

Nutritec Software Symptom Survey Form

NAME: _____ DATE: _____

DOB: _____ SEX: Male Female

HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: Pulse: Sitting: _____ Standing: _____

BP Sitting: _____ PB Lying: _____ BP Standing: _____

pH INDICATORS: AM Saliva: _____ AM Urine: _____

PM Saliva: _____ PM Urine: _____

IMPORTANT

List below your five main physical complaints in order of importance:

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

INSTRUCTIONS: Completely black out one of the three circles:

1-mild — 2-moderate — 3-severe

- MILD symptoms (once or twice last 3 month)
- MODERATE symptoms (once or twice last month)
- SEVERE symptoms (Chronic, once or twice last week)
- Leave circles BLANK if they do not apply to you!!!!**

- | 1 | 2 | 3 | ----- GROUP 1 ----- |
|----|-----------------------|-----------------------|--|
| 1 | <input type="radio"/> | <input type="radio"/> | Acid foods upset |
| 2 | <input type="radio"/> | <input type="radio"/> | Get chilled, often |
| 3 | <input type="radio"/> | <input type="radio"/> | "Lump" in throat |
| 4 | <input type="radio"/> | <input type="radio"/> | Dry mouth-eyes-nose |
| 5 | <input type="radio"/> | <input type="radio"/> | Pulse speeds after meals |
| 6 | <input type="radio"/> | <input type="radio"/> | Keyed up--fail to calm |
| 7 | <input type="radio"/> | <input type="radio"/> | Cuts heal slowly |
| 8 | <input type="radio"/> | <input type="radio"/> | Gag easily |
| 9 | <input type="radio"/> | <input type="radio"/> | Unable to relax; startles easily |
| 10 | <input type="radio"/> | <input type="radio"/> | Extremities cold, clammy |
| 11 | <input type="radio"/> | <input type="radio"/> | Strong light irritates |
| 12 | <input type="radio"/> | <input type="radio"/> | Urine amount reduced |
| 13 | <input type="radio"/> | <input type="radio"/> | Heart pounds after retiring |
| 14 | <input type="radio"/> | <input type="radio"/> | "Nervous" stomach |
| 15 | <input type="radio"/> | <input type="radio"/> | Appetite reduced |
| 16 | <input type="radio"/> | <input type="radio"/> | Cold sweats often |
| 17 | <input type="radio"/> | <input type="radio"/> | Fever easily raised |
| 18 | <input type="radio"/> | <input type="radio"/> | Neuralgia-like pains |
| 19 | <input type="radio"/> | <input type="radio"/> | Staring, blinks little |
| 20 | <input type="radio"/> | <input type="radio"/> | Sour stomach frequent |
| | | | ----- GROUP 2 ----- |
| 21 | <input type="radio"/> | <input type="radio"/> | Joint stiffness after arising |
| 22 | <input type="radio"/> | <input type="radio"/> | Muscle-leg-toe cramps at night |
| 23 | <input type="radio"/> | <input type="radio"/> | "Butterfly" stomach, cramps |
| 24 | <input type="radio"/> | <input type="radio"/> | Eyes or nose watery |
| 25 | <input type="radio"/> | <input type="radio"/> | Eyes blink often |
| 26 | <input type="radio"/> | <input type="radio"/> | Eyelids swollen, puffy |
| 27 | <input type="radio"/> | <input type="radio"/> | Indigestion soon after meals |
| 28 | <input type="radio"/> | <input type="radio"/> | Always seems hungry; 'lightheaded' often |
| 29 | <input type="radio"/> | <input type="radio"/> | Digestion rapid |
| 30 | <input type="radio"/> | <input type="radio"/> | Vomiting frequent |
| 31 | <input type="radio"/> | <input type="radio"/> | Hoarseness frequent |
| 32 | <input type="radio"/> | <input type="radio"/> | Breathing irregular |
| 33 | <input type="radio"/> | <input type="radio"/> | Pulse slow; feels "irregular" |
| 34 | <input type="radio"/> | <input type="radio"/> | Gagging reflex slow |
| 35 | <input type="radio"/> | <input type="radio"/> | Difficulty swallowing |

