SYSTEMS SURVEY FORM

Patient _____ Doctor _____ Date _____

Birth Date ___/___/___ Approx Weight _____ Sex: Male .. Female ..

Pulse: Recumbent _____ Standing _____ Vegetarian .. Gluten-free ..

Blood pressure: Recumbent _____/_____ Standing _____/_____ Ragland's Test is Positive ..

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	O	O	O	Difficulty sleeping
105	O	O	O	On edge
106	O	O	O	Can't gain weight
107	O	O	O	Intolerance to heat
108	O	O	O	Highly emotional
109	O	O	O	Flush easily
110	O	O	O	Night sweats
111	O	O	O	Thin, moist skin
112	O	O	O	Inward trembling
113	O	O	O	Heart races
114	O	O	O	Increased appetite without weight gain
115	O	O	O	Pulse fast at rest
116	O	O	O	Eyelids and face twitch
117	O	O	O	Irritable and restless
118	O	O	O	Can't work under pressure
				GROUP 7B
119	O	O	O	Increase in weight
120	O	O	O	Decrease in appetite
121	O	O	O	Fatigue easily
122	O	O	O	Ringing in ears
123	O	O	O	Sleepy during day
124	O	O	O	Sensitive to cold
125	O	O	O	Dry or scaly skin
126	O	O	O	Temporary constipation
127	O	O	O	Mental sluggishness
128	O	O	O	Hair coarse, falls out
129	O	O	O	Tension in head upon arising wears off during day
130	O	O	O	Slow pulse, below 65
131	O	O	O	Changing urinary function
132	O	O	O	Sounds appear diminished
133	O	O	O	Reduced initiative
				GROUP 7C
134	O	O	O	Failing memory with age
135	O	O	O	Increased sex drive
136	O	O	O	Episodes of tension in head
137	O	O	O	Decreased sugar tolerance
				GROUP 7D
138	O	O	O	Abnormal thirst
139	O	O	O	Bloating of abdomen
140	O	O	O	Weight gain around hips or waist
141	O	O	O	Sex drive reduced or lacking
142	O	O	O	Tendency for stomach issues
143	O	O	O	Increased sugar tolerance
144	O	O	O	Menstrual disorders
				GROUP 7E
145	O	O	O	Dizziness
146	O	O	O	Headaches
147	O	O	O	Hot flashes
148	O	O	O	Hair growth on face or body (female)
149	O	O	O	Sugar in urine (not diabetes)
150	O	O	O	Masculine tendencies (female)
				GROUP 7F
151	O	O	O	Weakness, dizziness
152	O	O	O	Tired throughout day
153	O	O	O	Nails weak, ridged
154	O	O	O	Sensitive skin
155	O	O	O	Stiff joints
156	O	O	O	Perspiration increase
157	O	O	O	Bowel discomfort
158	O	O	O	Poor circulation
159	O	O	O	Swollen ankles
160	O	O	O	Crave salt
161	O	O	O	Areas of skin darkening
162	O	O	O	Upper respiratory sensitivity
163	O	O	O	Tiredness
164	O	O	O	Breathing challenges

	1	2	3	GROUP 8
165	O	O	O	Muscle weakness
166	O	O	O	Lack of Stamina
167	O	O	O	Drowsiness after eating
168	O	O	O	Muscular soreness
169	O	O	O	Heart races
170	O	O	O	Hyper-irritable
171	O	O	O	Feeling of a band around your head
172	O	O	O	Melancholia (feeling of sadness)
173	O	O	O	Swelling of ankles
174	O	O	O	Change in urinary function
175	O	O	O	Tendency to consume sweets or carbohydrates
176	O	O	O	Muscle spasms
177	O	O	O	Blurred vision
178	O	O	O	Involuntary muscle action
179	O	O	O	Numbness
180	O	O	O	Night sweats
181	O	O	O	Rapid digestion
182	O	O	O	Sensitivity to noise
183	O	O	O	Redness of palms of hands and bottom of feet
184	O	O	O	Visible veins on chest and abdomen
185	O	O	O	Hemorrhoids
186	O	O	O	Apprehension (feeling that something bad will happen)
187	O	O	O	Nervousness causing loss of appetite
188	O	O	O	Nervousness with indigestion
189	O	O	O	Gastritis
190	O	O	O	Forgetfulness
191	O	O	O	Thinning hair
				FEMALE ONLY
192	O	O	O	Very easily fatigued
193	O	O	O	Premenstrual tension
194	O	O	O	Menses more painful than usual
195	O	O	O	Depressed feelings before menstruation
196	O	O	O	Painful breasts during menses
197	O	O	O	Menstruate too frequently
198			O	Hysterectomy / ovaries removed
199	O	O	O	Menopausal hot flashes
200	O	O	O	Menses scanty or missed
201	O	O	O	Acne, worse at menses
				MALE ONLY
202	O	O	O	Less involved in exercise/social activities
203	O	O	O	Difficult to postpone urination
204	O	O	O	Weak urinary stream
205	O	O	O	Feeling of “blues” or melancholy
206	O	O	O	Feeling of incomplete bowel evacuation
207	O	O	O	Lack of energy
208	O	O	O	Muscles in arms and legs seem softer/smaller
209	O	O	O	Tire too easily
210	O	O	O	Avoids activity
211	O	O	O	Leg nervousness at night
212	O	O	O	Diminished sex drive

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

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