

**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).

**GROUP ONE**

- |                                   |  |                                   |
|-----------------------------------|--|-----------------------------------|
| 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               |                                   |

**GROUP TWO**

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

**GROUP THREE**

- |   |  |   |
|---|--|---|
| 42 - 1 2 3 Eat when nervous               | 49 - 1 2 3 Heart palpitates if meals<br>missed or delayed              | 53 - 1 2 3 Crave candy or coffee<br>in afternoons         |
| 43 - 1 2 3 Excessive appetite             | 50 - 1 2 3 Afternoon headaches   | 54 - 1 2 3 Moods of depression -<br>"blues" or melancholy |
| 44 - 1 2 3 Hungry between meals           | 51 - 1 2 3 Overeating sweets upsets                                    | 55 - 1 2 3 Abnormal craving for<br>sweets or snacks       |
| 45 - 1 2 3 Irritable before meals         | 52 - 1 2 3 Awaken after few hours sleep<br>- 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 |  |   |

**GROUP FOUR**

- |   |   |  |
|---|---|--|
| 56 - 1 2 3 Hands and feet go to sleep<br>easily, numbness | 63 - 1 2 3 Get "drowsy" often   | 68 - 1 2 3 Bruise easily, "black<br>and blue" spots  |
| 57 - 1 2 3 Sigh frequently, "air<br>hunger"               | 64 - 1 2 3 Swollen ankles<br>worse at night                                       | 69 - 1 2 3 Tendency to anemia  |
| 58 - 1 2 3 Aware of "breathing<br>heavily"                | 65 - 1 2 3 Muscle cramps, worse<br>during exercise; get<br>"charley horses"       | 70 - 1 2 3 "Nose bleeds" frequent  |
| 59 - 1 2 3 High altitude discomfort                       | 66 - 1 2 3 Shortness of breath<br>on exertion                                     | 71 - 1 2 3 Noises in head, or<br>"ringing in ears"   |
| 60 - 1 2 3 Opens windows in<br>closed room                | 67 - 1 2 3 Dull pain in chest or<br>radiating into left arm,<br>worse on exertion | 72 - 1 2 3 Tension under the<br>breastbone, or feeling<br>of "tightness",<br>worse on exertion |
| 61 - 1 2 3 Susceptible to colds<br>and fevers             |   |  |
| 62 - 1 2 3 Afternoon "yawner"                             |   |  |

## GROUP FIVE

- |  |   |  |
|--|---|--|
| 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                     |   |  |

## GROUP SIX

- |   |   |   |
|---|---|---|
| 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     |

## GROUP SEVEN

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

**SYMPTOM SURVEY FORM - Page 3**

<b>GROUP EIGHT</b>	<b>FEMALE ONLY</b>	<b>MALE ONLY</b>
<b>173</b> - 1 2 3 Apprehension <b>174</b> - 1 2 3 Irritability <b>175</b> - 1 2 3 Morbid fears <b>176</b> - 1 2 3 Never seems to get well <b>177</b> - 1 2 3 Forgetfulness <b>178</b> - 1 2 3 Indigestion <b>179</b> - 1 2 3 Poor appetite <b>180</b> - 1 2 3 Craving for sweets <b>181</b> - 1 2 3 Muscular soreness <b>182</b> - 1 2 3 Depression; feelings of dread <b>183</b> - 1 2 3 Noise sensitivity <b>184</b> - 1 2 3 Acoustic hallucinations <b>185</b> - 1 2 3 Tendency to cry without reason <b>186</b> - 1 2 3 Hair is coarse and/or thinning <b>187</b> - 1 2 3 Weakness <b>188</b> - 1 2 3 Fatigue <b>189</b> - 1 2 3 Skin sensitive to touch <b>190</b> - 1 2 3 Tendency toward hives <b>191</b> - 1 2 3 Nervousness <b>192</b> - 1 2 3 Headache <b>193</b> - 1 2 3 Insomnia <b>194</b> - 1 2 3 Anxiety <b>195</b> - 1 2 3 Anorexia <b>196</b> - 1 2 3 Inability to concentrate; confusion <b>197</b> - 1 2 3 Frequent stuffy nose; sinus infections <b>198</b> - 1 2 3 Allergy to some foods <b>199</b> - 1 2 3 Loose joints	<b>200</b> - 1 2 3 Very easily fatigued <b>201</b> - 1 2 3 Premenstrual tension <b>202</b> - 1 2 3 Painful menses <b>203</b> - 1 2 3 Depressed feelings before menstruation <b>204</b> - 1 2 3 Menstruation excessive and prolonged <b>205</b> - 1 2 3 Painful breasts <b>206</b> - 1 2 3 Menstruate too frequently <b>207</b> - 1 2 3 Vaginal discharge <b>208</b> - 1 2 3 Hysterectomy/ovaries removed <b>209</b> - 1 2 3 Menopausal hot flashes <b>210</b> - 1 2 3 Menses scanty or missed <b>211</b> - 1 2 3 Acne, worse at menses <b>212</b> - 1 2 3 Depression of long standing	<b>213</b> - 1 2 3 Prostate trouble <b>214</b> - 1 2 3 Urination difficult or dribbling <b>215</b> - 1 2 3 Night urination frequent <b>216</b> - 1 2 3 Depression <b>217</b> - 1 2 3 Pain on inside of legs or heels <b>218</b> - 1 2 3 Feeling of incomplete bowel evacuation <b>219</b> - 1 2 3 Lack of energy <b>220</b> - 1 2 3 Migrating aches and pains <b>221</b> - 1 2 3 Tire too easily <b>222</b> - 1 2 3 Avoids activity <b>223</b> - 1 2 3 Leg nervousness at night <b>224</b> - 1 2 3 Diminished sex drive
<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. _____		
<b>(TO BE COMPLETED BY DOCTOR)</b> 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 _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>BARNES THYROID TEST</b></p> <p>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.</p> <p><b>PRE-MENSES FEMALES AND MENOPAUSAL FEMALES</b> Any two days during the month</p> <p><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><b>MALES</b> Any 2 days during the month.</p> </div> <div style="width: 48%;"> <p>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.</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> </div> </div>		

BP SIT _____	BP STAND _____
PULSE SIT _____	PULSE STAND _____
SALIVA PH _____	BLOOD TYPE _____