

# SYSTEMS SURVEY FORM

Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Approx Weight \_\_\_\_\_ Sex: Male  Female   
 Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_ Vegetarian: Yes  No   
 Blood pressure: Recumbent \_\_\_\_/\_\_\_\_ Standing \_\_\_\_/\_\_\_\_ Ragland's Test is Positive

**INSTRUCTIONS:** Fill in only the circles which apply to you.  
 ● ○ ○ MILD symptoms (occurred once or twice last 6 months).  
 ○ ● ○ MODERATE symptoms (occurred once or twice last month).  
 ○ ○ ● SEVERE symptoms (chronic, occurred once or twice last week).  
 ○ ○ ○ Leave circles **BLANK** if they don't apply to you!

1 2 3

- 52 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep  
 53 ○ ○ ○ Crave candy or coffee in afternoons  
 54 ○ ○ ○ Moods of depression - "blues" or melancholy  
 55 ○ ○ ○ Abnormal craving for sweets or snacks

**GROUP 4**

- 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 rooms  
 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" frequent  
 71 ○ ○ ○ Noises in head, or "ringing in ears"  
 72 ○ ○ ○ Tension under the breastbone, or feeling of "tightness", worse on exertion

**GROUP 5**

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

**GROUP 6**

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

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 ○ ○ ○ Cut heals 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 ○ ○ ○ Fever easily raised  
 18 ○ ○ ○ Neuralgia-like pains  
 19 ○ ○ ○ Staring, blinks little  
 20 ○ ○ ○ Sour stomach often

**GROUP 2**

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

**GROUP 3**

- 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 ○ ○ ○ "Lightheaded" if meals delayed  
 49 ○ ○ ○ Heart palpitates if meals missed or delayed  
 50 ○ ○ ○ Afternoon headaches  
 51 ○ ○ ○ Overeating sweets upsets

**1 2 3 GROUP 7A**

- 107 ○○○ Insomnia
- 108 ○○○ Nervousness
- 109 ○○○ Can't gain weight
- 110 ○○○ Intolerance to heat
- 111 ○○○ Highly emotional
- 112 ○○○ Flush easily
- 113 ○○○ Night sweats
- 114 ○○○ Thin, moist skin
- 115 ○○○ Inward trembling
- 116 ○○○ Heart palpitates
- 117 ○○○ Increased appetite without weight gain
- 118 ○○○ Pulse fast at rest
- 119 ○○○ Eyelids and face twitch
- 120 ○○○ Irritable and restless
- 121 ○○○ Can't work under pressure

**GROUP 7B**

- 122 ○○○ Increase in weight
- 123 ○○○ Decrease in appetite
- 124 ○○○ Fatigue easily
- 125 ○○○ Ringing in ears
- 126 ○○○ Sleepy during day
- 127 ○○○ Sensitive to cold
- 128 ○○○ Dry or scaly skin
- 129 ○○○ Constipation
- 130 ○○○ Mental sluggishness
- 131 ○○○ Hair coarse, falls out
- 132 ○○○ Headaches upon arising, wear off during day
- 133 ○○○ Slow pulse, below 65
- 134 ○○○ Frequency of urination
- 135 ○○○ Impaired hearing
- 136 ○○○ Reduced initiative

**GROUP 7C**

- 137 ○○○ Failing memory
- 138 ○○○ Low blood pressure
- 139 ○○○ Increased sex drive
- 140 ○○○ Headaches, "splitting or rending" type
- 141 ○○○ Decreased sugar tolerance

**GROUP 7D**

- 142 ○○○ Abnormal thirst
- 143 ○○○ Bloating of abdomen
- 144 ○○○ Weight gain around hips or waist
- 145 ○○○ Sex drive reduced or lacking
- 146 ○○○ Tendency to ulcers, colitis
- 147 ○○○ Increased sugar tolerance
- 148 ○○○ Women: menstrual disorders
- 149 ○○○ Young girls: lack of menstrual function

**GROUP 7E**

- 150 ○○○ Dizziness
- 151 ○○○ Headaches
- 152 ○○○ Hot flashes
- 153 ○○○ Increased blood pressure
- 154 ○○○ Hair growth on face or body (female)
- 155 ○○○ Sugar in urine (not diabetes)
- 156 ○○○ Masculine tendencies (female)

**GROUP 7F**

- 157 ○○○ Weakness, dizziness
- 158 ○○○ Chronic fatigue
- 159 ○○○ Low blood pressure
- 160 ○○○ Nails weak, ridged
- 161 ○○○ Tendency to hives
- 162 ○○○ Arthritic tendencies
- 163 ○○○ Perspiration increase
- 164 ○○○ Bowel disorders
- 165 ○○○ Poor circulation
- 166 ○○○ Swollen ankles
- 167 ○○○ Crave salt
- 168 ○○○ Brown spots or bronzing of skin
- 169 ○○○ Allergies - tendency to asthma

**1 2 3**

- 170 ○○○ Weakness after colds, influenza
- 171 ○○○ Exhaustion - muscular and nervous
- 172 ○○○ Respiratory disorders

**GROUP 8**

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

**FEMALE ONLY**

- 200 ○○○ Very easily fatigued
- 201 ○○○ Premenstrual tension
- 202 ○○○ Painful menses
- 203 ○○○ Depressed feelings before menstruation
- 204 ○○○ Menstruation excessive and prolonged
- 205 ○○○ Painful breasts
- 206 ○○○ Menstruate too frequently
- 207 ○○○ Vaginal discharge
- 208 ○○○ Hysterectomy / ovaries removed
- 209 ○○○ Menopausal hot flashes
- 210 ○○○ Menses scanty or missed
- 211 ○○○ Acne, worse at menses
- 212 ○○○ Depression of long standing

**MALE ONLY**

- 213 ○○○ Prostate trouble
- 214 ○○○ Urination difficult or dribbling
- 215 ○○○ Night urination frequent
- 216 ○○○ Depression
- 217 ○○○ Pain on inside of legs or heels
- 218 ○○○ Feeling of incomplete bowel evacuation
- 219 ○○○ Lack of energy
- 220 ○○○ Migrating aches and pains
- 221 ○○○ Tire too easily
- 222 ○○○ Avoids activity
- 223 ○○○ Leg nervousness at night
- 224 ○○○ Diminished sex drive

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

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