## 1. Symptom Survey

The Symptom Survey paints of picture of your health. Please take the time to consider each question.

***1. First and Last Name**

***2. Gender**

***3. Age**

***4. Email**

**5. Doctor**

## 2. Group 1

Instructions: Below are symptoms you may be experiencing, for each question check the box that applies to your condition.
(1) for Mild symptoms (occur once or twice a month),
(2) for MODERATE symptoms (occur several times a month)
(3) for Severe Symptoms (you are aware of it almost constantly).
*Leave Blank if question does not apply to your current condition

### 1. Group One

| | 1 | 2 | 3 |
|---|---|---|---|
| 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. Cuts heal 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 frequent | ☐ | ☐ | ☐ |

## 3. Group Two

Instructions: Below are symptoms you may be experiencing, for each question check the box that applies to your condition.
(1) for Mild symptoms (occur once or twice a month),
(2) for MODERATE symptoms (occur several times a month)
(3) for Severe Symptoms (you are aware of it almost constantly).
*Leave Blank if question does not apply to your current condition

### 1. Group Two

| | 1 | 2 | 3 |
|---|---|---|---|
| 21. Joint stiffness after 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 seem 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 | ☐ | ☐ | ☐ |

## 4. Group Three

Instructions: Below are symptoms you may be experiencing, for each question check the box that applies to your condition.
(1) for Mild symptoms (occur once or twice a month),
(2) for MODERATE symptoms (occur several times a month)
(3) for Severe Symptoms (you are aware of it almost constantly).
*Leave Blank if question does not apply to your current condition

### 1. Group Three

| | 1 | 2 | 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 | ☐ | ☐ | ☐ |
| 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 | ☐ | ☐ | ☐ |

## 5. Group Four

Instructions: Below are symptoms you may be experiencing, for each question check the box that applies to your condition.
(1) for Mild symptoms (occur once or twice a month),
(2) for MODERATE symptoms (occur several times a month)
(3) for Severe Symptoms (you are aware of it almost constantly).
*Leave Blank if question does not apply to your current condition

### 1. Group Four

| | 1 | 2 | 3 |
|---|---|---|---|
| 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 room | ☐ | ☐ | ☐ |
| 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 | ☐ | ☐ | ☐ |

## 6. Group Five

Instructions: Below are symptoms you may be experiencing, for each question check the box that applies to your condition.
(1) for Mild symptoms (occur once or twice a month),
(2) for MODERATE symptoms (occur several times a month)
(3) for Severe Symptoms (you are aware of it almost constantly).
*Leave Blank if question does not apply to your current condition

### 1. Group Five

| | 1 | 2 | 3 |
|---|---|---|---|
| 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 | ☐ | ☐ | ☐ |

## 7. Group Six

Instructions: Below are symptoms you may be experiencing, for each question check the box that applies to your condition.
(1) for Mild symptoms (occur once or twice a month),
(2) for MODERATE symptoms (occur several times a month)
(3) for Severe Symptoms (you are aware of it almost constantly).
*Leave Blank if question does not apply to your current condition

### 1. Group Six

| | 1 | 2 | 3 |
|---|---|---|---|
| 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 hours | ☐ | ☐ | ☐ |
| 104. Mucous colitis or “irritable bowel” | ☐ | ☐ | ☐ |
| 105. Gas shortly after eating | ☐ | ☐ | ☐ |
| 106. Stomach “bloating” after eating | ☐ | ☐ | ☐ |

## 8. Group Seven

Instructions: Below are symptoms you may be experiencing, for each question check the box that applies to your condition.
(1) for Mild symptoms (occur once or twice a month),
(2) for MODERATE symptoms (occur several times a month)
(3) for Severe Symptoms (you are aware of it almost constantly).
*Leave Blank if question does not apply to your current condition

### 1. Group Seven (A)

| | 1 | 2 | 3 |
|---|---|---|---|
| 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 | ☐ | ☐ | ☐ |

## 2. Group Seven (B)

| | 1 | 2 | 3 |
|---|---|---|---|
| 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 | ☐ | ☐ | ☐ |

## 3. Group Seven (C)

| | 1 | 2 | 3 |
|---|---|---|---|
| 137. Failing memory | ☐ | ☐ | ☐ |
| 138. Low blood pressure | ☐ | ☐ | ☐ |
| 139. Increased sex drive | ☐ | ☐ | ☐ |
| 140. Headaches, “splitting or rendering” type | ☐ | ☐ | ☐ |
| 141. Decreased sugar tolerance | ☐ | ☐ | ☐ |

## 4. Group Seven (D)

| | 1 | 2 | 3 |
|---|---|---|---|
| 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 | ☐ | ☐ | ☐ |

