Nutrition Symptom Survey Form

INSTRUCTIONS: Completely black out one of the three circles only if applicable to you:

1-mild — 2-moderate — 3-severe

O O MILD symptoms (once or twice last 3 months)

O O MODERATE symptoms (once or twice last month)

O O SEVERE symptoms (Chronic, once + last week)

LEAVE ITEM BLANK UNLESS IT APPLIES

bpm

NAME:		DATE:	
DOB:	SEX:	O Male	O Female
HEIGHT:	WEIGH	łT:	lbs.
BLOOD PRESSUR	E:	PULSE:	bp
List below your 3 ma			
1.		iii ordei oi ii	пропапсе.
2			
3			
1 2 3 GR		D	
1 O O O Acid food			
2 O O O Get chille			
3 O O O "Lump" in			
4 O O O Dry mout 5 O O O Pulse spe			
6 OOO Keyed up		5	
7 OOO Cuts heal			
8 OOO Gag easil			
9 OOO Unable to		easilv	
10 O O O Extremitie			
11 O O O Strong lig			
12 O O O Urine am	ount reduced		
13 O O O Heart pou		ng	
14 O O O "Nervous"			
15 O O O Appetite			
16 O O O Cold swe			
17 O O O Fever eas			
18 O O O Neuralgia 19 O O O Staring, b			
20 O O O Sour ston			
1 2 3 GR		מי	
21 O O O Joint stiffr			
22 O O O Muscle-le			
23 O O O "Butterfly"			
24 O O O Eyes or n		•	
25 O O O Eyes blin			
26 O O O Eyelids sv			
27 O O O Indigestic			-
28 O O O Always se		ightheaded"	often
29 O O O Digestion			
30 O O O Vomiting 31 O O O Hoarsene			
32 O O O Breathing			
33 O O O Pulse slo		ar'''	
34 O O O Gagging		uı	
35 O O O Difficulty			
36 O O O Constipat		ternating	
37 O O O "Slow sta	rter"	_	
38 O O O Get "chille	ed" infrequently		
39 O O O Perspire	easily		
40 O O O Circulatio			
41 O O O Subject to	colds, asthma	, bronchitis	

