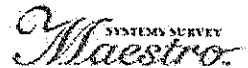


SYSTEMS SURVEY FORM



Patient _____ Doctor _____ Date _____

Birth Date ____ / ____ / ____ Approx Weight _____ Vegetarian Gluten-free

INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.

- Fill in the circle marked 1 for MILD symptoms (occurs rarely).
- Fill in the circle marked 2 for MODERATE symptoms (occurs several times a month).
- Fill in the circle marked 3 for SEVERE symptoms (occurs almost constantly).
- Leave circles **BLANK** if they don't apply to you!

GROUP 1

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| <p>1 2 3</p> <p>1 ○○○ Acid foods upset</p> <p>2 ○○○ Get chilled often</p> <p>3 ○○○ "Lump" in throat</p> <p>4 ○○○ Dry mouth-eyes-nose</p> <p>5 ○○○ Pulse speeds after meal</p> <p>6 ○○○ Keyed up - fail to calm</p> <p>7 ○○○ Cut heals slowly</p> | <p>1 2 3</p> <p>8 ○○○ Gag easily</p> <p>9 ○○○ Unable to relax; startles easily</p> <p>10 ○○○ Extremities cold, clammy</p> <p>11 ○○○ Strong light irritates</p> <p>12 ○○○ Urine amount reduced</p> <p>13 ○○○ Heart pounds after retiring</p> <p>14 ○○○ "Nervous" stomach</p> | <p>1 2 3</p> <p>15 ○○○ Appetite reduced</p> <p>16 ○○○ Cold sweats often</p> <p>17 ○○○ Fever easily raised</p> <p>18 ○○○ Neuralgia-like pains</p> <p>19 ○○○ Staring, blinks little</p> <p>20 ○○○ Sour stomach often</p> |
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GROUP 2

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| <p>1 2 3</p> <p>21 ○○○ Joint stiffness on arising</p> <p>22 ○○○ Muscle-leg-toe cramps at night</p> <p>23 ○○○ "Butterfly" stomach, cramps</p> <p>24 ○○○ Eyes or nose watery</p> <p>25 ○○○ Eyes blink often</p> <p>26 ○○○ Eyelids swollen, puffy</p> <p>27 ○○○ Indigestion soon after meals</p> <p>28 ○○○ Always seems hungry; feels "lightheaded" often</p> | <p>1 2 3</p> <p>29 ○○○ Digestion rapid</p> <p>30 ○○○ Vomiting frequent</p> <p>31 ○○○ Hoarseness frequent</p> <p>32 ○○○ Breathing irregular</p> <p>33 ○○○ Pulse slow; feels "irregular"</p> <p>34 ○○○ Gagging reflex slow</p> <p>35 ○○○ Difficulty swallowing</p> <p>36 ○○○ Constipation, diarrhea alternating</p> | <p>1 2 3</p> <p>37 ○○○ "Slow starter"</p> <p>38 ○○○ Get "chilled" infrequently</p> <p>39 ○○○ Perspire easily</p> <p>40 ○○○ Circulation poor, sensitive to cold</p> <p>41 ○○○ Subject to colds, asthma, bronchitis</p> |
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GROUP 3

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| <p>1 2 3</p> <p>42 ○○○ Eat when nervous</p> <p>43 ○○○ Excessive appetite</p> <p>44 ○○○ Hungry between meals</p> <p>45 ○○○ Irritable before meals</p> <p>46 ○○○ Get "shaky" if hungry</p> <p>47 ○○○ Fatigue, eating relieves</p> <p>48 ○○○ "Lightheaded" if meals delayed</p> | <p>1 2 3</p> <p>49 ○○○ Heart palpitates if meals missed or delayed</p> <p>50 ○○○ Afternoon headaches</p> <p>51 ○○○ Overeating sweets upsets</p> <p>52 ○○○ Awaken after few hours sleep - hard to get back to sleep</p> | <p>1 2 3</p> <p>53 ○○○ Crave candy or coffee in afternoons</p> <p>54 ○○○ Moods of depression - "blues" or melancholy</p> <p>55 ○○○ Abnormal craving for sweets or snacks</p> |
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GROUP 4

