SYSTEMS SURVEY FORM

READ FIRST: If you are NOT experiencing one of the symptoms below, do not circle it!

Circle (1) for a mild symptom you rarely experience. Circle (2) for a moderate symptom you experience several times per month. Circle (3) for a severe symptom you experience constantly.

per month. Circle (3) for a severe symp	otom you experience constantly.	
GROUP 1	45. 1 2 3 Get "shaky" if hungry	85. 1 2 3 Discomfort between
1. 1 2 3 Acid foods upset	46 . 1 2 3 Fatigue, eating relieves	shoulder blades
2. 1 2 3 Get chilled often	47 . 1 2 3 "Lightheaded" if meals delayed	86. 1 2 3 Occasional laxative use
3. 1 2 3 "Lump" in throat	48 . 1 2 3 Heart palpitates if meals missed	87 . 1 2 3 Stools alternate from soft
4. 1 2 3 Dry mouth, eyes, nose	or delayed	to watery
5. 1 2 3 Pulse speeds after meal	49 . 1 2 3 Fatigue in afternoon	88. 1 2 3 Sneezing attacks
6. 1 2 3 Keyed up, fail to calm	50 . 1 2 3 Overeating sweets upsets	89 . 1 2 3 Dreaming, nightmare-type
7. 1 2 3 Gag occasionally	51 . 1 2 3 Awaken after few hours sleep,	bad dreams
8. 1 2 3 Unable to relax, startle easily	hard to get back to sleep	90. 1 2 3 Bad breath (halitosis)
9. 1 2 3 Extremities cold, clammy	52 . 1 2 3 Crave candy or coffee in afternoon	91. 1 2 3 Milk products cause upset
10. 1 2 3 Strong light irritates	53. 1 2 3 Moods of "blues" or melancholy	92 1 2 3 Sensitive to hot weather
11. 1 2 3 Occasionally weak urine flow	54 . 1 2 3 Craving for sweets or snacks	93. 1 2 3 Burning or itching anus
12. 1 2 3 Heart pounds after retiring	TOTAL	94 . 1 2 3 Crave sweets
13. 1 2 3 "Nervous" stomach	1 2 3	TOTAL
14. 1 2 3 Appetite reduced occasionally		
15. 1 2 3 Cold sweats often	GROUP 4	
16. 1 2 3 Get heated easily	55 . 1 2 3 Hands and feet go to	GROUP 6
17. 1 2 3 Nerve discomfort	sleep easily, numbness	95. 1 2 3 Loss of taste for meat
18. 1 2 3 Staring, blink little	56 . 1 2 3 Sigh frequently, "air hunger"	96 . 1 2 3 Lower bowel gas several hours
19. 1 2 3 Sour stomach frequent	57. 1 2 3 Aware of "breathing heavily"	after eating
TOTAL	58. 1 2 3 High-altitude discomfort	97 . 1 2 3 Burning stomach sensations,
1 2 3	59. 1 2 3 Open windows in closed room	eating relieves
	60. 1 2 3 Immune system challenges	98. 1 2 3 Coated tongue
GROUP 2	61. 1 2 3 Afternoon "yawner"	99. 1 2 3 Pass large amounts
