

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 | | |
| | | | | | | Acne and unhealthy skin | | |
| GROUP 4- CARDIO | | | GROUP 5- GB/LVR | | | Excessive hair loss | | |
| Hands & feet go to sleep easily | | | Dizziness | | | Overall sense of bloating | | |
| Sigh frequently | | | Dry Skin | | | Bodily swelling for no reason | | |
| Aware of "breathing heavily" | | | Burning Feet | | | Hormone imbalances | | |
| High altitude discomfort | | | Blurred Vision | | | Weight gain | | |
| Opens windows in closed rooms | | | Itchy skin & feet | | | Poor bowel function | | |
| Susceptible to colds & fevers | | | Excessive falling hair | | | Excessively foul-smelling sweat | | |
| Afternoon "yawner" | | | Frequent skin rashes | | | | | |
| Get drowsy often | | | Bitter metallic taste in mouth | | | GROUP 6A-STM HYPO | | |
| Swollen ankles worse at night | | | in morning | | | Excessive belching, burping, or bloating | | |
| Muscle cramps, worse during | | | Bowel movements painful | | | Gas immediately following a meal | | |
| exercise; get "charley horses" | | | Worrier, feels insecure | | | Offensive breath | | |
| Shortness of breath on exertion | | | Feeling queasy; headache over eyes | | | Difficult bowel movements | | |
| Dull pain in chest or radiating into | | | Greasy foods upset | | | Sense of fullness during and after meals | | |
| left arm, worse on exertion | | | Stools Light colored | | | Difficulty digesting fruits and vegetables; | | |
| Bruise easily, "black & blue" spots | | | Skin peels on foot soles | | | undigested foods found in stools | | |
| Tendency to anemia | | | Pain between shoulder blades | | | GROUP 6A- HYPER | | |
| "Nose bleeds" frequent | | | Use Laxatives | | | Stomach pain, burning or aching 1-4 hours after eating | | |
| Noises in head or "ringing in ears" | | | Stools alternate from soft to watery | | | Frequently use antacids | | |
| Tension under breastbone or | | | History of gallbladder attacks | | | Feeling hungry an hour or two after eating | | |
| feeling of "tightness" | | | or gallstones | | | Heartburn when lying down or bending forward | | |
| worse on exertion | | | Sneezing attacks | | | Temporary relief using antacids, food, milk, | | |
| | | | Dreaming, nightmare type dreams | | | or carbonated beverages | | |
| | | | Bad Breath (halitosis) | | | Digestive problems subside with rest & relaxation | | |
| | | | Milk products cause distress | | | Heartburn due to spicy foods, chocolate, citrus, | | |
| | | | Sensitive to hot weather | | | peppers, alcohol, and caffeine | | |
| | | | Burning or itching anus | | | | | |
| | | | Crave Sweets | | | | | |

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| 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 |

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consistency taking supplements _____ %

MEN'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.

HEADACHES

- ___ Base of Skull (back)
- ___ Side of Head (Temples)
- ___ Frontal (above eyes)
- ___ Top of Head
- ___ Entire Head
- ___ Migraines
- ___ TMJ
- ___ Cluster
- ___ Other _____

EARS

- ___ Noise (Ring/Hiss/Pound)
- ___ Plugged
- ___ Popping
- ___ Ear Ache
- ___ Ear Infections
- ___ Draining
- ___ Itchy
- ___ Hearing Loss
- ___ Dizziness/ Vertigo
- ___ Excessive Ear Wax
- ___ Other _____

EYES

- ___ 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 _____

SINUS

- ___ Dry
- ___ Drain
- ___ Stuffy/Plugged/ pressure
- ___ Post nasal drip...Write Color
white/yellow/green/gray
brown/blood/clear
- ___ Excessive sneezing
- ___ Loss of smell
- ___ Loss of Taste
- ___ Thirsty
- ___ Not Thirsty
- ___ Unquenchable thirst
- ___ Other _____

MOUTH/THROAT/IMMUNE

- ___ 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/ Cheliosis
- ___ Dry Mouth
- ___ Cold sweaty hands & feet
- ___ Bleeding gums
- ___ Receding gums
- ___ Teeth Health Problems
- ___ Swelling of glands

Chest

- ___ 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 _____

SHORTNESS OF BREATH

- ___ Constant
- ___ Upon Exertion
- ___ Asthma
- ___ Wheezing
- ___ Air Hunger/ Frequent Sighs
- ___ Yawning
- ___ Emphysema
- ___ Other _____

