

SYSTEMS SURVEY FORM



Client _____ Clinician _____ 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

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

GROUP 2

- | | | |
|--|---|---|
| <p>1 2 3
20 ○○○ Joint stiffness on arising
21 ○○○ Muscle-leg-toe cramps at night
22 ○○○ "Butterfly" stomach, cramps
23 ○○○ Eyes or nose watery
24 ○○○ Eyes blink often
25 ○○○ Eyelids swollen, puffy
26 ○○○ Indigestion soon after meals
27 ○○○ Always seems hungry; feels "lightheaded" often</p> | <p>1 2 3
28 ○○○ Digestion rapid
29 ○○○ Vomiting occasionally
30 ○○○ Hoarseness frequent
31 ○○○ Uneven breathing
32 ○○○ Pulse slow
33 ○○○ Gagging reflex slow
34 ○○○ Difficulty swallowing
35 ○○○ Temporary constipation or diarrhea</p> | <p>1 2 3
36 ○○○ "Slow starter"
37 ○○○ Get "chilled"
38 ○○○ Perspire easily
39 ○○○ Sensitive to cold
40 ○○○ Upper respiratory challenges</p> |
|--|---|---|

GROUP 3

- | | | |
|---|--|---|
| <p>1 2 3
41 ○○○ Eat when nervous
42 ○○○ Excessive appetite
43 ○○○ Hungry between meals
44 ○○○ Irritable before meals
45 ○○○ Get "shaky" if hungry
46 ○○○ Fatigue, eating relieves
47 ○○○ "Lightheaded" if meals delayed</p> | <p>1 2 3
48 ○○○ Heart palpitates if meals missed or delayed
49 ○○○ Fatigue in afternoons
50 ○○○ Overeating sweets upsets
51 ○○○ Awaken after few hours sleep - hard to get back to sleep</p> | <p>1 2 3
52 ○○○ Crave candy or coffee in afternoons
53 ○○○ Moods of "blues" or melancholy
54 ○○○ Craving for sweets or snacks</p> |
|---|--|---|

GROUP 4

- | | | |
|---|--|---|
| <p>1 2 3
55 ○○○ Hands and feet go to sleep easily, numbness
56 ○○○ Sigh frequently, "air hunger"
57 ○○○ Aware of "breathing heavily"
58 ○○○ High altitude discomfort
59 ○○○ Opens windows in closed rooms
60 ○○○ Immune system challenges
61 ○○○ Afternoon "yawner"</p> | <p>1 2 3
62 ○○○ Get "drowsy" often
63 ○○○ Swollen ankles, worse at night
64 ○○○ Muscle cramps, worse during exercise; get "charley horses"
65 ○○○ Difficulty catching breath especially during exercise
66 ○○○ Tightness or pressure in chest, worse on exertion</p> | <p>1 2 3
67 ○○○ Skin discolors easily after impact
68 ○○○ Tendency to anemia
69 ○○○ Noises in head, or "ringing in ears"
70 ○○○ Fatigue upon exertion</p> |
|---|--|---|

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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>1 2 3 (A)</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>1 2 3 (C)</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>1 2 3 (E)</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>1 2 3 (B)</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>1 2 3 (D)</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 ○○○ Increased sugar tolerance</p> <p>144 ○○○ Menstrual disorders</p> | <p>1 2 3 (F)</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> |

SYSTEMS SURVEY FORM - PAGE 3

GROUP 8

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

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

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 CLINICIAN

Blood Pressure: Recumbent _____ Standing _____

Pulse: Recumbent _____ Standing _____

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

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

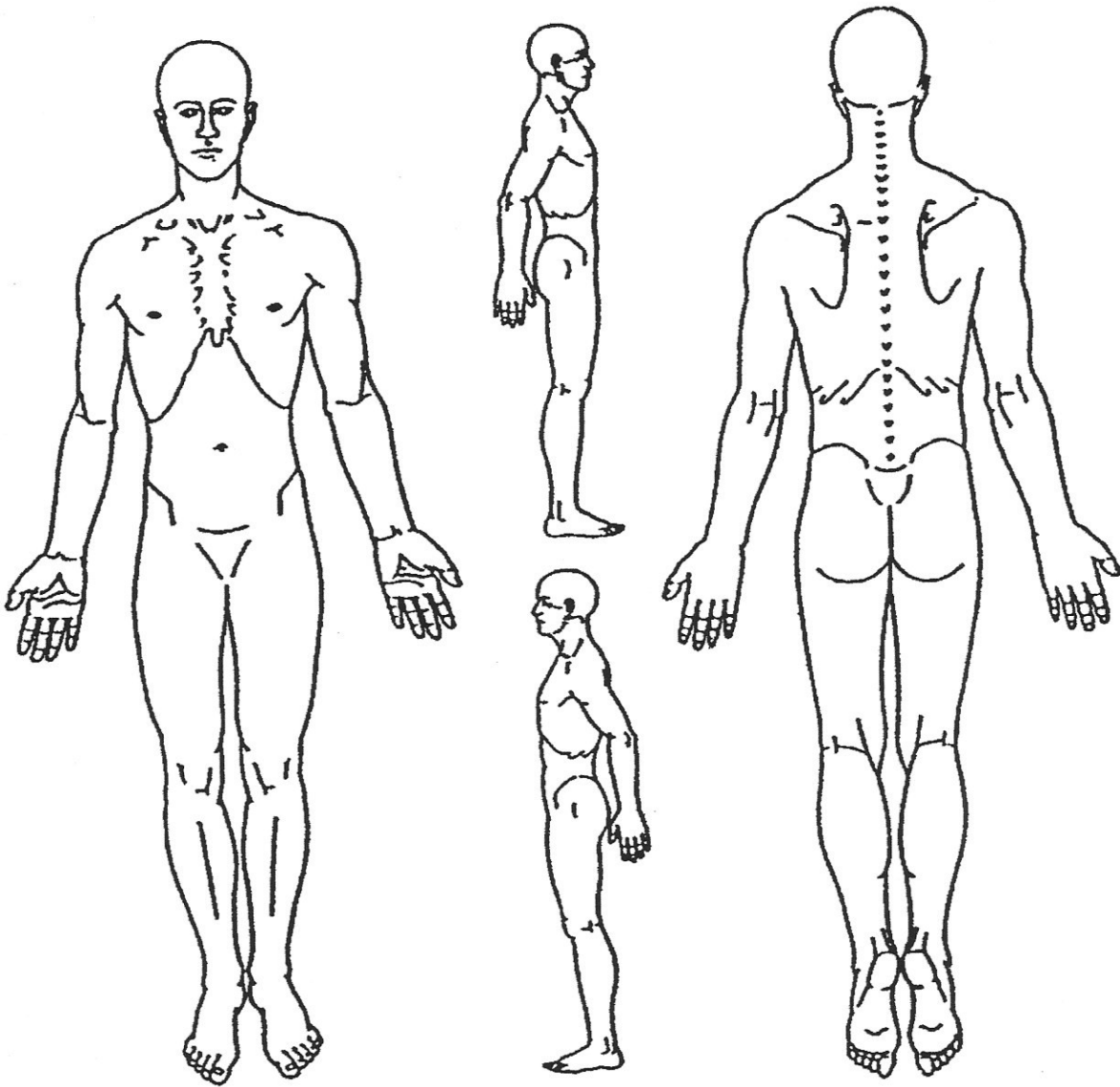
Blood Clotting Time _____ Hemoglobin _____ Blood Type _____ Weight _____

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

Client Signature _____ Date _____