

SYSTEMS SURVEY FORM

Restricted to Professional Use

NAME: _____

AGE: _____

HEALTH CARE PROFESSIONAL: _____

DATE: _____

Circle the corresponding number.

1	MILD symptom (occurs rarely)	2	MODERATE symptom (occurs several times a month)	3	SEVERE symptom (occurs almost constantly)
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GROUP 1

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

1	2	3	TOTAL
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GROUP 2

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

1	2	3	TOTAL
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GROUP 3

41.	1	2	3	Eat when nervous
42.	1	2	3	Excessive appetite
43.	1	2	3	Hungry between meals
44.	1	2	3	Irritable before meals

45.	1	2	3	Get "shaky" if hungry
46.	1	2	3	Fatigue, eating relieves
47.	1	2	3	"Lightheaded" if meals delayed
48.	1	2	3	Heart palpitates if meals missed or delayed
49.	1	2	3	Fatigue in afternoon
50.	1	2	3	Overeating sweets upsets
51.	1	2	3	Awaken after few hours sleep, hard to get back to sleep
52.	1	2	3	Crave candy or coffee in afternoon
53.	1	2	3	Moods of "blues" or melancholy
54.	1	2	3	Craving for sweets or snacks

1	2	3	TOTAL
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GROUP 4

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

1	2	3	TOTAL
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GROUP 5

71.	1	2	3	Dizziness
72.	1	2	3	Dry skin
73.	1	2	3	Burning feet
74.	1	2	3	Blurred vision
75.	1	2	3	Itching skin and feet
76.	1	2	3	Hair loss
77.	1	2	3	Occasional skin rashes
78.	1	2	3	Bitter, metallic taste in mouth in morning
79.	1	2	3	Occasional constipation
80.	1	2	3	Worrier, feels insecure
81.	1	2	3	Nausea occasionally after eating
82.	1	2	3	Greasy foods upset
83.	1	2	3	Stools light-colored

84.	1	2	3	Skin peels on foot soles
85.	1	2	3	Discomfort between shoulder blades
86.	1	2	3	Occasional laxative use
87.	1	2	3	Stools alternate from soft to watery
88.	1	2	3	Sneezing attacks
89.	1	2	3	Dreaming, nightmare-type bad dreams
90.	1	2	3	Bad breath (halitosis)
91.	1	2	3	Milk products cause upset
92.	1	2	3	Sensitive to hot weather
93.	1	2	3	Burning or itching anus
94.	1	2	3	Crave sweets

1	2	3	TOTAL
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GROUP 6

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

1	2	3	TOTAL
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GROUP 7A

104.	1	2	3	Difficulty sleeping
105.	1	2	3	On edge
106.	1	2	3	Can't gain weight
107.	1	2	3	Intolerance to heat
108.	1	2	3	Highly emotional
109.	1	2	3	Flush easily
110.	1	2	3	Night sweats
111.	1	2	3	Thin, moist skin
112.	1	2	3	Inward trembling
113.	1	2	3	Heart races
114.	1	2	3	Increased appetite without weight gain
115.	1	2	3	Pulse fast at rest
116.	1	2	3	Eyelids and face twitch
117.	1	2	3	Irritable and restless
118.	1	2	3	Can't work under pressure

1	2	3	TOTAL
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**GROUP 7B**

119.	1	2	3	Increase in weight
120.	1	2	3	Decrease in appetite
121.	1	2	3	Fatigue easily
122.	1	2	3	Ringing in ears
123.	1	2	3	Sleepy during day
124.	1	2	3	Sensitive to cold
125.	1	2	3	Dry or scaly skin
126.	1	2	3	Temporary constipation
127.	1	2	3	Mental sluggishness
128.	1	2	3	Hair coarse, falls out
129.	1	2	3	Tension in head upon arising wears off during day
130.	1	2	3	Slow pulse below 65
131.	1	2	3	Changing urinary function
132.	1	2	3	Sounds appear diminished
133.	1	2	3	Reduced initiative

1 2 3 TOTAL

GROUP 7C

134.	1	2	3	Failing memory with age
135.	1	2	3	Increased sex drive
136.	1	2	3	Episodes of tension in head
137.	1	2	3	Decreased sugar tolerance

1 2 3 TOTAL

GROUP 7D

138.	1	2	3	Abnormal thirst
139.	1	2	3	Bloating of abdomen
140.	1	2	3	Weight gain around hips or waist
141.	1	2	3	Sex drive reduced or lacking
142.	1	2	3	Tendency for stomach issues
143.	1	2	3	Immune system challenges
144.	1	2	3	Menstrual disorders

1 2 3 TOTAL

GROUP 7E

145.	1	2	3	Dizziness
146.	1	2	3	Headaches
147.	1	2	3	Hot flashes
148.	1	2	3	Hair growth on face or body (female)

149.	1	2	3	Sugar in urine (not diabetes)
150.	1	2	3	Masculine tendencies (female)

1 2 3 TOTAL

GROUP 7F

151.	1	2	3	Weakness, dizziness
152.	1	2	3	Tired throughout day
153.	1	2	3	Nails weak, ridged
154.	1	2	3	Sensitive skin
155.	1	2	3	Stiff joints
156.	1	2	3	Perspiration increase
157.	1	2	3	Bowel discomfort
158.	1	2	3	Poor circulation
159.	1	2	3	Swollen ankles
160.	1	2	3	Crave salt
161.	1	2	3	Areas of skin darkening
162.	1	2	3	Upper respiratory sensitivity
163.	1	2	3	Tiredness
164.	1	2	3	Breathing challenges

1 2 3 TOTAL

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	Hyperirritable
171.	1	2	3	Feeling of a band around 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/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
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185.	1	2	3	Hemorrhoids
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186.	1	2	3	Apprehension (feeling that something bad is going to happen)
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187.	1	2	3	Nervousness causing loss of appetite
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188.	1	2	3	Nervousness with indigestion
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189.	1	2	3	Gastritis
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190.	1	2	3	Forgetfulness
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191.	1	2	3	Thinning hair
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1 2 3 TOTAL

FEMALE ONLY

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

MALE ONLY

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

IMPORTANT | Please list below the five main physical complaints you have in order of their importance.

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|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**Digestion**

_____ Hydrochloric
_____ Acid Point
_____ Enzyme Point
_____ Murphy's Sign

Large Intestine (Palpate)

_____ Ascending
_____ Transverse
_____ Descending

Adrenals

_____ Pupil Dilation Exam

Postural Hypotension

_____ Supine
_____ Standing

Pass/Fail Zinc Taste Test

Pass/Fail Cuff Test

_____ Cuff Pressure

_____ pH of Saliva

_____ Pulse

BARNES THYROID TEST

The test is conducted by the patient in the morning 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 such as 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.

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES
(any two days during the month)**FEMALES HAVING MENSTRUAL CYCLES**

(the second and third days of flow or any five days in a row)

MALES (any two days during the month)**RESTRICTIONS ON USE**

The systems survey is to be used only by trained health care professionals. 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 intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.

