

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

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

GROUP 2

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

GROUP 3

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

GROUP 4

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

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GROUP 5

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

GROUP 6

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

GROUP 7

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

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GROUP 8

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

FEMALE ONLY

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

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.