20. 1 2 3 Joint stiffness after arising	62. 1 2 3 Get "drowsy" often	of foul-smelling gas
21. 1 2 3 Muscle, leg, toe cramps at night	63. 1 2 3 Swollen ankles worse at night	100 . 1 2 3 Indigestion ½-1 hour after eating;
22. 1 2 3 "Butterfly" stomach, cramps	64 . 1 2 3 Muscle cramps, worse during	may be up to 3-4 hours after
23. 1 2 3 Eyes or nose watery	exercise; get "charley horse"	101. 1 2 3 Watery or loose stool
24. 1 2 3 Eyes blink often	65 . 1 2 3 Difficulty catching breath,	102. 1 2 3 Gas shortly after eating
25. 1 2 3 Eyelids swollen, puffy	especially during exercise	103. 1 2 3 Stomach "bloating"
26. 1 2 3 Indigestion soon after meals	66 . 1 2 3 Tightness or pressure in chest,	TOTAL
27. 1 2 3 Always seem hungry,	worse on exertion	1 2 3
feel "lightheaded" often 28. 1 2 3 Digestion rapid	67. 1 2 3 Skin discolors easily after impact 68. 1 2 3 Tendency to anemia	GROUP 7A
	69. 1 2 3 Noises in head or "ringing in ears"70. 1 2 3 Fatigue upon exertion	104 . 1 2 3 Difficulty sleeping 105 . 1 2 3 On edge
30. 1 2 3 Hoarseness frequent 31. 1 2 3 Uneven breathing	70. 1 2 3 Fatigue upon exertion	106 . 1 2 3 Can't gain weight
32 . 1 2 3 Pulse slow		107. 1 2 3 Intolerance to heat
33. 1 2 3 Gagging reflex slow	1 2 3	108. 1 2 3 Highly emotional
34. 1 2 3 Difficulty swallowing	GROUP 5	109 . 1 2 3 Flush easily
35. 1 2 3 Temporary constipation or diarrhea	71 . 1 2 3 Dizziness	110. 1 2 3 Night sweats
36 . 1 2 3 "Slow starter"	72. 1 2 3 Dry skin	111. 1 2 3 Thin, moist skin
37 . 1 2 3 Get "chilled"	73 . 1 2 3 Burning feet	112. 1 2 3 Inward trembling
38 . 1 2 3 Perspire easily	74. 1 2 3 Blurred vision	113 . 1 2 3 Heart races
39 . 1 2 3 Sensitive to cold	75 . 1 2 3 Itching skin and feet	114. 1 2 3 Increased appetite without
40 . 1 2 3 Upper respiratory challenges	76 . 1 2 3 Hair loss	weight gain
	77. 1 2 3 Occasional skin rashes	115 . 1 2 3 Pulse fast at rest
	78 . 1 2 3 Bitter, metallic taste in mouth	116. 1 2 3 Eyelids and face twitch
	in morning	117. 1 2 3 Irritable and restless
GROUP 3	79. 1 2 3 Occasional constipation	118. 1 2 3 Can't work under pressure
41. 1 2 3 Eat when nervous	80. 1 2 3 Worrier, feels insecure	
42 . 1 2 3 Excessive appetite	81. 1 2 3 Nausea occasionally after eating	
43. 1 2 3 Hungry between meals	82. 1 2 3 Greasy foods upset	
44 1 2 7 1 11 1 5	07 1 0 7 6: 1 1: 1: 1	

