

Name \_\_\_\_\_

Symptom Survey.xls

Date \_\_\_\_\_

## Symptom Survey

Write which number applies to you. Use (1) for MILD (occurs 1-2 times per month)  
Use (2) for MODERATE (occurs several times per month) Use (3) SEVERE (occurs almost constantly)

GROUP 1- SYM			GROUP 2- PARA			GROUP 3- SUGAR HANDLING		
Acids Food Upset			Joint Stiffness after rising			Eat when nervous		
Get Chilled Often			Muscle, leg, toe cramps at night			Excessive appetite		
"Lump in Throat"			"Butterfly" Stomach			Hungry between meals		
Dry Mouth, eyes, nose			Eyes or Nose watery			Irritable before meals		
Pulse speeds after meal			Eyes Blink often			Get "shaky" if hungry		
Keyed up- Fail to calm			Eyelids swollen, puffy			Fatigue, eating relieves		
Cuts Heal Slowly			Indigestion Soon after meals			"Lightheaded" if meals delayed		
Gag Easily			Always seem hungry "lightheaded"			Heart palpitation if meals missed		
Unable to Relax- Startle easily			Digestion rapid			Afternoon headaches		
Extremities cold, clammy			Vomiting frequent			Overeating Sweets upsets		
Strong light irritates			Hoarseness frequent			Awaken after few hour sleep		
Urine amount reduced			Breathing Irregular			hard to get back to sleep		
Heart Pounds after retiring			Pulse Slow, feels "irregular"			Crave candy or coffee afternoons		
"Nervous" Stomach			Gagging reflex slow			Moods of depression-		
Appetite reduced			Difficulty swallowing			"blues" or melancholy		
Cold Sweats often			Constipation/ diarrhea alternating			Abnormal craving for sweets		
Fever Easily raised			"Slow Starter"					
Neuralgia like pains			Get "chilled" infrequently					
Staring, Blinks little			Perspire easily			GROUP 5A-BIL		
Sour stomach frequently			Circulation poor, sensitive to cold			Greasy or high-fat foods cause distress		
			Subject to colds, asthma, bronchitis			Lower bowel gas and/or bloating several hours		
						after eating		
GROUP 3A-BLOOD SUGAR HYPO			GROUP 3B- INSULIN RESISTANCE			Bitter metallic taste in mouth especially in the morning		
Crave sweets during the day			Fatigue after meals			Burp, fishy taste after consuming fish oils		
Irritable if meals are missed			Crave sweets during the day			Difficulty losing weight		
Depend on coffee to keep going/ get started			Eating sweets does not relieve cravings for sugar			Unexplained itchy skin		
Get light-headed if meals are missed			Must have sweets after meals			Yellowish cast to eyes		
Eating relieves fatigue			Waist girth is equal or larger than hip girth			Stool color alternates from clay colored to normal		
Feel shaky, jittery, or have tremors			Frequent urination			Reddened skin, especially palms		
Agitated, easily upset, nervous			Increased thirst and appetite			Dry or flaky skin and/or hair		
Poor memory/ forgetful			Difficulty losing weight			History of gallbladder attacks or stones		
Blurred vision						Had gallbladder removed		
						GROUP 5B-HEP DETOX		
GROUP 4- CARDIO			GROUP 5- GB/LVR			Acne and unhealthy skin		
Hands & feet go to sleep easily			Dizziness			Excessive hair loss		
Sigh frequently			Dry Skin			Overall sense of bloating		
Aware of "breathing heavily"			Burning Feet			Bodily swelling for no reason		
High altitude discomfort			Blurred Vision			Hormone imbalances		
Opens windows in closed rooms			Itchy skin & feet			Weight gain		
Susceptible to colds & fevers			Excessive falling hair			Poor bowel function		
Afternoon "yawner"			Frequent skin rashes			Excessively foul-smelling sweat		
Get drowsy often			Bitter metallic taste in mouth					
Swollen ankles worse at night			in morning			GROUP 6A-STM HYPO		
Muscle cramps, worse during			Bowel movements painful			Excessive belching, burping, or bloating		
exercise; get "charley horses"			Worrier, feels insecure			Gas immediately following a meal		
Shortness of breath on exertion			Feeling queasy; headache over eyes			Offensive breath		
Dull pain in chest or radiating into			Greasy foods upset			Difficult bowel movements		
left arm, worse on exertion			Stools Light colored			Sense of fullness during and after meals		
Bruise easily, "black & blue" spots			Skin peels on foot soles			Difficulty digesting fruits and vegetables;		
Tendency to anemia			Pain between shoulder blades			undigested foods found in stools		
"Nose bleeds" frequent			Use Laxatives					
Noises in head or "ringing in ears"			Stools alternate from soft to watery			GROUP 6A- HYPER		
Tension under breastbone or			History of gallbladder attacks			Stomach pain, burning or aching 1-4 hours after eating		
feeling of "tightness"			or gallstones			Frequently use antacids		
worse on exertion			Sneezing attacks			Feeling hungry an hour or two after eating		
			Dreaming, nightmare type dreams			Heartburn when lying down or bending forward		
			Bad Breath (halitosis)			Temporary relief using antacids, food, milk,		
			Milk products cause distress			or carbonated beverages		
			Sensitive to hot weather			Digestive problems subside with rest & relaxation		
			Burning or itching anus			Heartburn due to spicy foods, chocolate, citrus,		
			Crave Sweets			peppers, alcohol, and caffeine		

