

# SYSTEMS SURVEY FORM

Restricted to Professional Use

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

HEALTH CARE PROFESSIONAL: \_\_\_\_\_

DATE: \_\_\_\_\_

Circle the corresponding number.

**1** MILD symptom (occurs rarely)    **2** MODERATE symptom (occurs several times a month)    **3** SEVERE symptom (occurs almost constantly)

**GROUP 1**

- 1. 1 2 3 Acid foods upset
- 2. 1 2 3 Get chilled often
- 3. 1 2 3 "Lump" in throat
- 4. 1 2 3 Dry mouth, eyes, nose
- 5. 1 2 3 Pulse speeds after meal
- 6. 1 2 3 Keyed up, fail to calm
- 7. 1 2 3 Gag occasionally
- 8. 1 2 3 Unable to relax, startle easily
- 9. 1 2 3 Extremities cold, clammy
- 10. 1 2 3 Strong light irritates
- 11. 1 2 3 Occasionally weak urine flow
- 12. 1 2 3 Heart pounds after retiring
- 13. 1 2 3 "Nervous" stomach
- 14. 1 2 3 Appetite reduced occasionally
- 15. 1 2 3 Cold sweats often
- 16. 1 2 3 Get heated easily
- 17. 1 2 3 Nerve discomfort
- 18. 1 2 3 Staring, blink little
- 19. 1 2 3 Sour stomach frequent

\_\_\_\_ TOTAL  
1 2 3

**GROUP 2**

- 20. 1 2 3 Joint stiffness after arising
- 21. 1 2 3 Muscle, leg, toe cramps at night
- 22. 1 2 3 "Butterfly" stomach, cramps
- 23. 1 2 3 Eyes or nose watery
- 24. 1 2 3 Eyes blink often
- 25. 1 2 3 Eyelids swollen, puffy
- 26. 1 2 3 Indigestion soon after meals
- 27. 1 2 3 Always seem hungry, feel "lightheaded" often
- 28. 1 2 3 Digestion rapid
- 29. 1 2 3 Vomit occasionally
- 30. 1 2 3 Hoarseness frequent
- 31. 1 2 3 Uneven breathing
- 32. 1 2 3 Pulse slow
- 33. 1 2 3 Gagging reflex slow
- 34. 1 2 3 Difficulty swallowing
- 35. 1 2 3 Temporary constipation or diarrhea
- 36. 1 2 3 "Slow starter"
- 37. 1 2 3 Get "chilled"
- 38. 1 2 3 Perspire easily
- 39. 1 2 3 Sensitive to cold
- 40. 1 2 3 Upper respiratory challenges

\_\_\_\_ TOTAL  
1 2 3

**GROUP 3**

- 41. 1 2 3 Eat when nervous
- 42. 1 2 3 Excessive appetite
- 43. 1 2 3 Hungry between meals
- 44. 1 2 3 Irritable before meals

- 45. 1 2 3 Get "shaky" if hungry
- 46. 1 2 3 Fatigue, eating relieves
- 47. 1 2 3 "Lightheaded" if meals delayed
- 48. 1 2 3 Heart palpitates if meals missed or delayed
- 49. 1 2 3 Fatigue in afternoon
- 50. 1 2 3 Overeating sweets upsets
- 51. 1 2 3 Awaken after few hours sleep, hard to get back to sleep
- 52. 1 2 3 Crave candy or coffee in afternoon
- 53. 1 2 3 Moods of "blues" or melancholy
- 54. 1 2 3 Craving for sweets or snacks

\_\_\_\_ TOTAL  
1 2 3

**GROUP 4**

- 55. 1 2 3 Hands and feet go to sleep easily, numbness
- 56. 1 2 3 Sigh frequently, "air hunger"
- 57. 1 2 3 Aware of "breathing heavily"
- 58. 1 2 3 High-altitude discomfort
- 59. 1 2 3 Open windows in closed room
- 60. 1 2 3 Immune system challenges
- 61. 1 2 3 Afternoon "yawner"
- 62. 1 2 3 Get "drowsy" often
- 63. 1 2 3 Swollen ankles worse at night
- 64. 1 2 3 Muscle cramps, worse during exercise; get "charley horse"
- 65. 1 2 3 Difficulty catching breath, especially during exercise
- 66. 1 2 3 Tightness or pressure in chest, worse on exertion
- 67. 1 2 3 Skin discolors easily after impact
- 68. 1 2 3 Tendency to anemia
- 69. 1 2 3 Noises in head or "ringing in ears"
- 70. 1 2 3 Fatigue upon exertion

