

**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**

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

**GROUP TWO**

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

**GROUP THREE**

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

**GROUP FOUR**

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

**GROUP FIVE**

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

**GROUP SIX**

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

**GROUP SEVEN**

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



**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: \_\_\_\_\_  
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\_\_\_\_\_  
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