

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

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|--|--|--------------------------------------|
| 20 ○○○○ Joint stiffness on arising | 28 ○○○○ Digestion rapid | 36 ○○○○ "Slow starter" |
| 21 ○○○○ Muscle-leg-toe cramps at night | 29 ○○○○ Vomiting 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

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

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

GROUP 6

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

GROUP 7

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

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GROUP 8

- | | | | | |
|-----|---|---|---|------------------------------------|
| 165 | 1 | 2 | 3 | Muscle weakness |
| 166 | 1 | 2 | 3 | Lack of Stamina |
| 167 | 1 | 2 | 3 | Drowsiness after eating |
| 168 | 1 | 2 | 3 | Muscular soreness |
| 169 | 1 | 2 | 3 | Heart races |
| 170 | 1 | 2 | 3 | Hyper-irritable |
| 171 | 1 | 2 | 3 | Feeling of a band around your head |
| 172 | 1 | 2 | 3 | Melancholia (feeling of sadness) |
| 173 | 1 | 2 | 3 | Swelling of ankles |
| 174 | 1 | 2 | 3 | Change in urinary function |

- | | | | | |
|-----|---|---|---|--|
| 175 | 1 | 2 | 3 | Tendency to consume sweets or carbohydrates |
| 176 | 1 | 2 | 3 | Muscle spasms |
| 177 | 1 | 2 | 3 | Blurred vision |
| 178 | 1 | 2 | 3 | Involuntary muscle action |
| 179 | 1 | 2 | 3 | Numbness |
| 180 | 1 | 2 | 3 | Night sweats |
| 181 | 1 | 2 | 3 | Rapid digestion |
| 182 | 1 | 2 | 3 | Sensitivity to noise |
| 183 | 1 | 2 | 3 | Redness of palms of hands and bottom of feet |

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|-----|---|---|---|---|
| 184 | 1 | 2 | 3 | Visible veins on chest and abdomen |
| 185 | 1 | 2 | 3 | Hemorrhoids |
| 186 | 1 | 2 | 3 | Apprehension (feeling that something bad will happen) |
| 187 | 1 | 2 | 3 | Nervousness causing loss of appetite |
| 188 | 1 | 2 | 3 | Nervousness with indigestion |
| 189 | 1 | 2 | 3 | Gastritis |
| 190 | 1 | 2 | 3 | Forgetfulness |
| 191 | 1 | 2 | 3 | Thinning hair |

FEMALE ONLY

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

MALE ONLY

- | | | | | |
|-----|---|---|---|--|
| 202 | 1 | 2 | 3 | Less involved in exercise/social activities |
| 203 | 1 | 2 | 3 | Difficult to postpone urination |
| 204 | 1 | 2 | 3 | Weak urinary stream |
| 205 | 1 | 2 | 3 | Feeling of "blues" or melancholy |
| 206 | 1 | 2 | 3 | Feeling of incomplete bowel evacuation |
| 207 | 1 | 2 | 3 | Lack of energy |
| 208 | 1 | 2 | 3 | Muscles in arms and legs seem softer/smaller |
| 209 | 1 | 2 | 3 | Tire too easily |
| 210 | 1 | 2 | 3 | Avoids activity |
| 211 | 1 | 2 | 3 | Leg nervousness at night |
| 212 | 1 | 2 | 3 | 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.

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Please list any medications you are taking:

☐ No Medications

Please list any vitamins, herbs, or supplements you are taking:

☐ No Vitamins

Please list any allergies you have:

☐ No Allergies

Please list any surgeries you have had in the past 12 months:

☐ No Recent Surgeries

Please list any other surgeries or medical procedures you have had:

☐ No Other Surgeries

TO BE COMPLETED BY DOCTOR

Blood Pressure: Recumbent _____ Standing _____

Pulse: Recumbent _____ Standing _____

Hema-Combistix Urine Readings: pH _____ Albumin % _____ Glucose % _____

Occult Blood _____ pH of Saliva _____ pH of Stool Specimen _____

Blood Clotting Time _____ Hemoglobin _____ Blood Type _____ Weight _____