83 O O O Feeling queasy; headache over eyes 84 O O O Greasy foods upset 85 O O O Stools light-colored 86 O O O Skin peels on foot soles 87 O O O Pain between shoulder blades 88 O O O Use laxatives	83 O O O Feeling queasy; headache over eyes 84 O O O Greasy foods upset 85 O O O Stools light-colored 86 O O O Skin peels on foot soles 87 O O O Pain between shoulder blades 88 O O O Use laxatives 89 O O O Stools alternate from soft to watery 90 O O O History of gallbladder attacks or gall stones 91 O O O Sneezing attacks 92 O O O Dreaming, nightmare type bad dreams 93 O O Bad breathe (halitosis) 94 O O Milk products cause distress 95 O O Sensitive to hot weather	83 O O O Feeling queasy; headache over eyes 84 O O O Greasy foods upset 85 O O O Stools light-colored 86 O O O Skin peels on foot soles 87 O O O Pain between shoulder blades 88 O O O Use laxatives 89 O O O Stools alternate from soft to watery 90 O O O History of gallbladder attacks or gall stones 91 O O O Sneezing attacks 92 O O O Dreaming, nightmare type bad dreams 93 O O Bad breathe (halitosis) 94 O O Milk products cause distress	1 2 3 GROUP 3SR 42 0 0 Excessive appetite 44 0 0 Excessive appetite 44 0 0 O Hungry between meals 45 0 0 Irritable before meals 46 0 0 Get "shaky" if hungry 47 0 0 Fatigue, eating relieves 48 0 0 O "Lightheaded" if meals are delayed 49 0 0 Heart palpitates if meals missed or delayed 50 0 0 Afternoon headaches 51 0 0 O Overeating sweets upsets 52 0 0 Awaken after few hours hard to get back to sleep 53 0 0 Crave candy or coffee in afternoons 54 0 0 Moods of depression "blues" or melancholy 55 0 0 Abnormal craving for sweets or snacks 1 2 3 GROUP 4CV 56 0 0 Hands and feet go to sleep easily, numbness 57 0 0 Sigh frequently, "air hunger" 58 0 0 Aware of "breathing heavily" 59 0 0 High altitude discomfort 60 0 0 Opens windows in closed room 61 0 0 Susceptible to colds and fevers 62 0 0 Afternoon "yawner" 63 0 0 Get "drowsy" often 64 0 0 Swollen ankles worse at night 65 0 0 Muscle cramps, worse during exercise (charley-horses) 66 0 0 Shortness of breathe on exertion 67 0 0 Pain in chest /radiating into left arm, worse on exertion 68 0 0 Bruise easily, "black/blue" spots 69 0 0 Tendency to anemia 70 0 0 "Nose bleeds" frequent 71 0 0 Noises in head or "ringing in ears" 72 0 0 "Tightness" under the breast-bone, worse on exertion 1 2 3 GROUP 5
83 O O O Feeling queasy; headache over eyes 84 O O O Greasy foods upset 85 O O O Stools light-colored 86 O O O Skin peels on foot soles 87 O O O Pain between shoulder blades 88 O O O Use laxatives	83 O O O Feeling queasy; headache over eyes 84 O O O Greasy foods upset 85 O O O Stools light-colored 86 O O O Skin peels on foot soles 87 O O O Pain between shoulder blades 88 O O O Use laxatives 89 O O O Stools alternate from soft to watery 90 O O O History of gallbladder attacks or gall stones 91 O O O Sneezing attacks 92 O O O Dreaming, nightmare type bad dreams 93 O O Bad breathe (halitosis) 94 O O Milk products cause distress 95 O O Sensitive to hot weather	83 O O O Feeling queasy; headache over eyes 84 O O O Greasy foods upset 85 O O O Stools light-colored 86 O O O Skin peels on foot soles 87 O O O Pain between shoulder blades 88 O O O Use laxatives 89 O O O Stools alternate from soft to watery 90 O O History of gallbladder attacks or gall stones 91 O O Sneezing attacks 92 O O Dreaming, nightmare type bad dreams 93 O O Bad breathe (halitosis) 94 O O Milk products cause distress 95 O O O Sensitive to hot weather 96 O O O Burning or itching of anus 97 O O Crave sweets 1 2 3 GROUP 6 DIG 98 O O O Loss of taste for meat 99 O O O Lower bowel gas several hours after eating 100 O O O Burning stomach sensations, eating relieves 101 O O O Coated tongue 102 O O O Pass large amounts of foul smelling gas 103 O O O Indigestion ½ -1 hour after eating; up to 3-4 hrs.	76 O O O Blurred vision 77 O O O Itching skin and feet 78 O O O Excessive falling hair 79 O O O Frequent skin rashes 80 O O O Bitter, metallic taste in mouth in mornings 81 O O O Bowel movements painful or difficult
	90 O O O History of gallbladder attacks or gall stones 91 O O O Sneezing attacks 92 O O O Dreaming, nightmare type bad dreams 93 O O O Bad breathe (halitosis) 94 O O O Milk products cause distress 95 O O O Sensitive to hot weather	90 O O O History of gallbladder attacks or gall stones 91 O O O Sneezing attacks 92 O O Dreaming, nightmare type bad dreams 93 O O Bad breathe (halitosis) 94 O O Milk products cause distress 95 O O Sensitive to hot weather 96 O O Burning or itching of anus 97 O O Crave sweets 1 2 3 GROUP 6DIG 98 O O O Loss of taste for meat 99 O O O Lower bowel gas several hours after eating 100 O O O Burning stomach sensations, eating relieves 101 O O O Coated tongue 102 O O O Pass large amounts of foul smelling gas 103 O O O Indigestion ½ -1 hour after eating; up to 3-4 hrs.	83 O O O Feeling queasy; headache over eyes 84 O O O Greasy foods upset 85 O O O Stools light-colored 86 O O O Skin peels on foot soles 87 O O O Pain between shoulder blades 88 O O O Use laxatives

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