

SYMPTOM SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ AGE _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, leave it blank.
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),
or (3) for **SEVERE** symptoms (occurs almost constantly).

GROUP ONE

- | | | |
|-----------------------------------|--|-----------------------------------|
| 1 - 1 2 3 Acid foods upset | 8 - 1 2 3 Gag Easily | 15 - 1 2 3 Appetite reduced |
| 2 - 1 2 3 Get chilled, often | 9 - 1 2 3 Unable to relax, startles easily | 16 - 1 2 3 Cold sweats often |
| 3 - 1 2 3 "Lump" in throat | 10 - 1 2 3 Extremities cold, clammy | 17 - 1 2 3 Fever easily raised |
| 4 - 1 2 3 Dry mouth-eyes-nose | 11 - 1 2 3 Strong light irritates | 18 - 1 2 3 Neuralgia-like pains |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring | 20 - 1 2 3 Sour stomach frequent |
| 7 - 1 2 3 Cuts heal slowly | 14 - 1 2 3 "Nervous" stomach | |

GROUP TWO

- | | | |
|---|--|--|
| 21 - 1 2 3 Joint stiffness after arising | 29 - 1 2 3 Digestion rapid | 37 - 1 2 3 "Slow starter" |
| 22 - 1 2 3 Muscle-leg-toe cramps at night | 30 - 1 2 3 Vomiting frequent | 38 - 1 2 3 Get "chilled" infrequently |
| 23 - 1 2 3 "Butterfly" stomach, cramps | 31 - 1 2 3 Hoarseness frequent | 39 - 1 2 3 Perspire easily |
| 24 - 1 2 3 Eyes or nose watery | 32 - 1 2 3 Breathing irregular | 40 - 1 2 3 Circulation poor,
sensitive to cold |
| 25 - 1 2 3 Eyes blink often | 33 - 1 2 3 Pulse slow; feels "irregular" | 41 - 1 2 3 Subject to colds,
asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy | 34 - 1 2 3 Gagging reflex slow | |
| 27 - 1 2 3 Indigestion soon after meals | 35 - 1 2 3 Difficulty swallowing | |
| 28 - 1 2 3 Always seem hungry;
feels "lightheaded" often | 36 - 1 2 3 Constipation,
diarrhea alternating | |

GROUP THREE

- | | | |
|---|--|---|
| 42 - 1 2 3 Eat when nervous | 49 - 1 2 3 Heart palpitates if meals
missed or delayed | 53 - 1 2 3 Crave candy or coffee
in afternoons |
| 43 - 1 2 3 Excessive appetite | 50 - 1 2 3 Afternoon headaches | 54 - 1 2 3 Moods of depression -
"blues" or melancholy |
| 44 - 1 2 3 Hungry between meals | 51 - 1 2 3 Overeating sweets upsets | 55 - 1 2 3 Abnormal craving for
sweets or snacks |
| 45 - 1 2 3 Irritable before meals | 52 - 1 2 3 Awaken after few hours sleep
- hard to get back to sleep | |
| 46 - 1 2 3 Get "shaky" if hungry | | |
| 47 - 1 2 3 Fatigue, eating relieves | | |
| 48 - 1 2 3 "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|---|---|--|
| 56 - 1 2 3 Hands and feet go to sleep
easily, numbness | 63 - 1 2 3 Get "drowsy" often | 68 - 1 2 3 Bruise easily, "black
and blue" spots |
| 57 - 1 2 3 Sigh frequently, "air
hunger" | 64 - 1 2 3 Swollen ankles
worse at night | 69 - 1 2 3 Tendency to anemia |
| 58 - 1 2 3 Aware of "breathing
heavily" | 65 - 1 2 3 Muscle cramps, worse
during exercise; get
"charley horses" | 70 - 1 2 3 "Nose bleeds" frequent |
| 59 - 1 2 3 High altitude discomfort | 66 - 1 2 3 Shortness of breath
on exertion | 71 - 1 2 3 Noises in head, or
"ringing in ears" |
| 60 - 1 2 3 Opens windows in
closed room | 67 - 1 2 3 Dull pain in chest or
radiating into left arm,
worse on exertion | 72 - 1 2 3 Tension under the
breastbone, or feeling
of "tightness",
worse on exertion |
| 61 - 1 2 3 Susceptible to colds
and fevers | | |
| 62 - 1 2 3 Afternoon "yawner" | | |

GROUP FIVE

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

GROUP SIX

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

GROUP SEVEN

(A)

- 107 - 1 2 3 Insomnia
 108 - 1 2 3 Nervousness
 109 - 1 2 3 Can't gain weight
 110 - 1 2 3 Intolerance to heat
 111 - 1 2 3 Highly emotional
 112 - 1 2 3 Flush easily
 113 - 1 2 3 Night sweats
 114 - 1 2 3 Thin, moist skin
 115 - 1 2 3 Inward trembling
 116 - 1 2 3 Heart palpitates
 117 - 1 2 3 Increased appetite without weight gain
 118 - 1 2 3 Pulse fast at rest
 119 - 1 2 3 Eyelids and face twitch
 120 - 1 2 3 Irritable and restless
 121 - 1 2 3 Can't work under pressure

(B)