Name \_\_\_\_\_

Date \_\_\_\_\_

## Symptom Survey

Write the number that applies to you. Use (1) for MILD (occurs 1-2 times per month)

Use (2) for MODERATE (occurs several times per month) Use (3) SEVERE (occurs almost constantly)

GROUP 6- GB			GROUP 6B- SMI/PAN			GROUP 6C- COLON		
		Loss of Taste for meats			Roughage and fiber cause constipation			Feeling that bowel do not empty completely
		Lower bowel gas several hours after eating			Indigestion/ fullness lasts 2-4 hours after eating			Lower abdominal pain relief by passing gas
		Burning stomach sensations, eating relieves			Pain, tenderness, soreness, on left side under			Alternating constipation and diarrhea
		Coated tongue			rib cage			Diarrhea
		Pass large amounts of foul-smelling gas			Excessive passage of gas			Constipation
		Indigestion 1/2- 1 hour after eating,			Nausea and/or vomiting			Hair, dry, or small stool
		maybe up to 3-4 hours			Stool undigested, foul smelling, mucous like,			Coated tongue of "fuzzy" debris on tongue
		Mucous colitis or "irritable bowel"			greasy, or poorly formed			Pass large amount of foul smelling gas
		Gas shortly after eating			Frequent urination			More than 3 bowel movements daily
		Stomach bloating after eating			Increased thirst and appetite			Use laxatives frequently
GROUP 6C-INTESTINAL INTEGRITY			GROUP 7A- PIT UP			GROUP 7A- THY HYPER		
		Increasing frequency of food reactions			Insomnia			Heart palpitations
		Unpredictable food reactions			Nervousness			Inward trembling
		Aches, pains, & swelling throughout the body			Can't gain weight			Increased pulse even at rest
		Unpredictable abdominal swelling			Intolerance to heat			Nervous and emotional
		Frequent bloating and distention after eating			Highly emotional			Insomnia
		Abdominal intolerance to sugars and starches			Flush easily			Night sweats
					Night Sweats			Difficulty gaining weight
					Thin, moist skin			
GROUP 7B- THY HYPO			GROUP 7B- THY HYPO			GROUP 7C- PIT HYPER		
		Increase in weight			Inward trembling			Failing memory
		Decrease in appetite			Heart palpitates			Low blood pressure
		Fatigue easily			Increased appetite without weight gain			Increased sex drive
		Ringing in ears			Pulse fast at rest			Headaches "splitting or rending"
		Sleepy during day			Eyelids and face twitch			Decreased sugar intolerance
		Sensitive to cold			Irritable and restless			Increased sex drive
		Dry or scaly skin			Can't work under pressure			Tolerance to sugars reduced
		Constipation						"Splitting" type headaches
		Mental Sluggishness			Tired/ sluggish			
		Hair Coarse, falls out			Feel cold- hands, feet, all over			
		Headaches upon arising wear off			Require excessive amounts of sleep to function			Abnormal thirst
		during day			Increase in weight even with low calorie diet			Bloating of abdomen
		Slow pulse, below 65			Gain weight easily			Weight gain around hips or waist
		Frequency of urination			Difficult, infrequent bowel movements			Sex drive reduced or lacking
		Impaired hearing			Depression/ lack of motivation			Tendency to ulcers, colitis
		Reduced initiative			Morning headaches that wear off as day progresses			Increased sugar tolerance
					Outer third of eyebrows thin			Women: menstrual disorders
					Thinning of hair on head or body, excessive hair loss			Young Girls: lack of menstrual function
GROUP 7E			GROUP 7E- ADR HYPER			GROUP 7D- PIT HYPO		
		Dizziness			Dryness of skin and/or scalp			Diminished sex drive
		Headaches			Mental sluggishness			Menstrual disorders of lack of menstruation
		Hot flashes						Increased ability to eat sugars without symptoms
		Increased Blood pressure						
GROUP 7E- ADR HYPER			GROUP 7F-ADR HYPO			GROUP 8		
		Cannot fall asleep			Weakness, dizziness			Apprehension
		Perspire easily			Chronic Fatigue			Irritability
		Under high amounts of stress			Low blood pressure			Morbid fears
		Weight gain when under stress			Nails weak, ridged			Never seems to get well
		Wake up tired even after 6 or more hours sleep			Tendency to hives			Forgetfulness
		Excessive perspiration/ perspiration w/ no activity			Arthritic tendencies			Indigestion
					Perspiration increase			Poor appetite
					Bowel disorders			Craving for sweets
					Poor circulation			Muscular soreness
					Swollen ankles			Depression; feelings of dread
					Crave salt			Noise sensitivity
					Brown spots or bronzing of skin			Acoustic hallucinations
					Allergies- tendency to asthma			Tendency to cry without reason
					Weakness after colds, influenza			Hair is coarse and/or thinning
					Exhaustion- muscular & nervous			Weakness
					Respiratory Disorders			Fatigue
								Skin sensitive to touch
								Tendency toward hives
								Nervousness
								Headache
								Insomnia
								Anxiety
								Anorexia
								Inability to concentrate; confusion
								Frequently stuffy nose;
								sinus infections
								Allergy to foods
								Loose joints

