

NAME:

AGE:

HEALTH CARE PROFESSIONAL:

DATE:

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, don't circle anything for that symptom.

Circle the corresponding number.

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|---|---|
| 1 | MILD symptom (occurs rarely) |
| 2 | MODERATE symptom (occurs several times a month) |
| 3 | SEVERE symptom (occurs almost constantly) |

GROUP 1

- | | | |
|-----|-------|---------------------------------|
| 1. | 1 2 3 | Acid foods upset |
| 2. | 1 2 3 | Get chilled often |
| 3. | 1 2 3 | "Lump" in throat |
| 4. | 1 2 3 | Dry mouth, eyes, nose |
| 5. | 1 2 3 | Pulse speeds after meal |
| 6. | 1 2 3 | Keyed up, fail to calm |
| 7. | 1 2 3 | Gag occasionally |
| 8. | 1 2 3 | Unable to relax, startle easily |
| 9. | 1 2 3 | Extremities cold, clammy |
| 10. | 1 2 3 | Strong light irritates |
| 11. | 1 2 3 | Occasionally weak urine flow |
| 12. | 1 2 3 | Heart pounds after retiring |
| 13. | 1 2 3 | "Nervous" stomach |
| 14. | 1 2 3 | Appetite reduced occasionally |
| 15. | 1 2 3 | Cold sweats often |
| 16. | 1 2 3 | Get heated easily |
| 17. | 1 2 3 | Nerve discomfort |
| 18. | 1 2 3 | Staring, blink little |
| 19. | 1 2 3 | Sour stomach frequent |

1	2	3	TOTAL
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GROUP 2

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|-----|-------|--|
| 20. | 1 2 3 | Joint stiffness after arising |
| 21. | 1 2 3 | Muscle, leg, toe cramps at night |
| 22. | 1 2 3 | "Butterfly" stomach, cramps |
| 23. | 1 2 3 | Eyes or nose watery |
| 24. | 1 2 3 | Eyes blink often |
| 25. | 1 2 3 | Eyelids swollen, puffy |
| 26. | 1 2 3 | Indigestion soon after meals |
| 27. | 1 2 3 | Always seem hungry, feel "lightheaded" often |
| 28. | 1 2 3 | Digestion rapid |
| 29. | 1 2 3 | Vomit occasionally |
| 30. | 1 2 3 | Hoarseness frequent |
| 31. | 1 2 3 | Uneven breathing |
| 32. | 1 2 3 | Pulse slow |
| 33. | 1 2 3 | Gagging reflex slow |
| 34. | 1 2 3 | Difficulty swallowing |
| 35. | 1 2 3 | Temporary constipation or diarrhea |
| 36. | 1 2 3 | "Slow starter" |
| 37. | 1 2 3 | Get "chilled" |
| 38. | 1 2 3 | Perspire easily |
| 39. | 1 2 3 | Sensitive to cold |
| 40. | 1 2 3 | Upper respiratory challenges |

1	2	3	TOTAL
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GROUP 3

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|-----|-------|------------------------|
| 41. | 1 2 3 | Eat when nervous |
| 42. | 1 2 3 | Excessive appetite |
| 43. | 1 2 3 | Hungry between meals |
| 44. | 1 2 3 | Irritable before meals |

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|-----|-------|---|
| 45. | 1 2 3 | Get "shaky" if hungry |
| 46. | 1 2 3 | Fatigue, eating relieves |
| 47. | 1 2 3 | "Lightheaded" if meals delayed |
| 48. | 1 2 3 | Heart palpitates if meals missed or delayed |
| 49. | 1 2 3 | Fatigue in afternoon |
| 50. | 1 2 3 | Overeating sweets upsets |
| 51. | 1 2 3 | Awaken after few hours sleep, hard to get back to sleep |
| 52. | 1 2 3 | Crave candy or coffee in afternoon |
| 53. | 1 2 3 | Moods of "blues" or melancholy |
| 54. | 1 2 3 | Craving for sweets or snacks |

1	2	3	TOTAL
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GROUP 4

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|-----|-------|---|
| 55. | 1 2 3 | Hands and feet go to sleep easily, numbness |
| 56. | 1 2 3 | Sigh frequently, "air hunger" |
| 57. | 1 2 3 | Aware of "breathing heavily" |
| 58. | 1 2 3 | High-altitude discomfort |
| 59. | 1 2 3 | Open windows in closed room |
| 60. | 1 2 3 | Immune system challenges |
| 61. | 1 2 3 | Afternoon "yawner" |
| 62. | 1 2 3 | Get "drowsy" often |
| 63. | 1 2 3 | Swollen ankles worse at night |
| 64. | 1 2 3 | Muscle cramps, worse during exercise; get "charley horse" |
| 65. | 1 2 3 | Difficulty catching breath, especially during exercise |
| 66. | 1 2 3 | Tightness or pressure in chest, worse on exertion |
| 67. | 1 2 3 | Skin discolors easily after impact |
| 68. | 1 2 3 | Tendency to anemia |
| 69. | 1 2 3 | Noises in head or "ringing in ears" |
| 70. | 1 2 3 | Fatigue upon exertion |

