

SYMPTOM SURVEY FORM

Patient _____ Doctor Dr. Eric Chu Date _____
Birth Date ____/____/____ Approx Weight _____ Sex: Male Female
Pulse: Recumbent _____ Standing _____ Vegetarian: Yes No
Blood pressure: Recumbent ____/____ Standing ____/____ Ragland's Test is Positive

INSTRUCTIONS: Fill in only the circles which apply to you.

- ○ ○ MILD symptoms (occurred once or twice last 6 months).
○ ● ○ MODERATE symptoms (occurred once or twice last month).
○ ○ ● SEVERE symptoms (chronic, occurred once or twice last week).
○ ○ ○ Leave circles BLANK if they don't apply to you!

1 2 3

- 52 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep
53 ○ ○ ○ Crave candy or coffee in afternoons
54 ○ ○ ○ Moods of depression - "blues" or melancholy
55 ○ ○ ○ Abnormal craving for sweets or snacks

GROUP 4

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

GROUP 5

- 73 ○ ○ ○ Dizziness
74 ○ ○ ○ Dry skin
75 ○ ○ ○ Burning feet
76 ○ ○ ○ Blurred vision
77 ○ ○ ○ Itching skin and feet
78 ○ ○ ○ Excessive falling hair
79 ○ ○ ○ Frequent skin rashes
80 ○ ○ ○ Bitter, metallic taste in mouth in mornings
81 ○ ○ ○ Bowel movements painful or difficult
82 ○ ○ ○ Worrier, feels insecure
83 ○ ○ ○ Feeling queasy; headache over eyes
84 ○ ○ ○ Greasy foods upset
85 ○ ○ ○ Stools light colored
86 ○ ○ ○ Skin peels on foot soles
87 ○ ○ ○ Pain between shoulder blades
88 ○ ○ ○ Use laxatives
89 ○ ○ ○ Stools alternate from soft to watery
90 ○ ○ ○ History of gallbladder attacks or gallstones
91 ○ ○ ○ Sneezing attacks
92 ○ ○ ○ Dreaming, nightmare type bad dreams
93 ○ ○ ○ Bad breath (halitosis)
94 ○ ○ ○ Milk products cause distress
95 ○ ○ ○ Sensitive to hot weather
96 ○ ○ ○ Burning or itching anus
97 ○ ○ ○ Crave sweets

GROUP 6

- 98 ○ ○ ○ Loss of taste for meat
99 ○ ○ ○ Lower bowel gas several hours after eating
100 ○ ○ ○ Burning stomach sensations, eating relieves
101 ○ ○ ○ Coated tongue
102 ○ ○ ○ Pass large amounts of foul-smelling gas
103 ○ ○ ○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
104 ○ ○ ○ Mucous colitis or "irritable bowel"
105 ○ ○ ○ Gas shortly after eating
106 ○ ○ ○ Stomach "bloating" after eating

1 2 3 GROUP 1

- 1 ○ ○ ○ Acid foods upset
2 ○ ○ ○ Get chilled often
3 ○ ○ ○ "Lump" in throat
4 ○ ○ ○ Dry mouth-eyes-nose
5 ○ ○ ○ Pulse speeds after meal
6 ○ ○ ○ Keyed up - fail to calm
7 ○ ○ ○ Cut heals slowly
8 ○ ○ ○ Gag easily
9 ○ ○ ○ Unable to relax; startles easily
10 ○ ○ ○ Extremities cold, clammy
11 ○ ○ ○ Strong light irritates
12 ○ ○ ○ Urine amount reduced
13 ○ ○ ○ Heart pounds after retiring
14 ○ ○ ○ "Nervous" stomach
15 ○ ○ ○ Appetite reduced
16 ○ ○ ○ Cold sweats often
17 ○ ○ ○ Fever easily raised
18 ○ ○ ○ Neuralgia-like pains
19 ○ ○ ○ Staring, blinks little
20 ○ ○ ○ Sour stomach often

GROUP 2

- 21 ○ ○ ○ Joint stiffness on arising
22 ○ ○ ○ Muscle-leg-toe cramps at night
23 ○ ○ ○ "Butterfly" stomach, cramps
24 ○ ○ ○ Eyes or nose watery
25 ○ ○ ○ Eyes blink often
26 ○ ○ ○ Eyelids swollen, puffy
27 ○ ○ ○ Indigestion soon after meals
28 ○ ○ ○ Always seems hungry; feels "lightheaded" often
29 ○ ○ ○ Digestion rapid
30 ○ ○ ○ Vomiting frequent
31 ○ ○ ○ Hoarseness frequent
32 ○ ○ ○ Breathing irregular
33 ○ ○ ○ Pulse slow; feels "irregular"
34 ○ ○ ○ Gagging reflex slow
35 ○ ○ ○ Difficulty swallowing
36 ○ ○ ○ Constipation, diarrhea alternating
37 ○ ○ ○ "Slow starter"
38 ○ ○ ○ Get "chilled" infrequently
39 ○ ○ ○ Perspire easily
40 ○ ○ ○ Circulation poor, sensitive to cold
41 ○ ○ ○ Subject to colds, asthma, bronchitis

GROUP 3

- 42 ○ ○ ○ Eat when nervous
43 ○ ○ ○ Excessive appetite
44 ○ ○ ○ Hungry between meals
45 ○ ○ ○ Irritable before meals
46 ○ ○ ○ Get "shaky" if hungry
47 ○ ○ ○ Fatigue, eating relieves
48 ○ ○ ○ "Lightheaded" if meals delayed
49 ○ ○ ○ Heart palpitates if meals missed or delayed
50 ○ ○ ○ Afternoon headaches
51 ○ ○ ○ Overeating sweets upsets