

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 ○○○○ 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

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

- | | | |
|--|---|--|
| 1 2 3
73 ○○○ Dizziness | 1 2 3
83 ○○○ Feeling queasy; headache over eyes | 1 2 3
91 ○○○ Sneezing attacks |
| 74 ○○○ Dry skin | | 92 ○○○ Dreaming, nightmare type bad dreams |
| 75 ○○○ Burning feet | 84 ○○○ Greasy foods upset | |
| 76 ○○○ Blurred vision | 85 ○○○ Stools light colored | 93 ○○○ Bad breath (halitosis) |
| 77 ○○○ Itching skin and feet | 86 ○○○ Skin peels on foot soles | 94 ○○○ Milk products cause distress |
| 78 ○○○ Excessive falling hair | 87 ○○○ Pain between shoulder blades | 95 ○○○ Sensitive to hot weather |
| 79 ○○○ Frequent skin rashes | 88 ○○○ Use laxatives | 96 ○○○ Burning or itching anus |
| 80 ○○○ Bitter, metallic taste in mouth in mornings | 89 ○○○ Stools alternate from soft to watery | 97 ○○○ Crave sweets |
| 81 ○○○ Bowel movements painful or difficult | 90 ○○○ History of gallbladder attacks or gallstones | |
| 82 ○○○ Worrier, feels insecure | | |

GROUP 6

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

GROUP 7

- | | | |
|---|---|--|
| 1 2 3
107 ○○○ Insomnia | | 1 2 3
150 ○○○ Dizziness |
| 108 ○○○ Nervousness | | 151 ○○○ Headaches |
| 109 ○○○ Can't gain weight | | 152 ○○○ Hot flashes |
| 110 ○○○ Intolerance to heat | 1 2 3
137 ○○○ Failing memory | 153 ○○○ Increased blood pressure |
| 111 ○○○ Highly emotional | 138 ○○○ Low blood pressure | |
| 112 ○○○ Flush easily | 139 ○○○ Increased sex drive | 154 ○○○ Hair growth on face or body (female) |
| 113 ○○○ Night sweats | 140 ○○○ Headaches, "splitting or rending" type | 155 ○○○ Sugar in urine (not diabetes) |
| 114 ○○○ Thin, moist skin | 141 ○○○ Decreased sugar tolerance | 156 ○○○ Masculine tendencies (female) |
| 115 ○○○ Inward trembling | | |
| 116 ○○○ Heart palpitates | | |
| 117 ○○○ Increased appetite without weight gain | | |
| 118 ○○○ Pulse fast at rest | 1 2 3
142 ○○○ Abnormal thirst | 1 2 3
157 ○○○ Weakness, dizziness |
| 119 ○○○ Eyelids and face twitch | 143 ○○○ Bloating of abdomen | 158 ○○○ Chronic fatigue |
| 120 ○○○ Irritable and restless | 144 ○○○ Weight gain around hips or waist | 159 ○○○ Low blood pressure |
| 121 ○○○ Can't work under pressure | 145 ○○○ Sex drive reduced or lacking | 160 ○○○ Nails weak, ridged |
| | 146 ○○○ Tendency to ulcers, colitis | 161 ○○○ Tendency to hives |
| 1 2 3
122 ○○○ Increase in weight | 147 ○○○ Increased sugar tolerance | 162 ○○○ Arthritic tendencies |
| 123 ○○○ Decrease in appetite | 148 ○○○ Women: menstrual disorders | 163 ○○○ Perspiration increase |
| 124 ○○○ Fatigue easily | 149 ○○○ Young girls: lack of menstrual function | 164 ○○○ Bowel disorders |
| 125 ○○○ Ringing in ears | | 165 ○○○ Poor circulation |
| 126 ○○○ Sleepy during day | | 166 ○○○ Swollen ankles |
| 127 ○○○ Sensitive to cold | | 167 ○○○ Crave salt |
| 128 ○○○ Dry or scaly skin | | 168 ○○○ Brown spots or bronzing of skin |
| 129 ○○○ Constipation | | 169 ○○○ Allergies - tendency to asthma |
| 130 ○○○ Mental sluggishness | | 170 ○○○ Weakness after colds, influenza |
| 131 ○○○ Hair coarse, falls out | | 171 ○○○ Exhaustion - muscular and nervous |
| 132 ○○○ Headaches upon arising, wear off during day | | 172 ○○○ Respiratory disorders |
| 133 ○○○ Slow pulse, below 65 | | |
| 134 ○○○ Frequency of urination | | |
| 135 ○○○ Impaired hearing | | |
| 136 ○○○ Reduced initiative | | |

SYSTEMS SURVEY FORM - PAGE 3

-GROUP 8-

	1	2	3		1	2	3		1	2	3			
173	○	○	○	Muscle weakness	183	○	○	○	Tendency to consume sweets or carbohydrates	192	○	○	○	Visible veins on chest and abdomen
174	○	○	○	Lack of Stamina										
175	○	○	○	Drowsiness after eating	184	○	○	○	Muscle spasms	193	○	○	○	Hemorrhoids
176	○	○	○	Muscular soreness	185	○	○	○	Blurred vision	194	○	○	○	Apprehension (feeling that something bad will happen)
177	○	○	○	Rapid heart beat	186	○	○	○	Loss of muscular control					
178	○	○	○	Hyper-irritable	187	○	○	○	Numbness	195	○	○	○	Nervousness causing loss of appetite
179	○	○	○	Feeling of a band around your head	188	○	○	○	Night sweats	196	○	○	○	Nervousness with indigestion
180	○	○	○	Melancholia (feeling of sadness)	189	○	○	○	Rapid digestion	197	○	○	○	Gastritis
181	○	○	○	Swelling of ankles	190	○	○	○	Sensitivity to noise	198	○	○	○	Forgetfulness
182	○	○	○	Diminished urination	191	○	○	○	Redness of palms of hands and bottom of feet	199	○	○	○	Thinning hair

~~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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prostate trouble
214	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urination difficult or dribbling
215	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Night urination frequent
216	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression
217	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain on inside of legs or heels
218	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling of incomplete bowel evacuation
219	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lack of energy
220	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Migrating aches and pains
221	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tire too easily
222	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Avoids activity
223	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Leg nervousness at night
224	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.

[illegible]