

SYSTEMS SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ AGE _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. **If a symptom does not apply, leave it blank.**
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),
or (3) for **SEVERE** symptoms (occurs almost constantly).

GROUP ONE

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

GROUP TWO

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

GROUP THREE

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

GROUP FOUR

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

GROUP FIVE

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

GROUP SIX

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

GROUP SEVEN

- | | | | |
|---|--|---|--|
| (A) | | (E) | |
| 107 - 1 2 3 Insomnia | | 150 - 1 2 3 Dizziness | |
| 108 - 1 2 3 Nervousness | | 151 - 1 2 3 Headaches | |
| 109 - 1 2 3 Can't gain weight | | 152 - 1 2 3 Hot flashes | |
| 110 - 1 2 3 Intolerance to heat | | 153 - 1 2 3 Increased blood pressure | |
| 111 - 1 2 3 Highly emotional | | 154 - 1 2 3 Hair growth on face or body (female) | |
| 112 - 1 2 3 Flush easily | | 155 - 1 2 3 Sugar in urine (not diabetes) | |
| 113 - 1 2 3 Night sweats | | 156 - 1 2 3 Masculine tendencies (female) | |
| 114 - 1 2 3 Thin, moist skin | | | |
| 115 - 1 2 3 Inward trembling | | | |
| 116 - 1 2 3 Heart palpitates | | | |
| 117 - 1 2 3 Increased appetite without weight gain | | | |
| 118 - 1 2 3 Pulse fast at rest | | | |
| 119 - 1 2 3 Eyelids and face twitch | | | |
| 120 - 1 2 3 Irritable and restless | | | |
| 121 - 1 2 3 Can't work under pressure | | | |
| (B) | | (F) | |
| 122 - 1 2 3 Increase in weight | | 157 - 1 2 3 Weakness, dizziness | |
| 123 - 1 2 3 Decrease in appetite | | 158 - 1 2 3 Chronic fatigue | |
| 124 - 1 2 3 Fatigue easily | | 159 - 1 2 3 Low blood pressure | |
| 125 - 1 2 3 Ringing in ears | | 160 - 1 2 3 Nails, weak, ridged | |
| 126 - 1 2 3 Sleepy during day | | 161 - 1 2 3 Tendency to hives | |
| 127 - 1 2 3 Sensitive to cold | | 162 - 1 2 3 Arthritic tendencies | |
| 128 - 1 2 3 Dry or scaly skin | | 163 - 1 2 3 Perspiration increase | |
| 129 - 1 2 3 Constipation | | 164 - 1 2 3 Bowel disorders | |
| 130 - 1 2 3 Mental sluggishness | | 165 - 1 2 3 Poor circulation | |
| 131 - 1 2 3 Hair coarse, falls out | | 166 - 1 2 3 Swollen ankles | |
| 132 - 1 2 3 Headaches upon arising wear off during day | | 167 - 1 2 3 Crave salt | |
| 133 - 1 2 3 Slow pulse, below 65 | | 168 - 1 2 3 Brown spots or bronzing of skin | |
| 134 - 1 2 3 Frequency of urination | | 169 - 1 2 3 Allergies - tendency to asthma | |
| 135 - 1 2 3 Impaired hearing | | 170 - 1 2 3 Weakness after colds, influenza | |
| 136 - 1 2 3 Reduced initiative | | 171 - 1 2 3 Exhaustion - muscular and nervous | |
| | | 172 - 1 2 3 Respiratory disorders | |

CASE RECORD

Name _____ Date _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Age _____ Weight _____ Height _____ Sex _____
Occupation _____ Married _____

History of Illness and Treatment: _____

Operations, Accidents or Injuries: _____

Present Illness or Complaints: _____

Diagnostic Summary: _____

Treatment, Recommendations and Progress: _____