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| <p>1 2 3</p> <p>56 ○○○ Hands and feet go to sleep easily, numbness</p> <p>57 ○○○ Sigh frequently, "air hunger"</p> <p>58 ○○○ Aware of "breathing heavily"</p> <p>59 ○○○ High altitude discomfort</p> <p>60 ○○○ Opens windows in closed rooms</p> <p>61 ○○○ Susceptible to colds and fevers</p> <p>62 ○○○ Afternoon "yawner"</p> | <p>1 2 3</p> <p>63 ○○○ Get "drowsy" often</p> <p>64 ○○○ Swollen ankles, worse at night</p> <p>65 ○○○ Muscle cramps, worse during exercise; get "charley horses"</p> <p>66 ○○○ Shortness of breath on exertion</p> <p>67 ○○○ Dull pain in chest or radiating into left arm, worse on exertion</p> | <p>1 2 3</p> <p>68 ○○○ Bruise easily, "black and blue" spots</p> <p>69 ○○○ Tendency to anemia</p> <p>70 ○○○ "Nose bleeds" frequent</p> <p>71 ○○○ Noises in head, or "ringing in ears"</p> <p>72 ○○○ Tension under the breastbone, or feeling of "tightness", worse on exertion</p> |
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SYSTEMS SURVEY FORM - PAGE 2

GROUP 5

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| <p>1 2 3</p> <p>73 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dizziness</p> <p>74 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dry skin</p> <p>75 <input type="radio"/> <input type="radio"/> <input type="radio"/> Burning feet</p> <p>76 <input type="radio"/> <input type="radio"/> <input type="radio"/> Blurred vision</p> <p>77 <input type="radio"/> <input type="radio"/> <input type="radio"/> Itching skin and feet</p> <p>78 <input type="radio"/> <input type="radio"/> <input type="radio"/> Excessive falling hair</p> <p>79 <input type="radio"/> <input type="radio"/> <input type="radio"/> Frequent skin rashes</p> <p>80 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bitter, metallic taste in mouth in mornings</p> <p>81 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bowel movements painful or difficult</p> <p>82 <input type="radio"/> <input type="radio"/> <input type="radio"/> Worrier, feels insecure</p> | <p>1 2 3</p> <p>83 <input type="radio"/> <input type="radio"/> <input type="radio"/> Feeling queasy; headache over eyes</p> <p>84 <input type="radio"/> <input type="radio"/> <input type="radio"/> Greasy foods upset</p> <p>85 <input type="radio"/> <input type="radio"/> <input type="radio"/> Stools light colored</p> <p>86 <input type="radio"/> <input type="radio"/> <input type="radio"/> Skin peels on foot soles</p> <p>87 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pain between shoulder blades</p> <p>88 <input type="radio"/> <input type="radio"/> <input type="radio"/> Use laxatives</p> <p>89 <input type="radio"/> <input type="radio"/> <input type="radio"/> Stools alternate from soft to watery</p> <p>90 <input type="radio"/> <input type="radio"/> <input type="radio"/> History of gallbladder attacks or gallstones</p> | <p>1 2 3</p> <p>91 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sneezing attacks</p> <p>92 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dreaming, nightmare type bad dreams</p> <p>93 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bad breath (halitosis)</p> <p>94 <input type="radio"/> <input type="radio"/> <input type="radio"/> Milk products cause distress</p> <p>95 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sensitive to hot weather</p> <p>96 <input type="radio"/> <input type="radio"/> <input type="radio"/> Burning or itching anus</p> <p>97 <input type="radio"/> <input type="radio"/> <input type="radio"/> Crave sweets</p> |
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GROUP 6

