

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

GROUP 2

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

GROUP 3

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

GROUP 4

- | | | |
|--|---|---|
| 56 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hands and feet go to sleep easily, numbness | 63 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get "drowsy" often | 68 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bruise easily, "black and blue" spots |
| 57 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sigh frequently, "air hunger" | 64 <input type="radio"/> <input type="radio"/> <input type="radio"/> Swollen ankles, worse at night | 69 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to anemia |
| 58 <input type="radio"/> <input type="radio"/> <input type="radio"/> Aware of "breathing heavily" | 65 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle cramps, worse during exercise; get "charley horses" | 70 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Nose bleeds" frequent |
| 59 <input type="radio"/> <input type="radio"/> <input type="radio"/> High altitude discomfort | 66 <input type="radio"/> <input type="radio"/> <input type="radio"/> Shortness of breath on exertion | 71 <input type="radio"/> <input type="radio"/> <input type="radio"/> Noises in head, or "ringing in ears" |
| 60 <input type="radio"/> <input type="radio"/> <input type="radio"/> Opens windows in closed rooms | 67 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dull pain in chest or radiating into left arm, worse on exertion | 72 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 <input type="radio"/> <input type="radio"/> <input type="radio"/> Susceptible to colds and fevers | | |
| 62 <input type="radio"/> <input type="radio"/> <input type="radio"/> 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 | |
| 100 ○○○ Burning stomach sensations, eating relieves | 103 ○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs. | 105 ○○○ Gas shortly after eating |
| | | 106 ○○○ Stomach "bloating" after |

GROUP 7

- | | | |
|---|---|--|
| (A)
1 2 3
107 ○○○ Insomnia | | (E)
1 2 3
150 ○○○ Dizziness |
| 108 ○○○ Nervousness | | 151 ○○○ Headaches |
| 109 ○○○ Can't gain weight | | 152 ○○○ Hot flashes |
| 110 ○○○ Intolerance to heat | (C)
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 | (D)
1 2 3
142 ○○○ Abnormal thirst | (F)
1 2 3
157 ○○○ Weakness, dizziness |
| 117 ○○○ Increased appetite without weight gain | 143 ○○○ Bloating of abdomen | 158 ○○○ Chronic fatigue |
| 118 ○○○ Pulse fast at rest | 144 ○○○ Weight gain around hips or waist | 159 ○○○ Low blood pressure |
| 119 ○○○ Eyelids and face twitch | 145 ○○○ Sex drive reduced or lacking | 160 ○○○ Nails weak, ridged |
| 120 ○○○ Irritable and restless | 146 ○○○ Tendency to ulcers, colitis | 161 ○○○ Tendency to hives |
| 121 ○○○ Can't work under pressure | 147 ○○○ Increased sugar tolerance | 162 ○○○ Arthritic tendencies |
| (B)
1 2 3
122 ○○○ Increase in weight | 148 ○○○ Women: menstrual disorders | 163 ○○○ Perspiration increase |
| 123 ○○○ Decrease in appetite | 149 ○○○ Young girls: lack of menstrual function | 164 ○○○ Bowel disorders |
| 124 ○○○ Fatigue easily | | 165 ○○○ Poor circulation |
| 125 ○○○ Ringing in ears | | 166 ○○○ Swollen ankles |
| 126 ○○○ Sleepy during day | | 167 ○○○ Crave salt |
| 127 ○○○ Sensitive to cold | | 168 ○○○ Brown spots or bronzing of skin |
| 128 ○○○ Dry or scaly skin | | 169 ○○○ Allergies - tendency to asthma |
| 129 ○○○ Constipation | | 170 ○○○ Weakness after colds, influenza |
| 130 ○○○ Mental sluggishness | | 171 ○○○ Exhaustion - muscular and nervous |
| 131 ○○○ Hair coarse, falls out | | 172 ○○○ Respiratory disorders |
| 132 ○○○ Headaches upon arising, wear off during day | | |
| 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscle weakness	183	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tendency to consume sweets or carbohydrates	192	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Visible veins on chest and abdomen
174	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lack of Stamina										
175	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drowsiness after eating	184	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscle spasms	193	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hemorrhoids
176	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscular soreness	185	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blurred vision	194	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Apprehension (feeling that something bad will happen)
177	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rapid heart beat	186	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of muscular control					
178	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hyper-irritable	187	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Numbness	195	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervousness causing loss of appetite
179	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling of a band around your head	188	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Night sweats					
					189	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rapid digestion	196	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervousness with indigestion
180	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Melancholia (feeling of sadness)	190	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sensitivity to noise	197	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gastritis
181	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swelling of ankles	191	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redness of palms of hands and bottom of feet	198	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Forgetfulness
182	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diminished urination						199	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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]

