

Patient _____ Date _____ Birth Date ____/____/____

Approx Weight _____ Sex: Male Female Vegetarian: Yes No

INSTRUCTIONS: Fill in only the circles which apply to you.
O O O MILD symptoms (occur once or twice a year).
O O O MODERATE symptoms (occur several times a month).
O O O SEVERE symptoms (you are aware of it almost constantly).
O O O Leave circles BLANK if they don't apply to you!

<p>1 2 3 GROUP 1</p> <p>1 O O O Acidic foods upset your stomach 2 O O O Get the "chills" / cold 3 O O O Feel "Lump" in throat 4 O O O Dry mouth-eyes-nose 5 O O O Pulse noticeably speeds up after meals 6 O O O Unable to Relax, hyper 7 O O O Cuts heal slowly 8 O O O Gag easily 9 O O O Startles easily 10 O O O Cold Hand and / or Feet 11 O O O Strong light irritates your eyes / head 12 O O O Urine amount reduced 13 O O O Heart pounds after retiring 14 O O O "Nervous" stomach 15 O O O Appetite reduced 16 O O O Cold sweats 17 O O O Fever, feel hot 18 O O O Nerve-like pains 19 O O O Staring, blinks eyes very little 20 O O O Sour stomach often</p> <p>GROUP 2</p> <p>21 O O O Joint stiffness in mornings 22 O O O Muscle-leg-toe cramps at night 23 O O O "Butterflies" in stomach or stomach cramps 24 O O O Eyes or nose watery 25 O O O Eyes blink often 26 O O O Eyelids swollen, puffy 27 O O O Indigestion soon after meals 28 O O O Always seems hungry 29 O O O Digestion rapid, restroom soon after eating 30 O O O Vomiting 31 O O O Hoarseness 32 O O O Breathing irregular 33 O O O Slow pulse or feels "irregular" 34 O O O Gagging reflex slow 35 O O O Difficulty swallowing 36 O O O Constipation, diarrhea alternating 37 O O O "Slow starter," difficult to get going in morning 38 O O O Feel hot 39 O O O Perspire easily 40 O O O Circulation poor, sensitive to cold 41 O O O Subject to colds, asthma, bronchitis</p> <p>GROUP 3</p> <p>42 O O O Eat when nervous 43 O O O Excessive appetite 44 O O O Hungry between meals 45 O O O Irritable before meals 46 O O O Get "shaky" when hungry 47 O O O Fatigue 48 O O O "Lightheaded" if meals delayed 49 O O O Heart palpitates if meals missed or delayed 50 O O O Afternoon headaches 51 O O O Eating sweets upsets stomach 52 O O O Wake-up after falling asleep then hard to get back to sleep 53 O O O Crave candy or coffee in afternoons 54 O O O Depression - "blues" or melancholy 55 O O O Abnormal craving for sweets or snacks</p>	<p>GROUP 4</p> <p>1 2 3</p> <p>56 O O O Hands and feet go to sleep easily, numbness 57 O O O Sigh when breathing, "air hunger" 58 O O O Aware of "breathing heavily" 59 O O O High altitude discomfort 60 O O O Need to open windows in closed rooms 61 O O O Susceptible to colds and fevers 62 O O O Afternoon "yawner" 63 O O O Get "drowsy" often 64 O O O Swollen ankles, worse at night 65 O O O Muscle cramps, worse during exercise 66 O O O Shortness of breath on exertion 67 O O O Dull pain in chest or radiating into left arm, worse on exertion 68 O O O Bruise easily, "black and blue" spots 69 O O O Tendency to anemia 70 O O O "Nose bleeds" frequent 71 O O O Noises in head or "ringing in ears" 72 O O O Tension under the breastbone or feeling of "tightness", worse on exertion</p> <p>GROUP 5</p> <p>73 O O O Dizziness 74 O O O Dry skin 75 O O O Burning feet 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 82 O O O Worrier, feels insecure 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 gallstones 91 O O O Sneezing attacks 92 O O O Dreaming, nightmare type bad dreams 93 O O O Bad breath (halitosis) 94 O O O Milk products cause distress 95 O O O Sensitive to hot weather 96 O O O Burning or itching anus 97 O O O Crave sweets</p> <p>GROUP 6</p> <p>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 1/2 - 1 hour after eating; may be up to 3-4 hours 104 O O O Mucous colitis or "irritable bowel" 105 O O O Gas shortly after eating 106 O O O Stomach "bloating" after eating</p>
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- 1 2 3 GROUP 7A
- 107 Insomnia
 - 108 Nervousness
 - 109 Can't gain weight
 - 110 Intolerance to heat
 - 111 Highly emotional
 - 112 Flush easily
 - 113 Night sweats
 - 114 Thin, moist skin
 - 115 Inward trembling
 - 116 Heart palpitates
 - 117 Increased appetite without weight gain
 - 118 Pulse fast at rest
 - 119 Eyelids and face twitch
 - 120 Irritable and restless
 - 121 Can't work under pressure