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| <p>1 2 3</p> <p>98 <input type="radio"/> <input type="radio"/> <input type="radio"/> Loss of taste for meat</p> <p>99 <input type="radio"/> <input type="radio"/> <input type="radio"/> Lower bowel gas several hours after eating</p> <p>100 <input type="radio"/> <input type="radio"/> <input type="radio"/> Burning stomach sensations, eating relieves</p> | <p>1 2 3</p> <p>101 <input type="radio"/> <input type="radio"/> <input type="radio"/> Coated tongue</p> <p>102 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pass large amounts of foul-smelling gas</p> <p>103 <input type="radio"/> <input type="radio"/> <input type="radio"/> Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.</p> | <p>1 2 3</p> <p>104 <input type="radio"/> <input type="radio"/> <input type="radio"/> Mucous colitis or "irritable bowel"</p> <p>105 <input type="radio"/> <input type="radio"/> <input type="radio"/> Gas shortly after eating</p> <p>106 <input type="radio"/> <input type="radio"/> <input type="radio"/> Stomach "bloating" after</p> |
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GROUP 7

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| <p>1 2 3 (A)</p> <p>107 <input type="radio"/> <input type="radio"/> <input type="radio"/> Insomnia</p> <p>108 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nervousness</p> <p>109 <input type="radio"/> <input type="radio"/> <input type="radio"/> Can't gain weight</p> <p>110 <input type="radio"/> <input type="radio"/> <input type="radio"/> Intolerance to heat</p> <p>111 <input type="radio"/> <input type="radio"/> <input type="radio"/> Highly emotional</p> <p>112 <input type="radio"/> <input type="radio"/> <input type="radio"/> Flush easily</p> <p>113 <input type="radio"/> <input type="radio"/> <input type="radio"/> Night sweats</p> <p>114 <input type="radio"/> <input type="radio"/> <input type="radio"/> Thin, moist skin</p> <p>115 <input type="radio"/> <input type="radio"/> <input type="radio"/> Inward trembling</p> <p>116 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart palpitates</p> <p>117 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased appetite without weight gain</p> <p>118 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pulse fast at rest</p> <p>119 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyelids and face twitch</p> <p>120 <input type="radio"/> <input type="radio"/> <input type="radio"/> Irritable and restless</p> <p>121 <input type="radio"/> <input type="radio"/> <input type="radio"/> Can't work under pressure</p> | <p>1 2 3 (C)</p> <p>137 <input type="radio"/> <input type="radio"/> <input type="radio"/> Failing memory</p> <p>138 <input type="radio"/> <input type="radio"/> <input type="radio"/> Low blood pressure</p> <p>139 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased sex drive</p> <p>140 <input type="radio"/> <input type="radio"/> <input type="radio"/> Headaches, "splitting or rending" type</p> <p>141 <input type="radio"/> <input type="radio"/> <input type="radio"/> Decreased sugar tolerance</p> | <p>1 2 3 (E)</p> <p>150 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dizziness</p> <p>151 <input type="radio"/> <input type="radio"/> <input type="radio"/> Headaches</p> <p>152 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hot flashes</p> <p>153 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased blood pressure</p> <p>154 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hair growth on face or body (female)</p> <p>155 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sugar in urine (not diabetes)</p> <p>156 <input type="radio"/> <input type="radio"/> <input type="radio"/> Masculine tendencies (female)</p> |