SYSTEMS SURVEY FORM - PAGE 4

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 _____

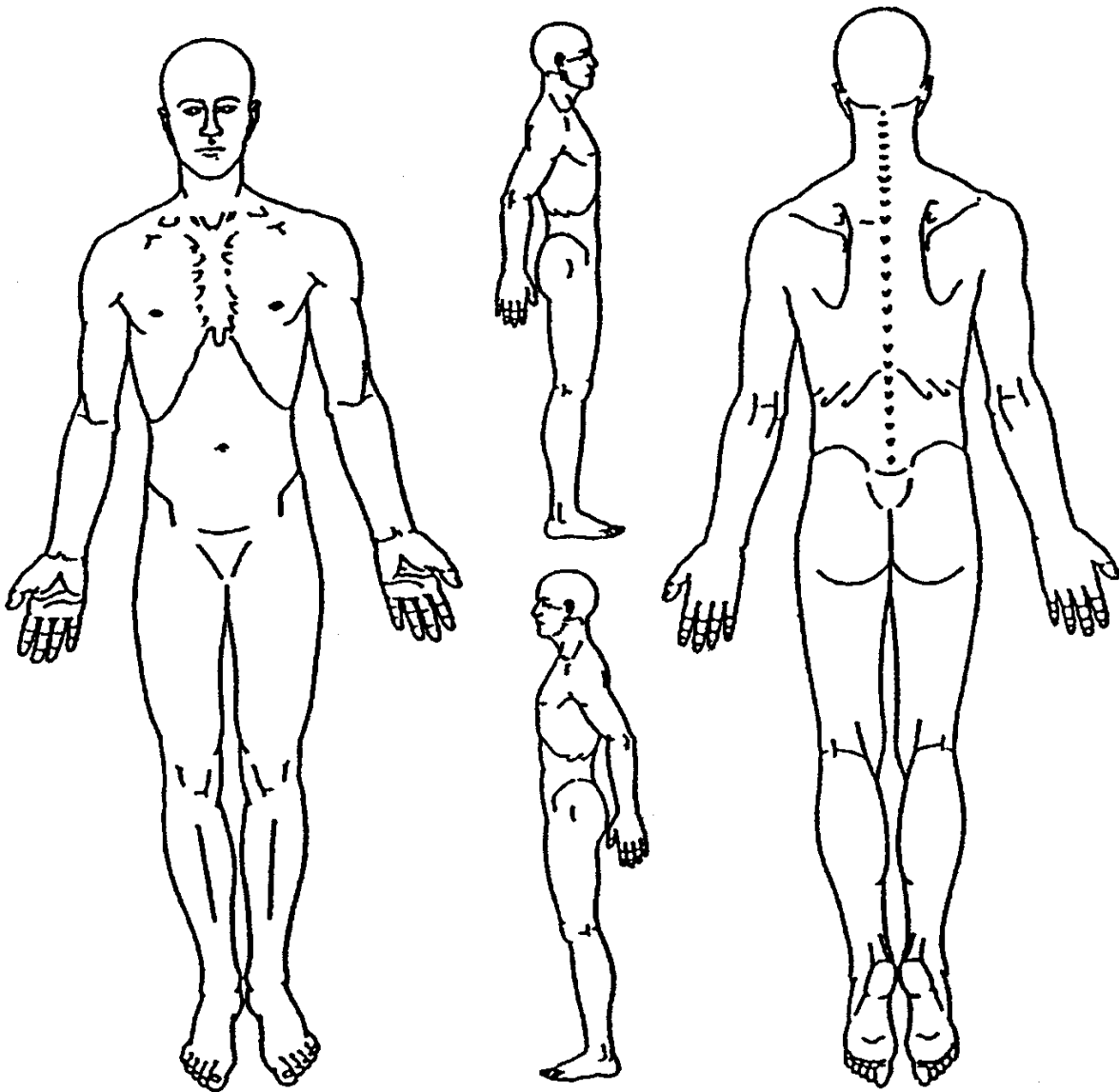
Blood Clotting Time _____ Hemoglobin _____ Blood Type _____ Weight _____

SYSTEMS SURVEY FORM - PAGE 5

Use the letters listed below to indicate the type and location of your pain and sensations:

KEY

A = ACHE
B = BURNING
S = STABBING
N = NUMBNESS
P = PINS & NEEDLES
O = OTHER



PLEASE INDICATE THE LEVEL OF PAIN YOU ARE EXPERIENCING

NO PAIN

SEVERE PAIN

0 1 2 3 4 5 6 7 8 9 10

Patient Signature _____ Date _____