- GROUP 7B
- 122 Increase in weight
 - 123 Decrease in appetite
 - 124 Fatigue easily
 - 125 Ringing in ears
 - 126 Sleepy during day
 - 127 Sensitive to cold
 - 128 Dry or scaly skin
 - 129 Constipation
 - 130 Mental sluggishness
 - 131 Hair coarse, falls out
 - 132 Headaches in morning but wear off during day
 - 133 Slow pulse, below 65
 - 134 Urinate frequently
 - 135 Impaired hearing
 - 136 Reduced initiative / feel lazy

- GROUP 7C
- 137 Poor memory
 - 138 Low blood pressure
 - 139 Increased sex drive
 - 140 Headaches, "splitting" type
 - 141 Decreased ability to consume sugar / sweets

- GROUP 7D
- 142 Abnormal thirst
 - 143 Bloating of abdomen
 - 144 Weight gain around hips or waist
 - 145 Sex drive reduced or lacking
 - 146 Tendency to develop ulcers, colitis
 - 147 Increased ability to consume sugar / sweets
 - 148 Women: menstrual disorders
 - 149 Young girls: lack of menstrual function

- GROUP 7E
- 150 Dizziness
 - 151 Headaches
 - 152 Hot flashes
 - 153 Increased blood pressure
 - 154 Female: Hair growth on face or body
 - 155 Diagnosed with sugar in urine but diabetes
 - 156 Female: Experiencing masculine characteristics

- GROUP 7F
- 157 Weakness or dizziness
 - 158 Chronic fatigue
 - 159 Low blood pressure
 - 160 Weak or ridged finger nails
 - 161 Tendency to develop hives on skin
 - 162 Arthritic pain / stiffness
 - 163 Abnormal amounts of perspiration
 - 164 Bowel disorders
 - 165 Poor circulation
 - 166 Swollen ankles
 - 167 Crave salt
 - 168 Brown spots on skin
 - 169 Allergies and / or asthma

- 1 2 3
- 170 Difficult recovery after colds, influenza
 - 171 Feeling exhausted
 - 172 Respiratory disorders / Breathing Problems

- GROUP 8
- 173 Apprehension
 - 174 Irritability
 - 175 Morbid fears
 - 176 Never seem to get well
 - 177 Forgetfulness
 - 178 Indigestion
 - 179 Poor appetite
 - 180 Cravings for sweets
 - 181 Muscular soreness
 - 182 Depression; feelings of dread
 - 183 Noise sensitivity
 - 184 Acoustic hallucinations
 - 185 Tendency to cry without reason
 - 186 Hair is coarse and/or thinning
 - 187 Weakness
 - 188 Fatigue
 - 189 Skin sensitive to touch
 - 190 Develop hives on your skin
 - 191 Nervousness
 - 192 Headaches
 - 193 Insomnia
 - 194 Anxiety
 - 195 Anorexia
 - 196 Inability to concentrate; confusion
 - 197 Frequent stuffy nose; sinus infections
 - 198 Allergies to some foods
 - 199 Feels as if you joints are loose

- FEMALE ONLY
- 200 Very easily fatigued
 - 201 Premenstrual tension
 - 202 Painful menses
 - 203 Depressed feelings before menstruation
 - 204 Menstruation excessive and prolonged
 - 205 Painful breasts
 - 206 Menstruate too frequently
 - 207 Vaginal discharge
 - 208 Hysterectomy/ovaries removed
 - 209 Menopausal hot flashes
 - 210 Light or missed menses
 - 211 Acne, worse at menses
 - 212 Long standing depression

- MALE ONLY
- 213 Prostate trouble
 - 214 Urination difficult or dribbling
 - 215 Go to restroom in middle of the night
 - 216 Depression
 - 217 Pain on the inside of legs and / or heels
 - 218 Feeling of incomplete bowel evacuation
 - 219 Lack of energy
 - 220 Aches and pains that seem to travel
 - 221 Get tired easily
 - 222 Avoid physical activity
 - 223 Leg nervousness / restlessness at night
 - 224 Diminished sex drive

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

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