| <p>1 2 3 (B)</p> <p>122 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increase in weight</p> <p>123 <input type="radio"/> <input type="radio"/> <input type="radio"/> Decrease in appetite</p> <p>124 <input type="radio"/> <input type="radio"/> <input type="radio"/> Fatigue easily</p> <p>125 <input type="radio"/> <input type="radio"/> <input type="radio"/> Ringing in ears</p> <p>126 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sleepy during day</p> <p>127 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sensitive to cold</p> <p>128 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dry or scaly skin</p> <p>129 <input type="radio"/> <input type="radio"/> <input type="radio"/> Constipation</p> <p>130 <input type="radio"/> <input type="radio"/> <input type="radio"/> Mental sluggishness</p> <p>131 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hair coarse, falls out</p> <p>132 <input type="radio"/> <input type="radio"/> <input type="radio"/> Headaches upon arising, wear off during day</p> <p>133 <input type="radio"/> <input type="radio"/> <input type="radio"/> Slow pulse, below 65</p> <p>134 <input type="radio"/> <input type="radio"/> <input type="radio"/> Frequency of urination</p> <p>135 <input type="radio"/> <input type="radio"/> <input type="radio"/> Impaired hearing</p> <p>136 <input type="radio"/> <input type="radio"/> <input type="radio"/> Reduced initiative</p> | <p>1 2 3 (D)</p> <p>142 <input type="radio"/> <input type="radio"/> <input type="radio"/> Abnormal thirst</p> <p>143 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bloating of abdomen</p> <p>144 <input type="radio"/> <input type="radio"/> <input type="radio"/> Weight gain around hips or waist</p> <p>145 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sex drive reduced or lacking</p> <p>146 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to ulcers, colitis</p> <p>147 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased sugar tolerance</p> <p>148 <input type="radio"/> <input type="radio"/> <input type="radio"/> Women: menstrual disorders</p> <p>149 <input type="radio"/> <input type="radio"/> <input type="radio"/> Young girls: lack of menstrual function</p> | <p>1 2 3 (F)</p> <p>157 <input type="radio"/> <input type="radio"/> <input type="radio"/> Weakness, dizziness</p> <p>158 <input type="radio"/> <input type="radio"/> <input type="radio"/> Chronic fatigue</p> <p>159 <input type="radio"/> <input type="radio"/> <input type="radio"/> Low blood pressure</p> <p>160 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nails weak, ridged</p> <p>161 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to hives</p> <p>162 <input type="radio"/> <input type="radio"/> <input type="radio"/> Arthritic tendencies</p> <p>163 <input type="radio"/> <input type="radio"/> <input type="radio"/> Perspiration increase</p> <p>164 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bowel disorders</p> <p>165 <input type="radio"/> <input type="radio"/> <input type="radio"/> Poor circulation</p> <p>166 <input type="radio"/> <input type="radio"/> <input type="radio"/> Swollen ankles</p> <p>167 <input type="radio"/> <input type="radio"/> <input type="radio"/> Crave salt</p> <p>168 <input type="radio"/> <input type="radio"/> <input type="radio"/> Brown spots or bronzing of skin</p> <p>169 <input type="radio"/> <input type="radio"/> <input type="radio"/> Allergies - tendency to asthma</p> <p>170 <input type="radio"/> <input type="radio"/> <input type="radio"/> Weakness after colds, influenza</p> <p>171 <input type="radio"/> <input type="radio"/> <input type="radio"/> Exhaustion - muscular and nervous</p> <p>172 <input type="radio"/> <input type="radio"/> <input type="radio"/> Respiratory disorders</p> |