\_\_\_\_ TOTAL  
1 2 3

**GROUP 5**

- 71. 1 2 3 Dizziness
- 72. 1 2 3 Dry skin
- 73. 1 2 3 Burning feet
- 74. 1 2 3 Blurred vision
- 75. 1 2 3 Itching skin and feet
- 76. 1 2 3 Hair loss
- 77. 1 2 3 Occasional skin rashes
- 78. 1 2 3 Bitter, metallic taste in mouth in morning
- 79. 1 2 3 Occasional constipation
- 80. 1 2 3 Worrier, feels insecure
- 81. 1 2 3 Nausea occasionally after eating
- 82. 1 2 3 Greasy foods upset
- 83. 1 2 3 Stools light-colored

- 84. 1 2 3 Skin peels on foot soles
- 85. 1 2 3 Discomfort between shoulder blades
- 86. 1 2 3 Occasional laxative use
- 87. 1 2 3 Stools alternate from soft to watery
- 88. 1 2 3 Sneezing attacks
- 89. 1 2 3 Dreaming, nightmare-type bad dreams
- 90. 1 2 3 Bad breath (halitosis)
- 91. 1 2 3 Milk products cause upset
- 92. 1 2 3 Sensitive to hot weather
- 93. 1 2 3 Burning or itching anus
- 94. 1 2 3 Crave sweets

\_\_\_\_ TOTAL  
1 2 3

**GROUP 6**

- 95. 1 2 3 Loss of taste for meat
- 96. 1 2 3 Lower bowel gas several hours after eating
- 97. 1 2 3 Burning stomach sensations, eating relieves
- 98. 1 2 3 Coated tongue
- 99. 1 2 3 Pass large amounts of foul-smelling gas
- 100. 1 2 3 Indigestion 1/2-1 hour after eating; may be up to 3-4 hours after
- 101. 1 2 3 Watery or loose stool
- 102. 1 2 3 Gas shortly after eating
- 103. 1 2 3 Stomach "bloating"

\_\_\_\_ TOTAL  
1 2 3

**GROUP 7A**

- 104. 1 2 3 Difficulty sleeping
- 105. 1 2 3 On edge
- 106. 1 2 3 Can't gain weight
- 107. 1 2 3 Intolerance to heat
- 108. 1 2 3 Highly emotional
- 109. 1 2 3 Flush easily
- 110. 1 2 3 Night sweats
- 111. 1 2 3 Thin, moist skin
- 112. 1 2 3 Inward trembling
- 113. 1 2 3 Heart races
- 114. 1 2 3 Increased appetite without weight gain
- 115. 1 2 3 Pulse fast at rest
- 116. 1 2 3 Eyelids and face twitch
- 117. 1 2 3 Irritable and restless
- 118. 1 2 3 Can't work under pressure

\_\_\_\_ TOTAL  
1 2 3

**GROUP 7B**

- 119. 1 2 3 Increase in weight
  - 120. 1 2 3 Decrease in appetite
  - 121. 1 2 3 Fatigue easily
  - 122. 1 2 3 Ringing in ears
  - 123. 1 2 3 Sleepy during day
  - 124. 1 2 3 Sensitive to cold
  - 125. 1 2 3 Dry or scaly skin
  - 126. 1 2 3 Temporary constipation
  - 127. 1 2 3 Mental sluggishness
  - 128. 1 2 3 Hair coarse, falls out
  - 129. 1 2 3 Tension in head upon arising wears off during day
  - 130. 1 2 3 Slow pulse below 65
  - 131. 1 2 3 Changing urinary function
  - 132. 1 2 3 Sounds appear diminished
  - 133. 1 2 3 Reduced initiative
- 1      2      3      **TOTAL**

**GROUP 7C**

- 134. 1 2 3 Failing memory with age
  - 135. 1 2 3 Increased sex drive
  - 136. 1 2 3 Episodes of tension in head
  - 137. 1 2 3 Decreased sugar tolerance
- 1      2      3      **TOTAL**

**GROUP 7D**

- 138. 1 2 3 Abnormal thirst
  - 139. 1 2 3 Bloating of abdomen
  - 140. 1 2 3 Weight gain around hips or waist
  - 141. 1 2 3 Sex drive reduced or lacking
  - 142. 1 2 3 Tendency for stomach issues
  - 143. 1 2 3 Immune system challenges
  - 144. 1 2 3 Menstrual disorders
- 1      2      3      **TOTAL**

**GROUP 7E**

- 145. 1 2 3 Dizziness
- 146. 1 2 3 Headaches
- 147. 1 2 3 Hot flashes
- 148. 1 2 3 Hair growth on face or body (female)

- 149. 1 2 3 Sugar in urine (not diabetes)
  - 150. 1 2 3 Masculine tendencies (female)
- 1      2      3      **TOTAL**

