

SYMPTOM SURVEY FORM

Name: _____ Doctor: Kelly K. Lucas Date: _____

Phone # (____) _____

INSTRUCTIONS: Number the boxes which apply to you with either a 1, 2, or 3

Birthday: ____/____/____ Sex: M____ F____

(1) For MILD Symptoms

(2) For MODERATE Symptoms

(3) For SEVERE Symptoms

Leave The Box BLANK If It Does Not Apply To You!

GROUP 1

- 1 Acid Foods Upset
- 2 Get Chilled, Often
- 3 "Lump" In Throat
- 4 Dry Mouth-Eyes-Nose
- 5 Pulse Speeds After Meals
- 6 Keyed Up-Fail to Calm
- 7 Cuts Heal Slowly
- 8 Gag Easily
- 9 Unable to relax; startles easily
- 10 Extremities Cold, Clammy
- 11 Strong Light Irritates
- 12 Urine Amount Reduced
- 13 Heart Pounds After Retiring
- 14 "Nervous" Stomach
- 15 Appetite Reduced
- 16 Cold Sweats Often
- 17 Fever Easily Raised
- 18 Neuralgia-Like Pains
- 19 Staring, Blinks Little
- 20 Sour Stomach Frequent

GROUP 2

- 21 Joint Stiffness After Arising
- 22 Muscle-Leg-Toe Cramps at Night
- 23 "Butterfly" Stomach, Cramps
- 24 Eyes or Nose Watery
- 25 Eyes Blink Often
- 26 Eyelids Swollen, Puffy
- 27 Indigestion Soon After Meals
- 28 Always Seems Hungry; Feels "Lightheaded" Often
- 29 Rapid Digestion
- 30 Vomiting Frequent
- 31 Hoarseness Frequent
- 32 Breathing Irregular
- 33 Pulse Slow; Feels "Irregular"
- 34 Gagging Reflex Slow
- 35 Difficulty Swallowing
- 36 Constipation, Diarrhea Alternating
- 37 "Slow Starter"
- 38 Get "Chilled" Infrequently
- 39 Perspire Easily
- 40 Circulation Poor, Sensitive to Cold
- 41 Subject to Colds, Asthma, Bronchitis

GROUP 3

- 42 Eat When Nervous
- 43 Excessive Appetite
- 44 Hungry Between Meals
- 45 Irritable Before Meals
- 46 Get "Shaky" If Hungry
- 47 Fatigue, Eating Relieves
- 48 "Lightheaded" If Meals Delayed
- 49 Heart Palpitates If Meals Missed or Delayed
- 50 Afternoon Headaches
- 51 Overeating Sweets Upsets
- 52 Awaken After Few Hours Sleep-Hard To Get Back to Sleep
- 53 Crave Candy or Coffee In Afternoons
- 54 Moods of Depression-"Blues" or Melancholy
- 55 Abnormal craving for Sweets or Snacks

GROUP 4

- 56 Hands and Feet Go to Sleep Easily, Numbness
- 57 Sigh Frequently, "Air Hunger"
- 58 Aware of "Breathing Heavily"
- 59 High Altitude Discomfort
- 60 Opens Windows In Closed Room
- 61 Susceptible to Colds and Fevers
- 62 Afternoon "Yawner"
- 63 Get "Drowsy" Often
- 64 Swollen Ankles Worse At Night
- 65 Muscle Cramps, Worse During Exercise; Get "Charley Horses"
- 66 Shortness of Breath On Exertion
- 67 Dull Pain in Chest or Radiating Into Left Arm, Worse on Exertion
- 68 Bruise Easily, "Black/Blue" Spots
- 69 Tendency To Anemia
- 70 "Nose Bleeds" Frequent
- 71 Noises in Head or "Ringing in Ears"
- 72 Tension under The Breastbone, or Feeling Of "Tightness", Worse on Exertion

GROUP 5

- 73 Dizziness
- 74 Dry Skin
- 75 Burning Feet
- 76 Blurred Vision
- 77 Itching Skin And Feet
- 78 Excessive Falling Hair
- 79 Frequent Skin Rashes
- 80 Bitter, Metallic Taste In Mouth in Mornings
- 81 Bowel Movements Painful or Difficult
- 82 Worrier, Feels Insecure
- 83 Feeling Queasy; Headache Over Eyes
- 84 Greasy Foods Upset
- 85 Stools Light-Colored
- 86 Skin Peels on Foot Soles
- 87 Pain Between Shoulder Blades
- 88 Use Laxatives
- 89 Stools Alternate From Soft to Watery
- 90 History of Gallbladder Attacks or Gallstones
- 91 Sneezing Attacks
- 92 Dreaming, Nightmare Type Bad Dreams
- 93 Bad Breath (Halitosis)
- 94 Milk Products Cause Distress
- 95 Sensitive To Hot Weather
- 96 Burning or Itching Anus
- 97 Crave Sweets

