flashes
- 148 Hair growth on face or body (female)
- 149 Sugar in urine (not diabetes)
- 150 Masculine tendencies (female)

GROUP 7F

- 151 Weakness, dizziness
- 152 Tired throughout day
- 153 Nails weak, ridged
- 154 Sensitive skin
- 155 Stiff joints
- 156 Perspiration increase
- 157 Bowel discomfort
- 158 Poor circulation
- 159 Swollen ankles
- 160 Crave salt
- 161 Areas of skin darkening
- 162 Upper respiratory sensitivity
- 163 Tiredness
- 164 Breathing challenges

1 2 3 GROUP 8

- 165 Muscle weakness
- 166 Lack of Stamina
- 167 Drowsiness after eating
- 168 Muscular soreness
- 169 Heart races
- 170 Hyper-irritable
- 171 Feeling of a band around your head
- 172 Melancholia (feeling of sadness)
- 173 Swelling of ankles
- 174 Change in urinary function
- 175 Tendency to consume sweets or carbohydrates
- 176 Muscle spasms
- 177 Blurred vision
- 178 Involuntary muscle action
- 179 Numbness
- 180 Night sweats
- 181 Rapid digestion
- 182 Sensitivity to noise
- 183 Redness of palms of hands and bottom of feet
- 184 Visible veins on chest and abdomen
- 185 Hemorrhoids
- 186 Apprehension (feeling that something bad will happen)
- 187 Nervousness causing loss of appetite
- 188 Nervousness with indigestion
- 189 Gastritis
- 190 Forgetfulness
- 191 Thinning hair

FEMALE ONLY

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

MALE ONLY

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

List the five main complaints you have in the order of their importance:

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

RESTRICTIONS ON USE

THE SYSTEMS SURVEY IS TO BE USED ONLY BY TRAINED HEALTH CARE PRACTITIONERS. IF YOU ARE A PATIENT, YOU SHOULD NOT USE THE SYSTEMS SURVEY. IF YOU ARE NOT A TRAINED HEALTH CARE PRACTITIONER, YOU SHOULD NOT USE THE SYSTEMS SURVEY. HEALTH CARE PRACTITIONERS SHOULD ONLY USE THE SYSTEMS SURVEY TO PROVIDE SERVICES THAT ARE WITHIN THE SCOPE OF THEIR LICENSE OR PROFESSIONAL TRAINING. THE SYSTEMS SURVEY IS NOT INTENDED TO DIAGNOSE ANY DISEASE. THE SYSTEMS SURVEY IS INTENDED TO BE USED AS A HELPFUL TOOL FOR HEALTH CARE PRACTITIONERS IN COLLECTING INFORMATION CONCERNING THE HEALTH AND WELLNESS OF PATIENTS.

Name: _____

Date: _____ Sign: _____