

COMPUTING PROFESSIONALS • DENISE CHAMBUL, B.A., C.N.C.

SYMPTOM SURVEY FORM

Date: _____

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Work: _____ Cell Phone: _____

INSTRUCTIONS: Mark the symptoms which apply to you.

GROUP ONE

- | | | |
|--------------------------------|---------------------------------------|-------------------------------|
| 1 ___ Acid food upsets | 8 ___ Gas easily | 15 ___ Appetite reduced |
| 2 ___ Get chilled often | 9 ___ Unable to relax; startle easily | 16 ___ Cold sweats often |
| 3 ___ "Lump" in throat | 10 ___ Extremities cold; clammy | 17 ___ Fever easily raised |
| 4 ___ Dry mouth; eyes; nose | 11 ___ Strong light irritates | 18 ___ Neuralgia-like pains |
| 5 ___ Pulse speeds after meals | 12 ___ Urine amount reduced | 19 ___ Staring; blinks little |
| 6 ___ Keyed up; fail to calm | 14 ___ "Nervous" stomach | 20 ___ Sour stomach frequent |
| 7 ___ Cuts heal slowly | | |

GROUP TWO

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

GROUP THREE

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

GROUP FOUR

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

GROUP FIVE

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

GROUP SIX

- | | | |
|--|--|--|
| 98 ___ Loss of taste for meat | 101 ___ Coated tongue | 104 ___ Mucous colitis or
irritable bowel |
| 99 ___ Lower bowel gas several | 102 ___ Pass large amounts of | 105 ___ Gas shortly after eating
eating |
| 100 ___ Burning stomach sensations,
eating relieves | 103 ___ Indigestion ½ -1 hour
after eating, may be up to
3-4 hours | |

GROUP SEVEN

- | | | |
|---|--|--|
| (A) | (C) | 155 ___ Sugar in urine
(not diabetes) |
| 107 ___ Insomnia | 137 ___ Failing memory | 156 ___ Masculine tendencies
(female) |
| 108 ___ Nervousness | 138 ___ Low blood pressure | |
| 109 ___ Can't gain weight | 139 ___ Increase sex drive | (F) |
| 110 ___ Intolerance to heat | 140 ___ Headaches; splitting
or rending type | 157 ___ Weakness, dizziness |
| 111 ___ Highly emotional | 141 ___ Decreased sugar
tolerance | 158 ___ Chronic fatigue |
| 112 ___ Flush easily | | 159 ___ Low blood pressure |
| 113 ___ Night sweats | (D) | 160 ___ Nails, weak, rigid |
| 114 ___ Thin moist skin | 142 ___ Abnormal thirst | 161 ___ Tendency to hives |
| 115 ___ Inward trembling | 143 ___ Bloating of abdomen | 162 ___ Arthritic tendencies |
| 116 ___ Heart palpitates | 144 ___ Weight gain around hips
or waist | 164 ___ Bowel disorder |
| 117 ___ Increased appetite without
weight increase | 145 ___ Sex drive reduced or
lacking | 165 ___ Poor circulation |
| 118 ___ Pulse fast at rest | 146 ___ Tendency to ulcers,
Colitis | 166 ___ Swollen ankles |
| 119 ___ Eyelids and face twitch | 147 ___ Increased sugar
tolerance | 167 ___ Crave salt |
| 120 ___ Irritable and restless | 148 ___ Women: menstrual
disorders | 168 ___ Brown spots or bronzing
of skin |
| 121 ___ Can't work under pressure | 149 ___ Young girls: lack of
menstrual function | 169 ___ Allergies; tendency to
asthma |
| (B) | (E) | 170 ___ Weakness after colds,
influenza |
| 122 ___ Increase in weight | 150 ___ Dizziness | 171 ___ Exhaustion-muscular
and nervous |
| 123 ___ Decrease appetite | 151 ___ Headaches | 172 ___ Respiratory disorders |
| 124 ___ Fatigue easily | 152 ___ Hot flashes | |
| 125 ___ Ringing in ears | 153 ___ Increased blood pressure | |
| 126 ___ Sleepy during day | 154 ___ Hair; growth on face or body (female) | |
| 127 ___ Sensitive to cold | | |
| 128 ___ Dry or scaly skin | | |
| 129 ___ Constipation | | |
| 130 ___ Mental sluggishness | | |
| 131 ___ Hair coarse, falls out | | |
| 132 ___ Headaches upon rising, wear
off during day | | |
| 133 ___ Slow pulse; below 65 | | |
| 134 ___ Frequency of urination | | |
| 135 ___ Impaired hearing | | |
| 136 ___ Reduced initiative | | |

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 difficulty or dribbling
- 188 ___ Night urination frequent
- 189 ___ Depression
- 190 ___ Pain on inside of legs or heel
- 191 ___ Feeling of incomplete bowel evacuation
- 192 ___ Lack of energy
- 193 ___ Migrating aches or 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 physical complaints you have in order of their importance:

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