GROUP 6

- 98 Loss Of Taste For Meat
- 99 Lower Bowel Gas Several Hours After Eating
- 100 Burning Stomach Sensations, Eating Relieves
- 101 Coated Tongue
- 102 Pass Large Amounts Of Foul Smelling Gas
- 103 Indigestion 1/2 - 1 Hr After Eating; May Be Up To 3-4 Hrs.
- 104 Mucus Colitis Or "Irritable Bowel"
- 105 Gas Shortly After Eating
- 106 Stomach "Bloating" After Eating

GROUP 7

(A)

- 107 Insomnia
- 108 Nervousness
- 109 Can't Gain Weight
- 110 Intolerance To Heat
- 111 Highly Emotional
- 112 Flush Easily
- 113 Night Sweats
- 114 Thin, Moist Skin
- 115 Inward Trembling
- 116 Heart Palpitates
- 117 Increased Appetite Without Weight Gain
- 118 Pulse Fast At Rest
- 119 Eyelids And Face Twitch
- 120 Irritable And Restless
- 121 Can't Work Under Pressure

(B)

- 122 Increase In Weight
- 123 Decrease In Appetite
- 124 Fatigue Easily
- 125 Ringing In Ears
- 126 Sleepy During Day
- 127 Sensitive To Cold
- 128 Dry Or Scaly Skin
- 129 Constipation
- 130 Mental Sluggishness
- 131 Hair Coarse, Falls Out
- 132 Headaches Upon Arising Wear Off During Day
- 133 Slow Pulse, Below 65
- 134 Frequency Of Urination
- 135 Impaired Hearing
- 136 Reduced Initiative

GROUP 7 (Continued)

(C)

- 137 Failing Memory
- 138 Low Blood Pressure
- 139 Increased Sex Drive
- 140 Headaches, "Splitting or Rending" Type
- 141 Decreased Sugar Tolerance

(D)

- 142 Abnormal Thirst
- 143 Bloating Of Abdomen
- 144 Weight gain Around Hips or Waist
- 145 Sex Drive Reduced Or Lacking
- 146 Tendency To Ulcers, Colitis
- 147 Increased Sugar Tolerance
- 148 Women: Menstrual Disorders
- 149 Young Girls: Lack Of Menstrual Function

(E)

- 150 Dizziness
- 151 Headaches
- 152 Hot Flashes
- 153 Increased Blood Pressure
- 154 Hair Growth On Face or Body (Female)
- 155 Sugar In Urine (Not Diabetes)
- 156 Masculine Tendencies (Female)

(F)

- 157 Weakness, Dizziness
- 158 Chronic Fatigue
- 159 Low Blood Pressure
- 160 Nails Weak, Ridged
- 161 Tendency To Hives
- 162 Arthritic Tendencies
- 163 Perspiration Increase
- 164 Bowel Disorders
- 165 Poor Circulation
- 166 Swollen Ankles
- 167 Crave Salt
- 168 Brown Spots Or Bronzing Of Skin
- 169 Allergies-Tendency To Asthma
- 170 Weakness After Colds, Influenza
- 171 Exhaustion-Muscular And Nervous
- 172 Respiratory Disorders

FEMALE ONLY

- 173 Very Easily Fatigued
- 174 Premenstrual Tension
- 175 Painful Menses
- 176 Depressed Feelings Before Menstruation
- 177 Menstruation Excessive And Prolonged
- 178 Painful Breasts
- 179 Menstruate Too Frequently
- 180 Vaginal Discharge
- 181 Hysterectomy/Ovaries Removed
- 182 Menopausal Hot Flashes
- 183 Menses Scanty Or Missed
- 184 Acne, Worse At Menses
- 185 Depression Of Long Standing

MALE ONLY

- 186 Prostate Trouble
- 187 Urination Difficult or Dribbling
- 188 Night Urination Frequent
- 189 Depression
- 190 Pain On Inside of Legs or Heels
- 191 Feeling of Incomplete Bowel Evacuation
- 192 Lack Of Energy
- 193 Migrating Aches And Pains
- 194 Tire Too Easily
- 195 Avoids Activity
- 196 Leg Nervousness At Night
- 197 Diminished Sex Drive

IMPORTANT

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

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