Name \_\_\_\_\_

Date \_\_\_\_\_

consistency taking supplements \_\_\_\_\_ %

# WOMEN'S FUNCTIONAL HEALTH ANALYSIS

FOR YOUR 1ST VISIT-CHECKMARK ANY SYMPTOM YOU HAVE EXPERIENCED IN THE LAST MONTH.

FOR RE-EXAMS- CHECKMARK SYMPTOMS YOU ARE CURRENTLY EXPERIENCING.

<p><b>HEADACHES</b></p> <p>___ Base of Skull (back) ___ Side of Head (Temples) ___ Frontal (above eyes) ___ Top of Head ___ Entire Head ___ Migraines ___ TMJ ___ Cluster ___ Other _____</p> <p><b>EARS</b></p> <p>___ Noise (Ring/Hiss/Pound) ___ Plugged ___ Popping ___ Ear Ache ___ Ear Infections ___ Draining ___ Itchy ___ Hearing Loss ___ Dizziness/ Vertigo ___ Excessive Ear Wax ___ Other _____</p> <p><b>EYES</b></p> <p>___ Burn ___ Tear ___ Ache ___ Red ___ Dry ___ Eye Film ___ Crust in morning ___ Itchy Eyes ___ Bouts of Blurriness ___ Floaters ___ Spots ___ Tired ___ Puffy ___ Sty ___ Twitching around eyes ___ Dark Circles ___ Light Bothers Eyes ___ Nearsighted ___ Farsighted ___ Other _____</p> <p><b>SINUS</b></p> <p>___ Dry ___ Drain ___ Stuffy/Plugged/ pressure ___ Post nasal drip... Write Color     white/yellow/green/gray     brown/blood/clear</p> <p>___ Excessive sneezing ___ Loss of smell ___ Loss of Taste ___ Thirsty ___ Not Thirsty ___ Unquenchable thirst ___ Other _____</p> <p><b>MOUTH/THROAT/IMMUNE</b></p> <p>___ Sore Throat ___ Hoarseness ___ Cough (dry or productive) ___ Allergies ___ Upper Respiratory Infection ___ Fever ___ Chills ___ Bad Breath ___ Canker Sores ___ Blisters ___ Frequent colds/flu ___ Neck Stiffness ___ Shoulder Tension ___ Cracks at lip corner/ Chielosis ___ Dry Mouth ___ Cold sweaty hands &amp; feet ___ Bleeding gums ___ Receding gums ___ Teeth Health Problems ___ Swelling of glands</p>	<p><b>Chest</b></p> <p>___ Tension ___ Tight ___ Pressure ___ Heaviness ___ Anxiety ___ Congestion ___ Chest Pain ___ Sternal Pain ___ Sharp Heart Pain ___ Palpitations-Heart skip/ Flutter ___ Mitral Valve Prolapse ___ Tachycardia/ Heart Racing ___ Bradycardia/ Heart Slowing down ___ Murmur ___ Arm Pain ___ Constant shortness of breath ___ Other _____</p> <p><b>SHORTNESS OF BREATH</b></p> <p>___ Constant ___ Upon Exertion ___ Asthma ___ Wheezing ___ Air Hunger/ Frequent Sighs ___ Yawning ___ Emphysema ___ Other _____</p> <p><b>STOMACH</b></p> <p>___ Heartburn ___ Indigestion ___ Stomach Aches ___ Stomach Cramps ___ Nausea/ Queasy ___ Bloat after eat ___ Gas/ Flatulence ___ Belching ___ Ulcer ___ Hiatal Hernia ___ Other _____</p> <p><b>BOWELS</b></p> <p>___ Bowels Movements ____Per day ___ Regular ___ Incomplete Bowel Evacuation ___ Skip days ____per (week/month) ___ Sluggish bowels every ____days ___ Cramps in abdomen ___ Taking laxatives ___ Using Suppositories ___ Enemas ___ Colonics ___ Take Herbal laxatives/ Supplements ___ Bulky ___ Pain with bowel movements ___ Irritable Bowel Syndrome ___ Chrons ___ Colitis ___ Other _____</p> <p><b>FECAL CONSISTENCY</b></p> <p>___ Color feces light or dark _____ ___ Soft/ Unformed ___ Ribbon-like ___ Mucous ___ Normal/ Banana Shaped ___ Hard ___ Pebbles ___ Dry ___ Painful ___ Diarrhea ___ Constipation ___ Broken ___ Other _____</p> <p><b>HEMORRHOIDS</b></p> <p>___ History ___ Current ___ Swollen ___ Burn ___ Blood ___ Distended</p>	<p><b>VAGINA</b></p> <p>___ Burn ___ Itch ___ Dry ___ Pain ___ Pain with Intercourse ___ Blood ___ Discharge     ___ Clear     ___ White     ___ Yellow     ___ Green     ___ Brown     ___ Odor     ___ Other _____</p> <p><b>MENSES</b></p> <p>___ Last Period _____ ___ Length of Period _____ ___ Regular ___ Irregular ___ Early (Less than 28 days) ___ Late (More than 28 days) ___ Skip period or scanty ___ Birth Control ___ Flow ___ Cramps ___ Low Abdominal Puffiness ___ Fluid Retention Face ___ Fluid Retention Hands ___ Fluid Retention Feet ___ Fluid Retention Body ___ Low Back Pain ___ Hot Flashes ___ Fatigue during cycle ___ Diarrhea ___ Breast Tender around Cycle ___ Acne ___ Clotting ___ Spotting ___ PMS ___ Mood Swings ___ Irritable ___ Depression ___ Tired during Period ___ Pain during Ovulation ___ Cysts/PCOS ___ Discharge with Ovulation ___ Regular Ovulation ___ Irregular Ovulation ___ Fibroids ___ Facial Hair ___ Hair growing up towards belly button ___ Dark nipple hair ___ Painful menstration ___ Menstrate too frequently ___ Other _____</p> <p><b>BREASTS</b></p> <p>___ Breast feeding ___ Fibrosis ___ Lump ___ Discharge ___ Prosthesis ___ Augmentation Surgery ___ Reduction Surgery ___ Pathology ___ Breast Tender Constant ___ Breast Shrinking</p> <p><b>MENOPAUSE</b></p> <p>___ Natural ___ Hysterectomy (Partial) ___ Hysterectomy (Complete) ___ Hormones ___ Patch ___ Hot Flashes</p> <p><b>CRAMPS/ACHES/RESTLESS</b></p> <p>___ Cramps ___ Aches ___ Restless</p>	<p><b>SKIN/ HAIR/ NAILS</b></p> <p>___ Skin rash ___ Acne ___ Dry Skin ___ Itchy Skin ___ Fungus ___ Patches (skin looks different) ___ Cellulite ___ Nails ___ Hair loss ___ Limp Hair ___ Cherry Hemangiomas ___ Warts ___ Cracked Heels ___ Slow Healing ___ Bruise Easily ___ Other _____</p> <p><b>URINATION</b></p> <p>___ ____Times per day (frequency) ___ Urinate at night ____per night ___ Frequency ___ Urgency ___ Burning ___ Pain ___ Odor ___ Spasm ___ Leakage ___ Urinary Tract Infection ___ Kidney Troubles ___ Cloudy Urine ___ Difficulty starting Flow ___ Other _____</p> <p><b>SLEEP</b></p> <p>___ Quality     ___ ____Hours in bed     ___ ____Hours asleep ___ Difficulty falling asleep ___ Difficulty staying asleep ___ Interrupted ____per night ___ Crave sleep during day ___ Awaken Sudden (Jolt) ___ Don't Remember Dreams Nightmares ___ Night Sweats ___ Restlessness ___ Sleep Apnea ___ Wake up feeling Rested ___ Other _____</p> <p><b>EMOTIONS</b></p> <p>___ Stressed ___ Sad ___ Grief ___ Depression ___ Moodiness ___ Irritable ___ Worrisome ___ Angry ___ Nervous ___ Frustrated ___ Anxiety ___ Panic ___ Cry ___ Fear ___ Shame ___ Apathy</p> <p><b>APPETITE/ DIET</b></p> <p>___ Appetite ___ Crave Salt/ Salty foods ___ Crave Sweets ___ Crave Starch ___ Crave Chocolate ___ Crave Spicy Foods ___ Coffee ____cups per day ___ Alcohol ____Drinks per week ___ Soda ____Per week ___ Artificial Sweetners ___ Animal Protein per day ____oz</p>	<p><b>ENERGY</b></p> <p>___ Low ___ Variable ___ Normal ___ High ___ Slow to Start in morning ___ Energy Crash ____am/pm ___ Low energy after meals ___ Dizzy when stand quickly ___ Irritable with skip meals ___ Eating relieves fatigue ___ Bouts of blurred vision ___ Light headed when skip meals</p> <p><b>EXERCISE</b></p> <p>___ Cardiovascular ____times/week ___ Weight Training ____times/week</p> <p><b>MEMORY</b></p> <p>___ Short Term Loss ___ Long Term Loss ___ Forget Names ___ Forget Numbers ___ Forget Words ___ Forget Actions ___ Difficulty Concentrating ___ Other _____</p> <p><b>LIBIDO/SEXUALITY</b></p> <p>___ Sex Drive ___ Orgasm Quality ___ Other _____</p> <p><b>PAIN/ STIFFNESS/ SWELLING NUMBNESS/ TINGLING</b></p> <p>___ Facial ___ Neck ___ Trapezius ___ Upper Back ___ Shoulders ___ Arms ___ Elbows ___ Wrist ___ Hand ___ Mid Back ___ Low Back ___ Sacral Iliac ___ Hips ___ Buttocks ___ Legs ___ Sciatica ___ Knees ___ Ankles ___ Feet</p> <p><b>LIST PRIMARY CONCERNS</b></p> <p>1) _____ 2) _____ 3) _____</p> <p><b>FOR DOCTOR'S USE</b></p> <p>Luna Fingernails-     Rt 1 2 3 4 5    Lt 1 2 3 4 5</p> <p>___ Splinter Hemorrhages ___ Frenular Cyst ___ Cracks in Tongue ___ Allergy Patches Tongue ___ Geographic Tongue ___ Red Spots Tongue ___ Swollen Tongue ___ Color Tongue ___ Dark Veins Tongue ___ Coated Tongue (Mild/ Mod/ Severe) ___ Ear Creases (Rt/ Lt) mild/ mod/severe ___ Cherry Hemangioma Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____ Saliva PH _____Urine PH _____ Allergies: _____ Current Meds: _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------