

SYMPTOM 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,
25 - 1 2 3 Eyes blink often	33 - 1 2 3 Pulse slow; feels "irregular"	sensitive to cold
26 - 1 2 3 Eyelids swollen, puffy	34 - 1 2 3 Gagging reflex slow	41 - 1 2 3 Subject to colds,
27 - 1 2 3 Indigestion soon after meals	35 - 1 2 3 Difficulty swallowing	asthma, bronchitis
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 eating; may be up to 3-4 hours | 106 - 1 2 3 Stomach "bloating" after eating |

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

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 - 1 2 3 Apprehension	200 - 1 2 3 Very easily fatigued	213 - 1 2 3 Prostate trouble
174 - 1 2 3 Irritability	201 - 1 2 3 Premenstrual tension	214 - 1 2 3 Urination difficult or dribbling
175 - 1 2 3 Morbid fears	202 - 1 2 3 Painful menses	215 - 1 2 3 Night urination frequent
176 - 1 2 3 Never seems to get well	203 - 1 2 3 Depressed feelings before menstruation	216 - 1 2 3 Depression
177 - 1 2 3 Forgetfulness	204 - 1 2 3 Menstruation excessive and prolonged	217 - 1 2 3 Pain on inside of legs or heels
178 - 1 2 3 Indigestion	205 - 1 2 3 Painful breasts	218 - 1 2 3 Feeling of incomplete bowel evacuation
179 - 1 2 3 Poor appetite	206 - 1 2 3 Menstruate too frequently	219 - 1 2 3 Lack of energy
180 - 1 2 3 Craving for sweets	207 - 1 2 3 Vaginal discharge	220 - 1 2 3 Migrating aches and pains
181 - 1 2 3 Muscular soreness	208 - 1 2 3 Hysterectomy/ovaries removed	221 - 1 2 3 Tire too easily
182 - 1 2 3 Depression; feelings of dread	209 - 1 2 3 Menopausal hot flashes	222 - 1 2 3 Avoids activity
183 - 1 2 3 Noise sensitivity	210 - 1 2 3 Menses scanty or missed	223 - 1 2 3 Leg nervousness at night
184 - 1 2 3 Acoustic hallucinations	211 - 1 2 3 Acne, worse at menses	224 - 1 2 3 Diminished sex drive
185 - 1 2 3 Tendency to cry without reason	212 - 1 2 3 Depression of long standing	
186 - 1 2 3 Hair is coarse and/or thinning		
187 - 1 2 3 Weakness		
188 - 1 2 3 Fatigue		
189 - 1 2 3 Skin sensitive to touch		
190 - 1 2 3 Tendency toward hives		
191 - 1 2 3 Nervousness		
192 - 1 2 3 Headache		
193 - 1 2 3 Insomnia		
194 - 1 2 3 Anxiety		
195 - 1 2 3 Anorexia		
196 - 1 2 3 Inability to concentrate; confusion		
197 - 1 2 3 Frequent stuffy nose; sinus infections		
198 - 1 2 3 Allergy to some foods		
199 - 1 2 3 Loose joints		

IMPORTANT

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

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

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row.

MALES

Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

BP SIT _____ BP STAND _____

PULSE SIT _____ PULSE STAND _____

SALIVA PH _____ BLOOD TYPE _____