**GROUP 7F**

- 151. 1 2 3 Weakness, dizziness
  - 152. 1 2 3 Tired throughout day
  - 153. 1 2 3 Nails weak, ridged
  - 154. 1 2 3 Sensitive skin
  - 155. 1 2 3 Stiff joints
  - 156. 1 2 3 Perspiration increase
  - 157. 1 2 3 Bowel discomfort
  - 158. 1 2 3 Poor circulation
  - 159. 1 2 3 Swollen ankles
  - 160. 1 2 3 Crave salt
  - 161. 1 2 3 Areas of skin darkening
  - 162. 1 2 3 Upper respiratory sensitivity
  - 163. 1 2 3 Tiredness
  - 164. 1 2 3 Breathing challenges
- 1      2      3      **TOTAL**

**GROUP 8**

- 165. 1 2 3 Muscle weakness
- 166. 1 2 3 Lack of stamina
- 167. 1 2 3 Drowsiness after eating
- 168. 1 2 3 Muscular soreness
- 169. 1 2 3 Heart races
- 170. 1 2 3 Hyperirritable
- 171. 1 2 3 Feeling of a band around head
- 172. 1 2 3 Melancholia (feeling of sadness)
- 173. 1 2 3 Swelling of ankles
- 174. 1 2 3 Change in urinary function
- 175. 1 2 3 Tendency to consume sweets/carbohydrates
- 176. 1 2 3 Muscle spasms
- 177. 1 2 3 Blurred vision
- 178. 1 2 3 Involuntary muscle action
- 179. 1 2 3 Numbness
- 180. 1 2 3 Night sweats
- 181. 1 2 3 Rapid digestion
- 182. 1 2 3 Sensitivity to noise

- 183. 1 2 3 Redness of palms of hands and bottom of feet
  - 184. 1 2 3 Visible veins on chest and abdomen
  - 185. 1 2 3 Hemorrhoids
  - 186. 1 2 3 Apprehension (feeling that something bad is going to happen)
  - 187. 1 2 3 Nervousness causing loss of appetite
  - 188. 1 2 3 Nervousness with indigestion
  - 189. 1 2 3 Gastritis
  - 190. 1 2 3 Forgetfulness
  - 191. 1 2 3 Thinning hair
- 1      2      3      **TOTAL**

**FEMALE ONLY**

- 192. 1 2 3 Very easily fatigued
  - 193. 1 2 3 Premenstrual tension
  - 194. 1 2 3 Menses more painful than usual
  - 195. 1 2 3 Depressed feelings before menstruation
  - 196. 1 2 3 Painful breasts during menses
  - 197. 1 2 3 Menstruate too frequently
  - 198. 1 2 3 Hysterectomy/ovaries removed
  - 199. 1 2 3 Menopausal hot flashes
  - 200. 1 2 3 Menses scanty or missed
  - 201. 1 2 3 Acne, worse at menses
- 1      2      3      **TOTAL**

**MALE ONLY**

- 202. 1 2 3 Less involved in exercise/social activities
  - 203. 1 2 3 Difficult to postpone urination
  - 204. 1 2 3 Weak urinary stream
  - 205. 1 2 3 Feeling of "blues" or melancholy
  - 206. 1 2 3 Feeling of incomplete bowel evacuation
  - 207. 1 2 3 Lack of energy
  - 208. 1 2 3 Muscles in arms and legs seem softer/smaller
  - 209. 1 2 3 Tire too easily
  - 210. 1 2 3 Avoid activity
  - 211. 1 2 3 Leg nervousness at night
  - 212. 1 2 3 Diminished sex drive
- 1      2      3      **TOTAL**

**IMPORTANT** | Please list below the five main physical complaints you have in order of their importance.

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_

**TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

<b>Digestion</b>	<b>Large Intestine (Palpate)</b>	<b>Adrenals</b>	<u>Pass/Fail</u> Zinc Taste Test
_____ Hydrochloric	_____ Ascending	<u>Pass/Fail</u> Pupil Dilation Exam	<u>Pass/Fail</u> Cuff Test
_____ Acid Point	_____ Transverse	<b>Postural Hypotension</b>	_____ Cuff Pressure
_____ Enzyme Point	_____ Descending	_____ Supine	_____ pH of Saliva
_____ Murphy's Sign		_____ Standing	_____ Pulse

**BARNES THYROID TEST**

The test is conducted by the patient in the morning 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 such as 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 second and third days of flow or any five days in a row)  
**MALES** (any two days during the month)

Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_ Day 5 \_\_\_\_\_

**RESTRICTIONS ON USE**

The systems survey is to be used only by trained health care professionals. If you are a patient, you should not use the systems survey. If you are not a trained health care practitioner, you should not use the systems survey. Health care practitioners should only use the systems survey to provide services that are within the scope of their license or professional training. The systems survey is intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.