1 2 3 Stools light-colored1 2 3 Skin peels on foot soles

44. 1 2 3 Irritable before meals

GROUP 7B	GROUP 7F	
119. 1 2 3 Increase in weight	151 . 1 2 3 Weakness, dizziness	187. 1 2 3 Nervousness causing
120. 1 2 3 Decrease in appetite	152. 1 2 3 Tired throughout day	loss of appetite
121 . 1 2 3 Fatigue easily	153 . 1 2 3 Nails weak, ridged	188. 1 2 3 Nervousness with indigestion
122 . 1 2 3 Ringing in ears	154 . 1 2 3 Sensitive skin	189 . 1 2 3 Gastritis
123 . 1 2 3 Sleepy during day	155 . 1 2 3 Stiff joints	190. 1 2 3 Forgetfulness
124. 1 2 3 Sensitive to cold	156 . 1 2 3 Perspiration increase	191 . 1 2 3 Thinning hair
125 . 1 2 3 Dry or scaly skin	157. 1 2 3 Bowel discomfort	
126. 1 2 3 Temporary constipation	158. 1 2 3 Poor circulation	
127. 1 2 3 Mental sluggishness	159 . 1 2 3 Swollen ankles	
128. 1 2 3 Hair coarse, falls out	160 . 1 2 3 Crave salt	FEMALE ONLY
129. 1 2 3 Tension in head upon arising	161. 1 2 3 Areas of skin darkening	192 . 1 2 3 Very easily fatigued
wears off during day	162 . 1 2 3 Upper respiratory sensitivity	193. 1 2 3 Premenstrual tension
130 . 1 2 3 Slow pulse below 65	163 . 1 2 3 Tiredness	194. 1 2 3 Menses more painful than usual
131. 1 2 3 Changing urinary function	164. 1 2 3 Breathing challenges	195 . 1 2 3 Depressed feelings
132. 1 2 3 Sounds appear diminished	TOTAL	before menstruation
133. 1 2 3 Reduced initiative	1 2 3 TOTAL	196. 1 2 3 Painful breasts during menses
TOTAL		197. 1 2 3 Menstruate too frequently
1 2 3	GROUP 8	198. 1 2 3 Hysterectomy/ovaries removed
GROUP 7C	165. 1 2 3 Muscle weakness	199. 1 2 3 Menopausal hot flashes
134. 1 2 3 Failing memory with age	166 . 1 2 3 Lack of stamina	200. 1 2 3 Menses scanty or missed
135. 1 2 3 Increased sex drive	167. 1 2 3 Drowsiness after eating	201 . 1 2 3 Acne, worse at menses
136. 1 2 3 Episodes of tension in head	168. 1 2 3 Muscular soreness	TOTAL
137. 1 2 3 Decreased sugar tolerance	169 . 1 2 3 Heart races	
TOTAL	170 . 1 2 3 Hyperirritable	
1 2 3	171. 1 2 3 Feeling of a band around head	MALE ONLY
GROUP 7D	172. 1 2 3 Melancholia (feeling of sadness)	202 . 1 2 3 Less involved in
138. 1 2 3 Abnormal thirst	173. 1 2 3 Swelling of ankles	exercise/social activities
139. 1 2 3 Bloating of abdomen	174. 1 2 3 Change in urinary function	203. 1 2 3 Difficult to postpone urination
140. 1 2 3 Weight gain around hips or waist	175. 1 2 3 Tendency to consume	204. 1 2 3 Weak urinary stream
141. 1 2 3 Sex drive reduced or lacking	sweets/carbohydrates	205. 1 2 3 Feeling of "blues" or melancholy
142. 1 2 3 Tendency for stomach issues	176. 1 2 3 Muscle spasms	206 . 1 2 3 Feeling of incomplete
143. 1 2 3 Immune system challenges	177. 1 2 3 Blurred vision	bowel evacuation
144. 1 2 3 Menstrual disorders	178. 1 2 3 Involuntary muscle action	207. 1 2 3 Lack of energy
	179. 1 2 3 Numbness	208. 1 2 3 Muscles in arms and legs seem
	180. 1 2 3 Night sweats	softer/smaller
GROUP 7E	181 . 1 2 3 Rapid digestion	209. 1 2 3 Tire too easily
145. 1 2 3 Dizziness 146. 1 2 3 Headaches	182. 1 2 3 Sensitivity to noise	210. 1 2 3 Avoid activity
146 . 1 2 3 Headaches 147 . 1 2 3 Hot flashes	183 . 1 2 3 Redness of palms of hands and bottom of feet	211. 1 2 3 Leg nervousness at night 212. 1 2 3 Diminished sex drive
148 . 1 2 3 Hair growth on face		Z1Z. 1 Z 3 Diffillistied sex drive
or body (female)	184. 1 2 3 Visible veins on chest and abdomen185. 1 2 3 Hemorrhoids	
149. 1 2 3 Sugar in urine (not diabetes)	186. 1 2 3 Apprehension (feeling that	
150. 1 2 3 Masculine tendencies (female)	something bad is going to happen)	
130. 1 2 3 Iviasculine tendencies (ferridie)	something bad is going to happen)	1
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NAME:	DATE:	SYSTEMS SURVEY SCORE: