

SYSTEMS SURVEY FORM



Patient _____ Doctor _____ Date _____

Birth Date ____ / ____ / ____ Approx Weight _____ Vegetarian: Yes ** No **

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

GROUP 2

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

GROUP 3

- | | | |
|---------------------------------------|---|--|
| 42 ○○○ Eat when nervous | 49 ○○○ Heart palpitates if meals missed or delayed | 53 ○○○ Crave candy or coffee in afternoons |
| 43 ○○○ Excessive appetite | 50 ○○○ Afternoon headaches | 54 ○○○ Moods of depression - "blues" or melancholy |
| 44 ○○○ Hungry between meals | 51 ○○○ Overeating sweets upsets | 55 ○○○ Abnormal craving for sweets or snacks |
| 45 ○○○ Irritable before meals | 52 ○○○ Awaken after few hours sleep - hard to get back to sleep | |
| 46 ○○○ Get "shaky" if hungry | | |
| 47 ○○○ Fatigue, eating relieves | | |
| 48 ○○○ "Lightheaded" if meals delayed | | |

GROUP 4

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

SYSTEMS SURVEY FORM - PAGE 2

GROUP 5

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

GROUP 6

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

GROUP 7

- | | | |
|---|---|--|
| (A) | | (E) |
| 107 <input type="radio"/> <input type="radio"/> <input type="radio"/> Insomnia | | 150 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dizziness |
| 108 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nervousness | | 151 <input type="radio"/> <input type="radio"/> <input type="radio"/> Headaches |
| 109 <input type="radio"/> <input type="radio"/> <input type="radio"/> Can't gain weight | | 152 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hot flashes |
| 110 <input type="radio"/> <input type="radio"/> <input type="radio"/> Intolerance to heat | (C) | 153 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased blood pressure |
| 111 <input type="radio"/> <input type="radio"/> <input type="radio"/> Highly emotional | 137 <input type="radio"/> <input type="radio"/> <input type="radio"/> Failing memory | 154 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hair growth on face or body (female) |
| 112 <input type="radio"/> <input type="radio"/> <input type="radio"/> Flush easily | 138 <input type="radio"/> <input type="radio"/> <input type="radio"/> Low blood pressure | 155 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sugar in urine (not diabetes) |
| 113 <input type="radio"/> <input type="radio"/> <input type="radio"/> Night sweats | 139 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased sex drive | 156 <input type="radio"/> <input type="radio"/> <input type="radio"/> Masculine tendencies (female) |
| 114 <input type="radio"/> <input type="radio"/> <input type="radio"/> Thin, moist skin | 140 <input type="radio"/> <input type="radio"/> <input type="radio"/> Headaches, "splitting or rending" type | |
| 115 <input type="radio"/> <input type="radio"/> <input type="radio"/> Inward trembling | 141 <input type="radio"/> <input type="radio"/> <input type="radio"/> Decreased sugar tolerance | |
| 116 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart palpitates | | |
| 117 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased appetite without weight gain | (D) | (F) |
| 118 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pulse fast at rest | 142 <input type="radio"/> <input type="radio"/> <input type="radio"/> Abnormal thirst | 157 <input type="radio"/> <input type="radio"/> <input type="radio"/> Weakness, dizziness |
| 119 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyelids and face twitch | 143 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bloating of abdomen | 158 <input type="radio"/> <input type="radio"/> <input type="radio"/> Chronic fatigue |
| 120 <input type="radio"/> <input type="radio"/> <input type="radio"/> Irritable and restless | 144 <input type="radio"/> <input type="radio"/> <input type="radio"/> Weight gain around hips or waist | 159 <input type="radio"/> <input type="radio"/> <input type="radio"/> Low blood pressure |
| 121 <input type="radio"/> <input type="radio"/> <input type="radio"/> Can't work under pressure | 145 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sex drive reduced or lacking | 160 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nails weak, ridged |
| (B) | 146 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to ulcers, colitis | 161 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to hives |
| 122 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increase in weight | 147 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased sugar tolerance | 162 <input type="radio"/> <input type="radio"/> <input type="radio"/> Arthritic tendencies |
| 123 <input type="radio"/> <input type="radio"/> <input type="radio"/> Decrease in appetite | 148 <input type="radio"/> <input type="radio"/> <input type="radio"/> Women: menstrual disorders | 163 <input type="radio"/> <input type="radio"/> <input type="radio"/> Perspiration increase |
| 124 <input type="radio"/> <input type="radio"/> <input type="radio"/> Fatigue easily | 149 <input type="radio"/> <input type="radio"/> <input type="radio"/> Young girls: lack of menstrual function | 164 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bowel disorders |
| 125 <input type="radio"/> <input type="radio"/> <input type="radio"/> Ringing in ears | | 165 <input type="radio"/> <input type="radio"/> <input type="radio"/> Poor circulation |
| 126 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sleepy during day | | 166 <input type="radio"/> <input type="radio"/> <input type="radio"/> Swollen ankles |
| 127 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sensitive to cold | | 167 <input type="radio"/> <input type="radio"/> <input type="radio"/> Crave salt |
| 128 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dry or scaly skin | | 168 <input type="radio"/> <input type="radio"/> <input type="radio"/> Brown spots or bronzing of skin |
| 129 <input type="radio"/> <input type="radio"/> <input type="radio"/> Constipation | | 169 <input type="radio"/> <input type="radio"/> <input type="radio"/> Allergies - tendency to asthma |
| 130 <input type="radio"/> <input type="radio"/> <input type="radio"/> Mental sluggishness | | 170 <input type="radio"/> <input type="radio"/> <input type="radio"/> Weakness after colds, influenza |
| 131 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hair coarse, falls out | | 171 <input type="radio"/> <input type="radio"/> <input type="radio"/> Exhaustion - muscular and nervous |
| 132 <input type="radio"/> <input type="radio"/> <input type="radio"/> Headaches upon arising, wear off during day | | 172 <input type="radio"/> <input type="radio"/> <input type="radio"/> Respiratory disorders |
| 133 <input type="radio"/> <input type="radio"/> <input type="radio"/> Slow pulse, below 65 | | |
| 134 <input type="radio"/> <input type="radio"/> <input type="radio"/> Frequency of urination | | |
| 135 <input type="radio"/> <input type="radio"/> <input type="radio"/> Impaired hearing | | |
| 136 <input type="radio"/> <input type="radio"/> <input type="radio"/> Reduced initiative | | |

SYSTEMS SURVEY FORM - PAGE 3

-GROUP 8-

- | | 1 | 2 | 3 | | 1 | 2 | 3 | | 1 | 2 | 3 | | |
|-----|-----------------------|-----------------------|-----------------------|-------------------------------|-----|-----------------------|-----------------------|-----------------------|--------------------------------|-----|-----------------------|-----------------------|---|
| 173 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Apprehension | 183 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Noise sensitivity | 193 | <input type="radio"/> | <input type="radio"/> | Insomnia |
| 174 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Irritability | 184 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Acoustic hallucinations | 194 | <input type="radio"/> | <input type="radio"/> | Anxiety |
| 175 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Morbid fears | 185 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tendency to cry without reason | 195 | <input type="radio"/> | <input type="radio"/> | Anorexia |
| 176 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Never seems to get well | 186 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hair is coarse and/or thinning | 196 | <input type="radio"/> | <input type="radio"/> | Inability to concentrate;
confusion |
| 177 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Forgetfulness | 187 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Weakness | 197 | <input type="radio"/> | <input type="radio"/> | Frequent stuffy nose; sinus
infections |
| 178 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Indigestion | 188 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fatigue | 198 | <input type="radio"/> | <input type="radio"/> | Allergy to some foods |
| 179 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Poor appetite | 189 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Skin sensitive to touch | 199 | <input type="radio"/> | <input type="radio"/> | Loose joints |
| 180 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Craving for sweets | 190 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tendency toward hives | | | | |
| 181 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Muscular soreness | 191 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nervousness | | | | |
| 182 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depression; feelings of dread | 192 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Headache | | | | |

-FEMALE ONLY-

- | | 1 | 2 | 3 | | | 1 | 2 | 3 | | |
|-----|-----------------------|-----------------------|-----------------------|--|--|-----|-----------------------|-----------------------|-----------------------|--------------------------------|
| 200 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very easily fatigued | | 206 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Menstruate too frequently |
| 201 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Premenstrual tension | | 207 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Vaginal discharge |
| 202 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Painful menses | | 208 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hysterectomy / ovaries removed |
| 203 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depressed feelings before menstruation | | 209 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Menopausal hot flashes |
| 204 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Menstruation excessive and prolonged | | 210 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Menses scanty or missed |
| 205 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Painful breasts | | 211 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Acne, worse at menses |
| | | | | | | 212 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depression of long standing |

-MALE ONLY-

- | | 1 | 2 | 3 | |
|-----|---|---|---|--|
| 213 | ○ | ○ | ○ | Prostate trouble |
| 214 | ○ | ○ | ○ | Urination difficult or dribbling |
| 215 | ○ | ○ | ○ | Night urination frequent |
| 216 | ○ | ○ | ○ | Depression |
| 217 | ○ | ○ | ○ | Pain on inside of legs or heels |
| 218 | ○ | ○ | ○ | Feeling of incomplete bowel evacuation |
| 219 | ○ | ○ | ○ | Lack of energy |
| 220 | ○ | ○ | ○ | Migrating aches and pains |
| 221 | ○ | ○ | ○ | Tire too easily |
| 222 | ○ | ○ | ○ | Avoids activity |
| 223 | ○ | ○ | ○ | Leg nervousness at night |
| 224 | ○ | ○ | ○ | 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

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.

Date _____ Temperature _____

Date _____ Temperature _____

Date _____ Temperature _____

Date _____ Temperature _____

Date _____ Temperature _____

Date _____ Temperature _____

Date _____ Temperature _____