

# SYSTEMS SURVEY FORM



Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx Weight \_\_\_\_\_ Vegetarian  Gluten-free

**INSTRUCTIONS:** Fill in only the circles which apply to you. Leave blank if you don't have the problem.

- Fill in the circle marked 1 for MILD symptoms (occurs rarely).
- Fill in the circle marked 2 for MODERATE symptoms (occurs several times a month).
- Fill in the circle marked 3 for SEVERE symptoms (occurs almost constantly).
- **Leave circles BLANK if they don't apply to you!**

### GROUP 1

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

### GROUP 2

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

### GROUP 3

- |  |  |  |
|--|--|--|
| <p>1 2 3</p> <p>41 ○○○ Eat when nervous</p> <p>42 ○○○ Excessive appetite</p> <p>43 ○○○ Hungry between meals</p> <p>44 ○○○ Irritable before meals</p> <p>45 ○○○ Get "shaky" if hungry</p> <p>46 ○○○ Fatigue, eating relieves</p> <p>47 ○○○ "Lightheaded" if meals delayed</p> | <p>1 2 3</p> <p>48 ○○○ Heart palpitates if meals missed or delayed</p> <p>49 ○○○ Fatigue in afternoons</p> <p>50 ○○○ Overeating sweets upsets</p> <p>51 ○○○ Awaken after few hours sleep - hard to get back to sleep</p> | <p>1 2 3</p> <p>52 ○○○ Crave candy or coffee in afternoons</p> <p>53 ○○○ Moods of "blues" or melancholy</p> <p>54 ○○○ Craving for sweets or snacks</p> |
|--|--|--|

### GROUP 4

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

## SYSTEMS SURVEY FORM - PAGE 2

### GROUP 5

- | 1 2 3  | 1 2 3                                       | 1 2 3                                      |
|--|---|--|
| 71 ○○○ Dizziness                                   | 80 ○○○ Worrier, feels insecure              | 88 ○○○ Sneezing attacks                    |
| 72 ○○○ Dry skin                                    | 81 ○○○ Nausea occasionally after eating     | 89 ○○○ Dreaming, nightmare type bad dreams |
| 73 ○○○ Burning feet                                | 82 ○○○ Greasy foods upset                   | 90 ○○○ Bad breath (halitosis)              |
| 74 ○○○ Blurred vision                              | 83 ○○○ Stools light colored                 | 91 ○○○ Milk products cause upset           |
| 75 ○○○ Itching skin and feet                       | 84 ○○○ Skin peels on foot soles             | 92 ○○○ Sensitive to hot weather            |
| 76 ○○○ Hair loss                                   | 85 ○○○ Discomfort between shoulder blades   | 93 ○○○ Burning or itching anus             |
| 77 ○○○ Occasional skin rashes                      | 86 ○○○ Occasional laxative use              | 94 ○○○ Crave sweets                        |
| 78 ○○○ Bitter, metallic taste in mouth in mornings | 87 ○○○ Stools alternate from soft to watery |  |
| 79 ○○○ Occasional constipation                     |   |  |

### GROUP 6

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

### GROUP 7

- | 1 2 3   | 1 2 3                                    | 1 2 3  |
|---|--|--|
| <b>(A)</b>  |  | <b>(E)</b>                                   |
| 104 ○○○ Difficulty sleeping                               |  | 145 ○○○ Dizziness                            |
| 105 ○○○ On edge   |  | 146 ○○○ Headaches                            |
| 106 ○○○ Can't gain weight                                 |  | 147 ○○○ Hot flashes                          |
| 107 ○○○ Intolerance to heat                               | <b>(C)</b>                               | 148 ○○○ Hair growth on face or body (female) |
| 108 ○○○ Highly emotional                                  | 134 ○○○ Failing memory with age          | 149 ○○○ Sugar in urine (not diabetes)        |
| 109 ○○○ Flush easily                                      | 135 ○○○ Increased sex drive              | 150 ○○○ Masculine tendencies (female)        |
| 110 ○○○ Night sweats                                      | 136 ○○○ Episodes of tension in head      |  |
| 111 ○○○ Thin, moist skin                                  | 137 ○○○ Decreased sugar tolerance        |  |
| 112 ○○○ Inward trembling                                  |  |  |
| 113 ○○○ Heart races                                       | <b>(D)</b>                               | <b>(F)</b>                                   |
| 114 ○○○ Increased appetite without weight gain            | 138 ○○○ Abnormal thirst                  | 151 ○○○ Weakness, dizziness                  |
| 115 ○○○ Pulse fast at rest                                | 139 ○○○ Bloating of abdomen              | 152 ○○○ Tired throughout day                 |
| 116 ○○○ Eyelids and face twitch                           | 140 ○○○ Weight gain around hips or waist | 153 ○○○ Nails weak, ridged                   |
| 117 ○○○ Irritable and restless                            | 141 ○○○ Sex drive reduced or lacking     | 154 ○○○ Sensitive skin                       |
| 118 ○○○ Can't work under pressure                         | 142 ○○○ Tendency for stomach issues      | 155 ○○○ Stiff joints                         |
|   | 143 ○○○ Increased sugar tolerance        | 156 ○○○ Perspiration increase                |
| <b>(B)</b>  | 144 ○○○ Menstrual disorders              | 157 ○○○ Bowel discomfort                     |
| 119 ○○○ Increase in weight                                |  | 158 ○○○ Poor circulation                     |
| 120 ○○○ Decrease in appetite                              |  | 159 ○○○ Swollen ankles                       |
| 121 ○○○ Fatigue easily                                    |  | 160 ○○○ Crave salt                           |
| 122 ○○○ Ringing in ears                                   |  | 161 ○○○ Areas of skin darkening              |
| 123 ○○○ Sleepy during day                                 |  | 162 ○○○ Upper respiratory sensitivity        |
| 124 ○○○ Sensitive to cold                                 |  | 163 ○○○ Tiredness                            |
| 125 ○○○ Dry or scaly skin                                 |  | 164 ○○○ Breathing challenges                 |
| 126 ○○○ Temporary constipation                            |  |  |
| 127 ○○○ Mental sluggishness                               |  |  |
| 128 ○○○ Hair coarse, falls out                            |  |  |
| 129 ○○○ Tension in head upon arising wears off during day |  |  |
| 130 ○○○ Slow pulse, below 65                              |  |  |
| 131 ○○○ Changing urinary function                         |  |  |
| 132 ○○○ Sounds appear diminished                          |  |  |
| 133 ○○○ Reduced initiative                                |  |  |

