

**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).

<b>GROUP ONE</b>		
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	
<b>GROUP TWO</b>		
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, sensitive to cold
25 - 1 2 3 Eyes blink often	33 - 1 2 3 Pulse slow; feels "irregular"	41 - 1 2 3 Subject to colds, asthma, bronchitis
26 - 1 2 3 Eyelids swollen, puffy	34 - 1 2 3 Gagging reflex slow	
27 - 1 2 3 Indigestion soon after meals	35 - 1 2 3 Difficulty swallowing	
28 - 1 2 3 Always seem hungry; feels "lightheaded" often	36 - 1 2 3 Constipation, diarrhea alternating	
<b>GROUP THREE</b>		
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		
<b>GROUP FOUR</b>		
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"		

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<b>GROUP FIVE</b>		
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		
<b>GROUP SIX</b>		
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
<b>GROUP SEVEN</b>		
(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
	146 - 1 2 3 Tendency to ulcers, colitis	163 - 1 2 3 Perspiration increase
(B)	147 - 1 2 3 Increased sugar tolerance	164 - 1 2 3 Bowel disorders
122 - 1 2 3 Increase in weight	148 - 1 2 3 Women: menstrual disorders	165 - 1 2 3 Poor circulation
123 - 1 2 3 Decrease in appetite	149 - 1 2 3 Young girls: lack of menstrual function	166 - 1 2 3 Swollen ankles
124 - 1 2 3 Fatigue easily		167 - 1 2 3 Crave salt
125 - 1 2 3 Ringing in ears		168 - 1 2 3 Brown spots or bronzing of skin
126 - 1 2 3 Sleepy during day		169 - 1 2 3 Allergies - tendency to asthma
127 - 1 2 3 Sensitive to cold		170 - 1 2 3 Weakness after colds, influenza
128 - 1 2 3 Dry or scaly skin		171 - 1 2 3 Exhaustion - muscular and nervous
129 - 1 2 3 Constipation		172 - 1 2 3 Respiratory disorders
130 - 1 2 3 Mental sluggishness		
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		

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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		
<b>IMPORTANT</b>		
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 _____		
<p align="center"><b>BARNES THYROID TEST</b></p> <p><small>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.</small></p> <p align="center"><b>PRE-MENSES FEMALES AND MENOPAUSAL FEMALES</b> Any two days during the month</p> <p align="center"><b>FEMALES HAVING MENSTRUAL CYCLES</b> The 2<sup>nd</sup> and 3<sup>rd</sup> day of flow OR any 5 days in a row.</p> <p align="center"><b>MALES</b> Any 2 days during the month.</p>		<p><small>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.</small></p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p>

BP SIT \_\_\_\_\_ BP STAND \_\_\_\_\_  
PULSE SIT \_\_\_\_\_ PULSE STAND \_\_\_\_\_  
SALIVA PH \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_