- 122 - 1 2 3 Increase in weight
 123 - 1 2 3 Decrease in appetite
 124 - 1 2 3 Fatigue easily
 125 - 1 2 3 Ringing in ears
 126 - 1 2 3 Sleepy during day
 127 - 1 2 3 Sensitive to cold
 128 - 1 2 3 Dry or scaly skin
 129 - 1 2 3 Constipation
 130 - 1 2 3 Mental sluggishness
 131 - 1 2 3 Hair coarse, falls out
 132 - 1 2 3 Headaches upon arising wear off during day
 133 - 1 2 3 Slow pulse, below 65
 134 - 1 2 3 Frequency of urination
 135 - 1 2 3 Impaired hearing
 136 - 1 2 3 Reduced initiative

(C)

- 137 - 1 2 3 Falling memory
 138 - 1 2 3 Low blood pressure
 139 - 1 2 3 Increased sex drive
 140 - 1 2 3 Headaches, "splitting or rendering" type
 141 - 1 2 3 Decreased sugar tolerance
 142 - 1 2 3 Abnormal thirst
 143 - 1 2 3 Bloating of abdomen
 144 - 1 2 3 Weight gain around hips or waist
 145 - 1 2 3 Sex drive reduced or lacking
 146 - 1 2 3 Tendency to ulcers, colitis
 147 - 1 2 3 Increased sugar tolerance
 148 - 1 2 3 Women: menstrual disorders
 149 - 1 2 3 Young girls: lack of menstrual function

(D)

(E)

- 150 - 1 2 3 Dizziness
 151 - 1 2 3 Headaches
 152 - 1 2 3 Hot flashes
 153 - 1 2 3 Increased blood pressure
 154 - 1 2 3 Hair growth on face or body (female)
 155 - 1 2 3 Sugar in urine (not diabetes)
 156 - 1 2 3 Masculine tendencies (female)

(F)

- 157 - 1 2 3 Weakness, dizziness
 158 - 1 2 3 Chronic fatigue
 159 - 1 2 3 Low blood pressure
 160 - 1 2 3 Nails, weak, ridged
 161 - 1 2 3 Tendency to hives
 162 - 1 2 3 Arthritic tendencies
 163 - 1 2 3 Perspiration increase
 164 - 1 2 3 Bowel disorders
 165 - 1 2 3 Poor circulation
 166 - 1 2 3 Swollen ankles
 167 - 1 2 3 Crave salt
 168 - 1 2 3 Brown spots or bronzing of skin
 169 - 1 2 3 Allergies - tendency to asthma
 170 - 1 2 3 Weakness after colds, influenza
 171 - 1 2 3 Exhaustion - muscular and nervous
 172 - 1 2 3 Respiratory disorders

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 - 1 2 3 Apprehension	200 - 1 2 3 Very easily fatigued	213 - 1 2 3 Prostate trouble . .
174 - 1 2 3 Irritability	201 - 1 2 3 Premenstrual tension	214 - 1 2 3 Urination difficult
175 - 1 2 3 Morbid fears	202 - 1 2 3 Painful menses	or dribbling
176 - 1 2 3 Never seems to get well	203 - 1 2 3 Depressed feelings	215 - 1 2 3 Night urination frequent
177 - 1 2 3 Forgetfulness	before menstruation	216 - 1 2 3 Depression
178 - 1 2 3 Indigestion	204 - 1 2 3 Menstruation excessive	217 - 1 2 3 Pain on inside of
179 - 1 2 3 Poor appetite	and prolonged	legs or heels
180 - 1 2 3 Craving for sweets	205 - 1 2 3 Painful breasts	218 - 1 2 3 Feeling of incomplete
181 - 1 2 3 Muscular soreness	206 - 1 2 3 Menstruate too frequently	bowel evacuation
182 - 1 2 3 Depression; feelings of dread	207 - 1 2 3 Vaginal discharge	219 - 1 2 3 Lack of energy
183 - 1 2 3 Noise sensitivity	208 - 1 2 3 Hysterectomy/ovaries	220 - 1 2 3 Migrating aches and pains
184 - 1 2 3 Acoustic hallucinations	removed	221 - 1 2 3 Tire too easily
185 - 1 2 3 Tendency to cry	209 - 1 2 3 Menopausal hot flashes	222 - 1 2 3 Avoids activity
without reason	210 - 1 2 3 Menses scanty or missed	223 - 1 2 3 Leg nervousness at night
186 - 1 2 3 Hair is coarse and/or	211 - 1 2 3 Ache, worse at menses	224 - 1 2 3 Diminished sex drive
thinning	212 - 1 2 3 Depression of long standing	
187 - 1 2 3 Weakness		
188 - 1 2 3 Fatigue		
189 - 1 2 3 Skin sensitive to touch		
190 - 1 2 3 Tendency toward hives		
191 - 1 2 3 Nervousness		
192 - 1 2 3 Headache		
193 - 1 2 3 Insomnia		
194 - 1 2 3 Anxiety		
195 - 1 2 3 Anorexia		
196 - 1 2 3 Inability to concentrate;		
confusion		
197 - 1 2 3 Frequent stuffy nose; sinus		
infections		
198 - 1 2 3 Allergy to some foods		
199 - 1 2 3 Loose joints		

IMPORTANT

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.

1. _____
2. _____
3. _____
4. _____
5. _____

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

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.

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

BP SIT _____ BP STAND _____

PULSE SIT _____ PULSE STAND _____

SALIVA PH _____ BLOOD TYPE _____

CASE RECORD

Name _____ Date _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Age _____ Weight _____ Height _____ Sex _____
Occupation _____ Married _____

History of Illness and Treatment: _____

Operations, Accidents or Injuries: _____

Present Illness or Complaints: _____

Diagnostic Summary: _____

Treatment, Recommendations and Progress: _____