STOMACH

- ___ Heartburn
- ___ Indigestion
- ___ Stomach Aches
- ___ Stomach Cramps
- ___ Nausea/ Queasy
- ___ Bloat after eat
- ___ Gas/ Flatulence
- ___ Belching
- ___ Ulcer
- ___ Hiatal Hernia
- ___ Other _____

BOWELS

- ___ 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 _____

FECAL CONSISTENCY

- ___ Color feces light or dark _____
- ___ Soft/ Unformed
- ___ Ribbon-like
- ___ Mucous
- ___ Normal/ Banana Shaped
- ___ Hard
- ___ Pebbles
- ___ Dry
- ___ Painful
- ___ Diarrhea
- ___ Constipation
- ___ Broken
- ___ Other _____

PECKS

- ___ Breast Shrinking
- ___ Fibrosis
- ___ Lump
- ___ Discharge
- ___ Prosthesis
- ___ Augmentation Surgery
- ___ Reduction Surgery
- ___ Pathology
- ___ Breast Tender Constant

CRAMPS/ACHES/RESTLESS

- ___ Cramps
- ___ Aches
- ___ Restless

STAMINA

- ___ Decreased morning Erections
- ___ Decreased Fullness Erections
- ___ Inability to Concentrate
- ___ Episodes of Depression
- ___ Decreased physical Stamina
- ___ Sweating attacks
- ___ More emotional than past
- ___ Unexplained weight gain
- ___ Avoids Activity
- ___ Lack of Energy
- ___ Tire too easily
- ___ Leg Nervousness at night
- ___ Pain on the inside of legs

PROSTATE

- ___ History
- ___ Current
- ___ Bum
- ___ Achyness
- ___ Pain
- ___ Restriction
- ___ Dribbling
- ___ Emission
- ___ Swelling
- ___ Testicular Pain

LIBIDO/SEXUALITY

- ___ Sex Drive- Check One
- ___ Flat
- ___ Low
- ___ Normal
- ___ High
- ___ Orgasm Quality- Check One
- ___ Poor
- ___ Good
- ___ Great
- ___ Other _____

APPETITE/ DIET

- ___ 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

HEMORRHOIDS

- ___ History
- ___ Current
- ___ Swollen
- ___ Bum
- ___ Blood
- ___ Distended

SKIN/ HAIR/ NAILS

- ___ 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 _____

URINATION

- ___ _____ 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 _____

SLEEP

- ___ 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 _____

EMOTIONS

- ___ Stressed
- ___ Sad
- ___ Grief
- ___ Depression
- ___ Moodiness
- ___ Irritable
- ___ Worrisome
- ___ Angry
- ___ Nervous
- ___ Frustrated
- ___ Anxiety
- ___ Panic
- ___ Cry
- ___ Fear
- ___ Shame
- ___ Apathy

ENERGY

- ___ Low
- ___ Variable
- ___ Normal
- ___ High
- ___ Slow to Start in morning
- ___ Energy Crash _____ am/pm
- ___ Low energy after meals
- ___ Irritable when stand quickly
- ___ Dizzy with skip meals
- ___ Eating relieves fatigue
- ___ Bouts of blurred vision
- ___ Light headed when skip meals

EXERCISE

- ___ Cardiovascular _____ times/week
- ___ Weight Training _____ times/week

MEMORY

- ___ Short Term Loss
- ___ Long Term Loss
- ___ Forget Names
- ___ Forget Numbers
- ___ Forget Words
- ___ Forget Actions
- ___ Difficulty Concentrating
- ___ Other _____

PAIN/ STIFFNESS/ SWELLING NUMBNESS/ TINGLING

- ___ Facial
- ___ Neck
- ___ Trapezius
- ___ Upper Back
- ___ Shoulders
- ___ Arms
- ___ Elbows
- ___ Wrist
- ___ Hand
- ___ Mid Back
- ___ Low Back
- ___ Sacral Iliac
- ___ Hips
- ___ Buttocks
- ___ Legs
- ___ Sciatica
- ___ Knees
- ___ Ankles
- ___ Feet

LIST PRIMARY CONCERNS

- 1) _____
- 2) _____
- 3) _____

FOR DOCTOR'S USE

- ___ Luna Fingernails-
Rt 1 2 3 4 5 Lt 1 2 3 4 5
- ___ 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: _____