SYSTEMS SURVEY FORM - PAGE 4

Please list any medications you are taking:

No Medications

Please list any vitamins, herbs, or supplements you are taking:

No Vitamins

Please list any allergies you have:

No Allergies

Please list any surgeries you have had in the past 12 months:

No Recent Surgeries

Please list any other surgeries or medical procedures you have had:

No Other Surgeries

TO BE COMPLETED BY DOCTOR

Blood Pressure: Recumbent _____ Standing _____

Pulse: Recumbent _____ Standing _____

Hema-Combistix Urine Readings: pH _____ Albumin % _____ Glucose % _____

Occult Blood _____ pH of Saliva _____ pH of Stool Specimen _____

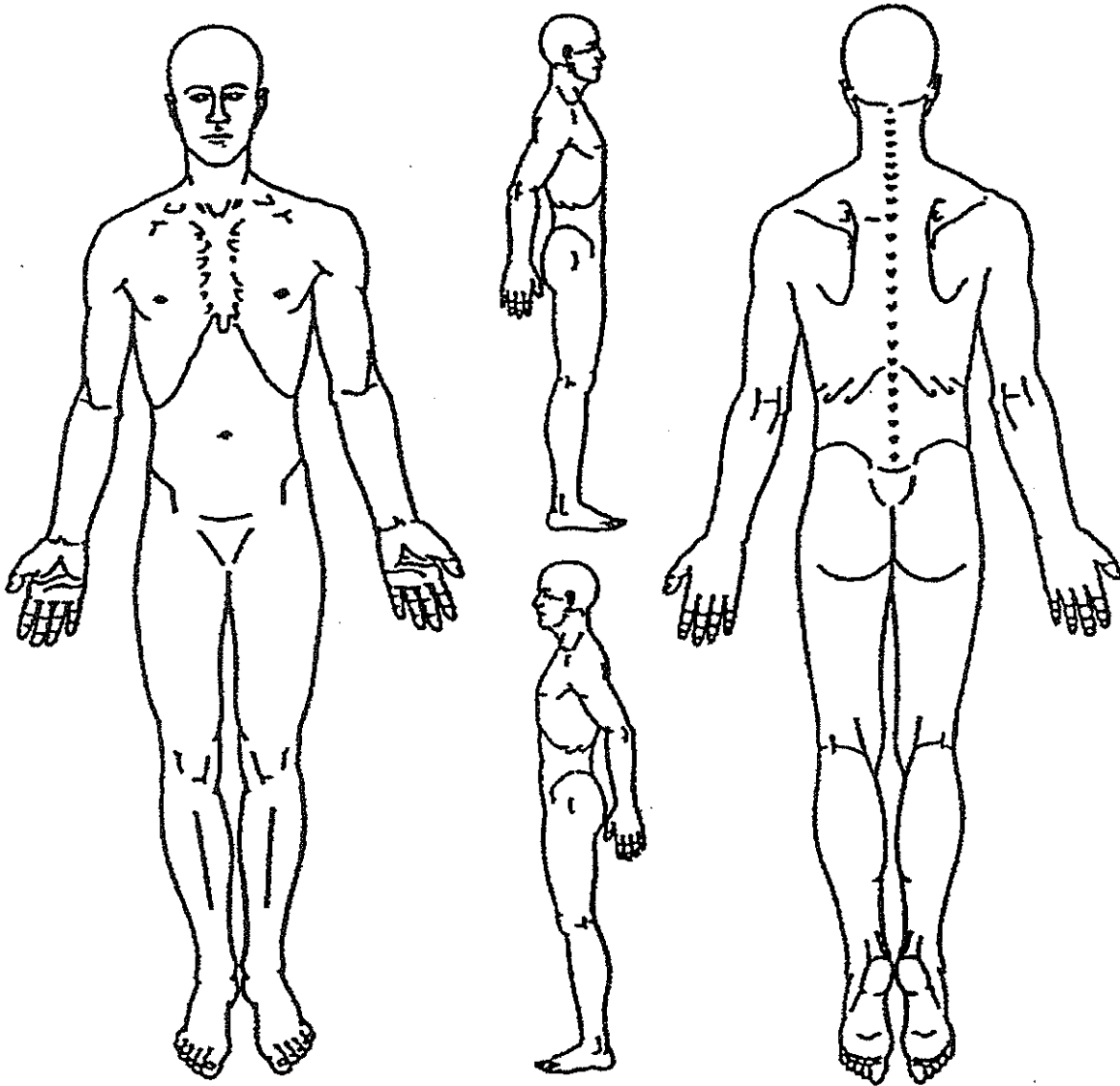
Blood Clotting Time _____ Hemoglobin _____ Blood Type _____ Weight _____

SYSTEMS SURVEY FORM - PAGE 5

Use the letters listed below to indicate the type and location of your pain and sensations:

KEY

- A = ACHE
- B = BURNING
- S = STABBING
- N = NUMBNESS
- P = PINS & NEEDLES
- O = OTHER



PLEASE INDICATE THE LEVEL OF PAIN YOU ARE EXPERIENCING

NO PAIN

SEVERE PAIN

0 1 2 3 4 5 6 7 8 9 10

Patient Signature _____ Date _____