## SYSTEMS SURVEY FORM - PAGE 3

### GROUP 8

<p>1 2 3</p> <p>165 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle weakness</p> <p>166 <input type="radio"/> <input type="radio"/> <input type="radio"/> Lack of Stamina</p> <p>167 <input type="radio"/> <input type="radio"/> <input type="radio"/> Drowsiness after eating</p> <p>168 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscular soreness</p> <p>169 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart races</p> <p>170 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hyper-irritable</p> <p>171 <input type="radio"/> <input type="radio"/> <input type="radio"/> Feeling of a band around your head</p> <p>172 <input type="radio"/> <input type="radio"/> <input type="radio"/> Melancholia (feeling of sadness)</p> <p>173 <input type="radio"/> <input type="radio"/> <input type="radio"/> Swelling of ankles</p> <p>174 <input type="radio"/> <input type="radio"/> <input type="radio"/> Change in urinary function</p>	<p>1 2 3</p> <p>175 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to consume sweets or carbohydrates</p> <p>176 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle spasms</p> <p>177 <input type="radio"/> <input type="radio"/> <input type="radio"/> Blurred vision</p> <p>178 <input type="radio"/> <input type="radio"/> <input type="radio"/> Involuntary muscle action</p> <p>179 <input type="radio"/> <input type="radio"/> <input type="radio"/> Numbness</p> <p>180 <input type="radio"/> <input type="radio"/> <input type="radio"/> Night sweats</p> <p>181 <input type="radio"/> <input type="radio"/> <input type="radio"/> Rapid digestion</p> <p>182 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sensitivity to noise</p> <p>183 <input type="radio"/> <input type="radio"/> <input type="radio"/> Redness of palms of hands and bottom of feet</p>	<p>1 2 3</p> <p>184 <input type="radio"/> <input type="radio"/> <input type="radio"/> Visible veins on chest and abdomen</p> <p>185 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hemorrhoids</p> <p>186 <input type="radio"/> <input type="radio"/> <input type="radio"/> Apprehension (feeling that something bad will happen)</p> <p>187 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nervousness causing loss of appetite</p> <p>188 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nervousness with indigestion</p> <p>189 <input type="radio"/> <input type="radio"/> <input type="radio"/> Gastritis</p> <p>190 <input type="radio"/> <input type="radio"/> <input type="radio"/> Forgetfulness</p> <p>191 <input type="radio"/> <input type="radio"/> <input type="radio"/> Thinning hair</p>
--	--	---

#### FEMALE ONLY

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

#### MALE ONLY

1 2 3

202    Less involved in exercise/social activities

203    Difficult to postpone urination

204    Weak urinary stream

205    Feeling of "blues" or melancholy

206    Feeling of incomplete bowel evacuation

207    Lack of energy

208    Muscles in arms and legs seem softer/smaller

209    Tire too easily

210    Avoids activity

211    Leg nervousness at night

212    Diminished sex drive

#### IMPORTANT

Please list the five main complaints you have in the order of their importance:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

#### 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

#### RESTRICTIONS ON USE

THE SYSTEMS SURVEY IS TO BE USED ONLY BY TRAINED HEALTH CARE PRACTITIONERS. 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 NOT INTENDED TO DIAGNOSE ANY DISEASE. 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.

**SYSTEMS SURVEY FORM - PAGE 4**

Please list any medications you are taking:

No Medications

Please list any vitamins, herbs, or supplements you are taking:

No Vitamins

Please list any allergies you have:

No Allergies

Please list any surgeries you have had in the past 12 months:

No Recent Surgeries

Please list any other surgeries or medical procedures you have had:

No Other Surgeries

**TO BE COMPLETED BY DOCTOR**

Blood Pressure: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_

Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_

Hema-Combistix Urine Readings: pH \_\_\_\_\_ Albumin % \_\_\_\_\_ Glucose % \_\_\_\_\_

Occult Blood \_\_\_\_\_ pH of Saliva \_\_\_\_\_ pH of Stool Specimen \_\_\_\_\_

Blood Clotting Time \_\_\_\_\_ Hemoglobin \_\_\_\_\_ Blood Type \_\_\_\_\_ Weight \_\_\_\_\_