SYMPTOM SURVEY FORM



Detient			D.					D-1	_	Maestro
Patient	/	/		ctor _				Date		
Birth Date			Approx Weight					Sex:	Male · ·	Female ''
Pulse: Reci	umbent		Standing					Vegetarian:	Yes ··	No ··
Blood press	sure: Recumbe	nt	/	Standing	-		/	Ragla	and's Test i	s Positive · ·
INSTRUCTI	ONS: Fill in only	the circles which	n apply to you.			1 2 3				
→ ○ ○ MILD symptoms (occurred once or twice last 6 months).							Awaken after few	hours sleep -	hard to get b	ack to sleep
 MODERATE symptoms (occurred once or twice last month). SEVERE symptoms (chronic, occurred once or twice last week). 							Crave candy or o			
	re circles BLANK						Moods of depress Abnormal craving		•	
						000	GROUP 4	g for ownoods of	ondono	
	GROUP 1				56	000	Hands and feet g	o to sleep easily	y, numbness	
	Acid foods upset Get chilled often						Sigh frequently, "	-		
	"Lump" in throat						Aware of "breath High altitude disc	-		
	Dry mouth-eyes-						Opens windows i		8	
	Pulse speeds after						Susceptible to co			
	Keyed up - fail to Cut heals slowly	Callii					Afternoon "yawn			
	Gag easily						Get "drowsy" ofte Swollen ankles, v			
	Unable to relax; s						Muscle cramps, v	•	kercise; get "	charley horses"
	Extremities cold, of Strong light irritate	•					Shortness of brea			
	Urine amount red						Dull pain in chest Bruise easily, "bla	-		rse on exertion
	Heart pounds after						Tendency to aner		5013	
	"Nervous" stomad						"Nose bleeds" fre			
	Appetite reduced Cold sweats ofte						Noises in head, o			iahta aga"
	Fever easily raise				12	000	Tension under the worse on exertion		or reening or t	igniness,
	Neuralgia-like pair						GROUP 5			
	Staring, blinks little Sour stomach oft				73	000	Dizziness			
20 0 0 0	GROUP 2	011					Dry skin			
21 000	Joint stiffness on	arising					Burning feet Blurred vision			
	Muscle-leg-toe cr						Itching skin and fe	eet		
	"Butterfly" stomad Eyes or nose wa	•					Excessive falling			
	Eyes blink often	tery					Frequent skin ras Bitter, metallic tas		orninge	
	Eyelids swollen,	puffy					Bowel movement			
	Indigestion soon		andad" aftan		82	000	Worrier, feels ins	ecure		
	Always seems hu Digestion rapid	ingry, reers lighth	leaded often				Feeling queasy; h		eyes	
	Vomiting frequent	İ					Greasy foods up: Stools light colore			
	Hoarseness frequency						Skin peels on foo			
	Breathing irregular Pulse slow; feels						Pain between sho	oulder blades		
	Gagging reflex sl	-					Use laxatives Stools alternate f	rom soft to wat	erv	
35 000	Difficulty swallow	ving					History of gallblad		•	
	Constipation, diar	rhea alternating			91	000	Sneezing attacks	i		
	"Slow starter" Get "chilled" infre	auently					Dreaming, nightm Bad breath (halito	• •	eams	
	Perspire easily	1					Milk products cau	,		
	Circulation poor,						Sensitive to hot v			
41 0 0 0	Subject to colds,	asthma, bronchitis	;				Burning or itching	j anus		
42 0 0 0	GROUP 3 Eat when nervou	S			97	000	Crave sweets			
	Excessive appeti				98	000	GROUP 6 Loss of taste for	meat		
44 000	Hungry between	meals					Lower bowel gas		after eating	
	Irritable before me			1	00	000	Burning stomach		-	
	Get "shaky" if hu Fatigue, eating re						Coated tongue	nto of foul amal	ing goo	
	"Lightheaded" if r						Pass large amount Indigestion 1/2 - 1			p to 3-4 hrs.
	Heart palpitates if		delayed				Mucous colitis or			
	Afternoon heada						Gas shortly after	-		
31 000	Overeating swee	io upocio		1	06	000	Stomach "bloating	g" after eating		

1 2 2 GPOUD 7A	1 2 2
1 2 3 GROUP 7A 107 O O O Insomnia	1 2 3 170 O O O Weakness after colds, influenza
108 O O O Nervousness	171 OOO Exhaustion - muscular and nervous
109 O O Can't gain weight	172 O O Respiratory disorders
110 O O O Intolerance to heat	GROUP 8
111 O O O Highly emotional	173 O O O Apprehension
112 O O O Flush easily	174 O O O Irritability
113 O O O Night sweats	175 O O O Morbid fears
114 O O O Thin, moist skin	176 O O O Never seems to get well
115 O O O Inward trembling	177 O O O Forgetfulness
116 O O O Heart palpitates	178 O O O Indigestion
117 OOO Increased appetite without weight gain	179 O O O Poor appetite
118 OOO Pulse fast at rest	180 OOO Craving for sweets
119 O O O Eyelids and face twitch	181 OOO Muscular soreness
120 O O Irritable and restless	182 OOO Depression; feelings of dread
121 OOO Can't work under pressure	183 O O O Noise sensitivity
GROUP 7B	184 O O O Acoustic hallucinations
122 O O O Increase in weight	185 OOO Tendency to cry without reason
123 O O O Decrease in appetite	186 OOO Hair is coarse and/or thinning
124 O O O Fatigue easily	187 O O O Weakness
125 O O O Ringing in ears	188 O O O Fatigue
126 O O O Sleepy during day	189 O O Skin sensitive to touch
127 O O Sensitive to cold	190 O O O Tendency toward hives
128 O O O Dry or scaly skin	191 O O O Nervousness
129 O O Constipation	192 O O O Headache
130 O O Mental sluggishness	193 O O O Insomnia
131 O O O Hair coarse, falls out	194 O O O Anxiety
132 O O O Headaches upon arising, wear off during day	195 O O Anorexia
133 O O O Slow pulse, below 65	196 O O O Inability to concentrate; confusion
134 O O O Frequency of urination	197 O O O Frequent stuffy nose; sinus infections
135 O O O Impaired hearing	198 O O O Allergy to some foods
136 O O O Reduced initiative	199 O O O Loose joints
GROUP 7C	FEMALE ONLY
137 O O Failing memory	200 O O O Very easily fatigued
138 O O O Low blood pressure	201 O O O Premenstrual tension
139 O O O Increased sex drive	202 O O O Painful menses
140 O O O Headaches, "splitting or rending" type	203 O O O Depressed feelings before menstruation
141 O O O Decreased sugar tolerance	204 O O Menstruation excessive and prolonged
GROUP 7D	205 O O O Painful breasts
142 O O O Abnormal thirst	206 O O O Menstruate too frequently 207 O O O Vaginal discharge
143 O O O Bloating of abdomen	208 O Hysterectomy / ovaries removed
144 O O O Weight gain around hips or waist 145 O O O Sex drive reduced or lacking	209 O O O Menopausal hot flashes
146 OOO Tendency to ulcers, colitis	210 O O Menses scanty or missed
147 OOO Increased sugar tolerance	211 O O O Acne, worse at menses
148 O O O Women: menstrual disorders	212 O O O Depression of long standing
149 O O O Young girls: lack of menstrual function	MALE ONLY
GROUP 7E	213 O O O Prostate trouble
150 O O O Dizziness	214 O O O Urination difficult or dribbling
151 OOO Headaches	215 O O O Night urination frequent
152 O O O Headaches	216 O O O Depression
153 O O O Increased blood pressure	217 O O O Pain on inside of legs or heels
154 O O O Hair growth on face or body (female)	218 O O O Feeling of incomplete bowel evacuation
155 O O O Sugar in urine (not diabetes)	219 O O O Lack of energy
156 O O O Masculine tendencies (female)	220 O O O Migrating aches and pains
GROUP 7F	221 O O O Tire too easily
157 O O O Weakness, dizziness	222 O O O Avoids activity
158 O O O Chronic fatigue	223 O O O Leg nervousness at night
159 O O O Low blood pressure	224 O O O Diminished sex drive
160 O O O Nails weak, ridged	List the five main complaints you have in the order of their importance:
161 OOO Tendency to hives	List the five main complaints you have in the order of their importance:
162 O O O Arthritic tendencies	1
163 O O O Perspiration increase	
164 O O O Bowel disorders	2
165 O O O Poor circulation	3
166 O O O Swollen ankles	J
167 O O O Crave salt	4
168 O O O Brown spots or bronzing of skin	
169 O O O Allergies - tendency to asthma	5
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