- | 1 | 2 | 3 | ----- GROUP 2 contiued ----- |
|----|-----------------------|-----------------------|---|
| 36 | <input type="radio"/> | <input type="radio"/> | Constipation, diarrhea alternating |
| 37 | <input type="radio"/> | <input type="radio"/> | "Slow starter" |
| 38 | <input type="radio"/> | <input type="radio"/> | Get "chilled" infrequently |
| 39 | <input type="radio"/> | <input type="radio"/> | Perspire easily |
| 40 | <input type="radio"/> | <input type="radio"/> | Circulation poor, sensitive to cold |
| 41 | <input type="radio"/> | <input type="radio"/> | Subject to colds, asthma, bronchitis |
| | | | ----- GROUP 3 ----- |
| 42 | <input type="radio"/> | <input type="radio"/> | Eat when nervous |
| 43 | <input type="radio"/> | <input type="radio"/> | Excessive appetite |
| 44 | <input type="radio"/> | <input type="radio"/> | Hungry between meals |
| 45 | <input type="radio"/> | <input type="radio"/> | Irritable before meals |
| 46 | <input type="radio"/> | <input type="radio"/> | Get "shaky" if hungry |
| 47 | <input type="radio"/> | <input type="radio"/> | Fatigue, eating relieves |
| 48 | <input type="radio"/> | <input type="radio"/> | "Lightheaded" if meals delayed |
| 49 | <input type="radio"/> | <input type="radio"/> | Heart palpitates if meals missed or delayed |
| 50 | <input type="radio"/> | <input type="radio"/> | Afternoon headaches |
| 51 | <input type="radio"/> | <input type="radio"/> | Overeating sweets upsets |
| 52 | <input type="radio"/> | <input type="radio"/> | Awaken after few hours sleep hard to get back to sleep |
| 53 | <input type="radio"/> | <input type="radio"/> | Crave candy or coffee in afternoons |
| 54 | <input type="radio"/> | <input type="radio"/> | Moods of depression "blues" or melancholy |
| 55 | <input type="radio"/> | <input type="radio"/> | Abnormal craving for sweets or snacks |
| | | | ----- GROUP 4 ----- |
| 56 | <input type="radio"/> | <input type="radio"/> | Hands and feet go to sleep easily, numbness |
| 57 | <input type="radio"/> | <input type="radio"/> | Sigh frequently, "air hunger" |
| 58 | <input type="radio"/> | <input type="radio"/> | Aware of "breathing heavily" |
| 59 | <input type="radio"/> | <input type="radio"/> | High altitude discomfort |
| 60 | <input type="radio"/> | <input type="radio"/> | Opens windows in closed room |
| 61 | <input type="radio"/> | <input type="radio"/> | Susceptible to colds and fevers |
| 62 | <input type="radio"/> | <input type="radio"/> | Afternoon "yawner" |
| 63 | <input type="radio"/> | <input type="radio"/> | Get "drowsy" often |
| 64 | <input type="radio"/> | <input type="radio"/> | Swollen ankles worse at night |
| 65 | <input type="radio"/> | <input type="radio"/> | Muscle cramps, worse during exercise; "charley-horses" |
| 66 | <input type="radio"/> | <input type="radio"/> | Shortness of breath on exertion |
| 67 | <input type="radio"/> | <input type="radio"/> | Dull pain in chest or radiating into left arm, worse on exertion |
| 68 | <input type="radio"/> | <input type="radio"/> | Bruise easily, "black/blue" spots |
| 69 | <input type="radio"/> | <input type="radio"/> | Tendency to anemia |
| 70 | <input type="radio"/> | <input type="radio"/> | "Nose bleeds" frequent |
| 71 | <input type="radio"/> | <input type="radio"/> | Noises in head or "ringing in ears" |
| 72 | <input type="radio"/> | <input type="radio"/> | Tension under the breast-bone, or feeling of "tightness", worse on exertion |
| | | | ----- GROUP 5 ----- |
| 73 | <input type="radio"/> | <input type="radio"/> | Dizziness |
| 74 | <input type="radio"/> | <input type="radio"/> | Dry skin |
| 75 | <input type="radio"/> | <input type="radio"/> | Burning feet |
| 76 | <input type="radio"/> | <input type="radio"/> | Blurred vision |
| 77 | <input type="radio"/> | <input type="radio"/> | Itching skin and feet |
| 78 | <input type="radio"/> | <input type="radio"/> | Excessive falling hair |
| 79 | <input type="radio"/> | <input type="radio"/> | Frequent skin rashes |
| 80 | <input type="radio"/> | <input type="radio"/> | Bitter, metallic taste in mouth in mornings |
| 81 | <input type="radio"/> | <input type="radio"/> | Bowel movements painful difficult |
| 82 | <input type="radio"/> | <input type="radio"/> | Worrier, feels insecure |
| 83 | <input type="radio"/> | <input type="radio"/> | Feeling queasy; headache over eyes |
| 84 | <input type="radio"/> | <input type="radio"/> | Greasy foods upset |
| 85 | <input type="radio"/> | <input type="radio"/> | Stools light-colored |
| 86 | <input type="radio"/> | <input type="radio"/> | Skin peels on foot soles |
| 87 | <input type="radio"/> | <input type="radio"/> | Pain between shoulder blades |
| 88 | <input type="radio"/> | <input type="radio"/> | Use laxatives |
| 89 | <input type="radio"/> | <input type="radio"/> | Stools alternate from soft to watery |
| 90 | <input type="radio"/> | <input type="radio"/> | History of gallbladder attacks or gall stones |
| 91 | <input type="radio"/> | <input type="radio"/> | Sneezing attacks |
| 92 | <input type="radio"/> | <input type="radio"/> | Dreaming, nightmare type bad dreams |
| 93 | <input type="radio"/> | <input type="radio"/> | Bad breath (halitosis) |
| 94 | <input type="radio"/> | <input type="radio"/> | Milk products cause distress |
| 95 | <input type="radio"/> | <input type="radio"/> | Sensitive to hot weather |
| 96 | <input type="radio"/> | <input type="radio"/> | Burning or itching anus |
| 97 | <input type="radio"/> | <input type="radio"/> | Crave sweets |