1	2	3	TOTAL
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GROUP 5

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|-----|-------|--|
| 71. | 1 2 3 | Dizziness |
| 72. | 1 2 3 | Dry skin |
| 73. | 1 2 3 | Burning feet |
| 74. | 1 2 3 | Blurred vision |
| 75. | 1 2 3 | Itching skin and feet |
| 76. | 1 2 3 | Hair loss |
| 77. | 1 2 3 | Occasional skin rashes |
| 78. | 1 2 3 | Bitter, metallic taste in mouth in morning |
| 79. | 1 2 3 | Occasional constipation |
| 80. | 1 2 3 | Worrier, feels insecure |
| 81. | 1 2 3 | Nausea occasionally after eating |
| 82. | 1 2 3 | Greasy foods upset |
| 83. | 1 2 3 | Stools light-colored |
| 84. | 1 2 3 | Skin peels on foot soles |

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|-----|-------|--------------------------------------|
| 85. | 1 2 3 | Discomfort between shoulder blades |
| 86. | 1 2 3 | Occasional laxative use |
| 87. | 1 2 3 | Stools alternate from soft to watery |
| 88. | 1 2 3 | Sneezing attacks |
| 89. | 1 2 3 | Dreaming, nightmare-type bad dreams |
| 90. | 1 2 3 | Bad breath (halitosis) |
| 91. | 1 2 3 | Milk products cause upset |
| 92. | 1 2 3 | Sensitive to hot weather |
| 93. | 1 2 3 | Burning or itching anus |
| 94. | 1 2 3 | Crave sweets |

1	2	3	TOTAL
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GROUP 6

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|------|-------|---|
| 95. | 1 2 3 | Loss of taste for meat |
| 96. | 1 2 3 | Lower bowel gas several hours after eating |
| 97. | 1 2 3 | Burning stomach sensations, eating relieves |
| 98. | 1 2 3 | Coated tongue |
| 99. | 1 2 3 | Pass large amounts of foul-smelling gas |
| 100. | 1 2 3 | Indigestion 1/2-1 hour after eating; may be up to 3-4 hours after |
| 101. | 1 2 3 | Watery or loose stool |
| 102. | 1 2 3 | Gas shortly after eating |
| 103. | 1 2 3 | Stomach "bloating" |

1	2	3	TOTAL
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GROUP 7A

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|------|-------|--|
| 104. | 1 2 3 | Difficulty sleeping |
| 105. | 1 2 3 | On edge |
| 106. | 1 2 3 | Can't gain weight |
| 107. | 1 2 3 | Intolerance to heat |
| 108. | 1 2 3 | Highly emotional |
| 109. | 1 2 3 | Flush easily |
| 110. | 1 2 3 | Night sweats |
| 111. | 1 2 3 | Thin, moist skin |
| 112. | 1 2 3 | Inward trembling |
| 113. | 1 2 3 | Heart races |
| 114. | 1 2 3 | Increased appetite without weight gain |
| 115. | 1 2 3 | Pulse fast at rest |
| 116. | 1 2 3 | Eyelids and face twitch |
| 117. | 1 2 3 | Irritable and restless |
| 118. | 1 2 3 | Can't work under pressure |

1	2	3	TOTAL
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121. 1 2 3 Fatigue easily
122. 1 2 3 Ringing in ears
123. 1 2 3 Sleepy during day
124. 1 2 3 Sensitive to cold
125. 1 2 3 Dry or scaly skin
126. 1 2 3 Temporary constipation
127. 1 2 3 Mental sluggishness
128. 1 2 3 Hair coarse, falls out
129. 1 2 3 Tension in head upon arising
wears off during day
130. 1 2 3 Slow pulse below 65
131. 1 2 3 Changing urinary function
132. 1 2 3 Sounds appear diminished
133. 1 2 3 Reduced initiative

1 2 3 TOTAL

GROUP 7C

134. 1 2 3 Failing memory with age
135. 1 2 3 Increased sex drive
136. 1 2 3 Episodes of tension in head
137. 1 2 3 Decreased sugar tolerance