## 5. Group Seven (E)

| | 1 | 2 | 3 |
|---|---|---|---|
| 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) | ☐ | ☐ | ☐ |

## 6. Group Seven (F)

| | 1 | 2 | 3 |
|---|---|---|---|
| 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 | ☐ | ☐ | ☐ |
| 170. Weakness after colds, influenza | ☐ | ☐ | ☐ |
| 171. Exhaustion - muscular and nervous | ☐ | ☐ | ☐ |
| 172. Respiratory disorders | ☐ | ☐ | ☐ |

## 9. Final Group (good job, you are almost done)

Instructions: Below are symptoms you may be experiencing, for each question check the box that applies to your condition.
(1) for Mild symptoms (occur once or twice a month),
(2) for MODERATE symptoms (occur several times a month)
(3) for Severe Symptoms (you are aware of it almost constantly).
*Leave Blank if question does not apply to your current condition

### 1. Group Eight

| | 1 | 2 | 3 |
|---|---|---|---|
| Apprehension | ☐ | ☐ | ☐ |
| Noise sensitivity | ☐ | ☐ | ☐ |
| Nervousness | ☐ | ☐ | ☐ |
| Irritability | ☐ | ☐ | ☐ |
| Acoustic hallucinations | ☐ | ☐ | ☐ |
| Headache | ☐ | ☐ | ☐ |
| Morbid fears | ☐ | ☐ | ☐ |
| Tendency to cry without reason | ☐ | ☐ | ☐ |
| Insomnia | ☐ | ☐ | ☐ |
| Hypochondria | ☐ | ☐ | ☐ |
| Feeling something dreadful will happen | ☐ | ☐ | ☐ |
| Anxiety | ☐ | ☐ | ☐ |
| Forgetfulness | ☐ | ☐ | ☐ |
| Anorexia | ☐ | ☐ | ☐ |
| Indigestion | ☐ | ☐ | ☐ |
| Weakness | ☐ | ☐ | ☐ |
| Distraction | ☐ | ☐ | ☐ |
| Poor appetite | ☐ | ☐ | ☐ |
| Fatigue | ☐ | ☐ | ☐ |
| Confusion | ☐ | ☐ | ☐ |
| Craving for sweets | ☐ | ☐ | ☐ |
| Neuralgia | ☐ | ☐ | ☐ |
| Dizziness | ☐ | ☐ | ☐ |
| Muscular soreness | ☐ | ☐ | ☐ |
| Neuritis | ☐ | ☐ | ☐ |
| Instability | ☐ | ☐ | ☐ |
| Depression | ☐ | ☐ | ☐ |

## 2. Female Only

| | 1 | 2 | 3 |
|---|---|---|---|
| 173. Very easily fatigued | ☐ | ☐ | ☐ |
| 174. Premenstrual tension | ☐ | ☐ | ☐ |
| 175. Painful menses | ☐ | ☐ | ☐ |
| 176. Depressed feelings before menstruation | ☐ | ☐ | ☐ |
| 177. Menstruation excessive and prolonged | ☐ | ☐ | ☐ |
| 178. Painful breasts | ☐ | ☐ | ☐ |
| 179. Menstruate too frequently | ☐ | ☐ | ☐ |
| 180. Vaginal discharge | ☐ | ☐ | ☐ |
| 181. Hysterectomy/ovaries removed | ☐ | ☐ | ☐ |
| 182. Menopausal hot flashes | ☐ | ☐ | ☐ |
| 183. Menses scanty or missed | ☐ | ☐ | ☐ |
| 184. Acne, worse at menses | ☐ | ☐ | ☐ |
| 185. Depression of long standing | ☐ | ☐ | ☐ |

## 3. Male Only

| | 1 | 2 | 3 |
|---|---|---|---|
| 186. Prostate trouble | ☐ | ☐ | ☐ |
| 187. Urination difficult or dribbling | ☐ | ☐ | ☐ |
| 188. Night urination frequent | ☐ | ☐ | ☐ |
| 189. Depression | ☐ | ☐ | ☐ |
| 190. Pain on inside of legs or heels | ☐ | ☐ | ☐ |
| 191. Feeling of incomplete bowel evacuation | ☐ | ☐ | ☐ |
| 192. Lack of energy | ☐ | ☐ | ☐ |
| 193. Migrating aches and pains | ☐ | ☐ | ☐ |
| 194. Tire too easily | ☐ | ☐ | ☐ |
| 195. Avoids activity | ☐ | ☐ | ☐ |
| 196. Leg nervousness at night | ☐ | ☐ | ☐ |
| 197. Diminished sex drive | ☐ | ☐ | ☐ |

**4. TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.**

1

2

3

4

5