1 2 3 TOTAL

GROUP 7D

138. 1 2 3 Abnormal thirst
139. 1 2 3 Bloating of abdomen
140. 1 2 3 Weight gain around hips or waist
141. 1 2 3 Sex drive reduced or lacking
142. 1 2 3 Tendency for stomach issues
143. 1 2 3 Immune system challenges
144. 1 2 3 Menstrual disorders

1 2 3 TOTAL

GROUP 7E

145. 1 2 3 Dizziness
146. 1 2 3 Headaches
147. 1 2 3 Hot flashes
148. 1 2 3 Hair growth on face
or body (female)
149. 1 2 3 Sugar in urine (not diabetes)
150. 1 2 3 Masculine tendencies (female)

1 2 3 TOTAL

153. 1 2 3 Nails weak, ridged
154. 1 2 3 Sensitive skin
155. 1 2 3 Stiff joints
156. 1 2 3 Perspiration increase
157. 1 2 3 Bowel discomfort
158. 1 2 3 Poor circulation
159. 1 2 3 Swollen ankles
160. 1 2 3 Crave salt
161. 1 2 3 Areas of skin darkening
162. 1 2 3 Upper respiratory sensitivity
163. 1 2 3 Tiredness
164. 1 2 3 Breathing challenges

1 2 3 TOTAL

GROUP 8

165. 1 2 3 Muscle weakness
166. 1 2 3 Lack of stamina
167. 1 2 3 Drowsiness after eating
168. 1 2 3 Muscular soreness
169. 1 2 3 Heart races
170. 1 2 3 Hyperirritable
171. 1 2 3 Feeling of a band around head
172. 1 2 3 Melancholia (feeling of sadness)
173. 1 2 3 Swelling of ankles
174. 1 2 3 Change in urinary function
175. 1 2 3 Tendency to consume
sweets/carbohydrates
176. 1 2 3 Muscle spasms
177. 1 2 3 Blurred vision
178. 1 2 3 Involuntary muscle action
179. 1 2 3 Numbness
180. 1 2 3 Night sweats
181. 1 2 3 Rapid digestion
182. 1 2 3 Sensitivity to noise
183. 1 2 3 Redness of palms of hands and
bottom of feet
184. 1 2 3 Visible veins on chest and abdomen
185. 1 2 3 Hemorrhoids
186. 1 2 3 Apprehension (feeling that
something bad is going to happen)

188. 1 2 3 Nervousness with indigestion
189. 1 2 3 Gastritis
190. 1 2 3 Forgetfulness
191. 1 2 3 Thinning hair

1 2 3 TOTAL

FEMALE ONLY

192. 1 2 3 Very easily fatigued
193. 1 2 3 Premenstrual tension
194. 1 2 3 Menses more painful than usual
195. 1 2 3 Depressed feelings
before menstruation
196. 1 2 3 Painful breasts during menses
197. 1 2 3 Menstruate too frequently
198. 1 2 3 Hysterectomy/ovaries removed
199. 1 2 3 Menopausal hot flashes
200. 1 2 3 Menses scanty or missed
201. 1 2 3 Acne, worse at menses

1 2 3 TOTAL

MALE ONLY

202. 1 2 3 Less involved in
exercise/social activities
203. 1 2 3 Difficult to postpone urination
204. 1 2 3 Weak urinary stream
205. 1 2 3 Feeling of "blues" or melancholy
206. 1 2 3 Feeling of incomplete
bowel evacuation
207. 1 2 3 Lack of energy
208. 1 2 3 Muscles in arms and legs seem
softer/smaller
209. 1 2 3 Tire too easily
210. 1 2 3 Avoid activity
211. 1 2 3 Leg nervousness at night
212. 1 2 3 Diminished sex drive

1 2 3 TOTAL

IMPORTANT | Please list below the five main physical complaints you have in order of their importance.

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

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

Digestion	Large Intestine (Palpate)	Adrenals	Pass/Fail Zinc Taste Test
_____ Hydrochloric	_____ Ascending	Pass/Fail Pupil Dilation Exam	Pass/Fail Cuff Test
_____ Acid Point	_____ Transverse	Postural Hypotension	_____ Cuff Pressure
_____ Enzyme Point	_____ Descending	_____ Supine	_____ pH of Saliva
_____ Murphy's Sign		_____ Standing	_____ Pulse

BARNES THYROID TEST

The test is conducted by the patient in the morning 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 such as 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 MENSTRUUAL CYCLES (the second and third days of flow or any five days in a row)
MALES (any two days during the month)

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____

RESTRICTIONS ON USE

The systems survey is to be used only by trained health care professionals. If you are a patient, you should not use the systems survey. If you are not a trained health care practitioner, you should not use the systems survey. Health care practitioners should only use the systems survey to provide services that are within the scope of their license or professional training. The systems survey is intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.