

NAME _____ AGE _____ SEX: M F DATE _____ Patient No. _____

INSTRUCTIONS: Place the Number which applies to you either 1, 2, 3 or leave blank on the lines to the left

- (1) **MILD:** Symptoms are slightly annoying but cause little interference with normal daily living
 (2) **MODERATE:** Symptoms are tolerable, but **some diminishing effect** to carrying out normal daily living
 (3) **SEVERE:** Symptoms, when present, are **serious enough to interfere** with or prevent normal daily living

GROUP 1
___ Acid foods upset
___ Get chilled, often
___ "Lump" in throat
___ Dry mouth-eyes-nose
___ Pulse speeds after meals
___ Keyed up - fail to calm
___ Cuts heal slowly
___ Gag easily
___ Unable to relax; startle easily
___ Extremities cold, clammy
___ Strong light irritates
___ Urine amount reduced
___ Heart pounds after retiring
___ "Nervous" stomach
___ Appetite reduced
___ Cold sweats often
___ Fever easily raised
___ Neuralgia-like pains
___ Staring, blinks little
___ Sour stomach frequent

GROUP 2
___ Joint stiffness after arising
___ Muscle-leg-toe cramps at night
___ Butterfly" stomach, cramps
___ Eyes or nose watery
___ Eyes blink often
___ Eyelids swollen, puffy
___ Indigestion soon after meals
___ Always seems hungry; feel "lightheaded" often
___ Digestion rapid
___ Vomiting frequent
___ Hoarseness frequent
___ Breathing irregular
___ Pulse slow; feels "irregular"
___ Gagging reflex slow
___ Difficulty swallowing
___ Constipation, diarrhea alternating
___ "Slow starter"
___ Get "chilled" infrequently
___ Perspire easily
___ Circulation poor, sensitive to cold
___ Subject to colds, asthma, bronchitis

GROUP 3
___ Eat when nervous
___ Excessive appetite
___ Hungry between meals
___ Irritable before meals
___ Get "shaky" if hungry
___ Fatigue, eating relieves
___ "Lightheaded" if meals delayed
___ Heart palpitates if meals missed or delayed
___ Afternoon headaches
___ Overeating sweets upsets
___ Awaken after few hours sleeps - hard to get back to sleep
___ Crave candy or coffee in afternoons
___ Moods of depression - "blues" or melancholy
___ Abnormal craving for sweets or snacks

GROUP 4
___ Hands and feet go to sleep easily, numbness
___ Sigh frequently, "air hunger"
___ Aware of "breathing heavily"
___ High altitude discomfort
___ Opens windows in closed room
___ Susceptive to colds and fevers
___ Afternoon "yawner"
___ Get "drowsy" often
___ Swollen ankles worse at night
___ Muscle cramps, worse during exercise; get "charley horses"
___ Shortness of breath on exertion
___ Dull pain in chest or radiating into left arm, worse on exertion
___ Bruise easily, "black/blue" spots
___ Tendency to anemia
___ "Nose bleeds" frequent
___ Noises in head or "ringing in ears"
___ Tension under the breastbone, or feeling of "tightness", worse on exertion

GROUP 5	
___ Dizziness	___ Skin peels on foot soles
___ Dry Skin	___ Pain between shoulder blades
___ Burning feet	___ Use laxatives
___ Blurred vision	___ Stools alternate from soft to watery
___ Itching skin and feet	___ History of gallbladder attacks or gallstones
___ Excessive falling hair	___ Sneezing attacks
___ Frequent skin rashes	___ Dreaming, nightmare type bad dreams
___ Bitter, metallic taste in mouth in mornings	___ Bad breath (halitosis)
___ Bowel movement painful or difficult	___ Milk products cause distress
___ Worries, feels insecure	___ Sensitive to hot weather
___ Felling queasy; headache over eyes	___ Burning or itching anus
___ Greasy foods upset	___ Crave sweets
___ Stools light-colored	

GROUP 6

- Loss of taste for meat
- Lower bowel gas several hours after eating
- Burning stomach sensations, eating relieves
- Coated tongue
- Pass large amounts of foul-smelling gas
- Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
- Mucus colitis or "irritable bowel"
- Gas shortly after eating
- Stomach "bloating" after eating

GROUP 7**(A)**

- Insomnia
- Nervousness
- Can't gain weight
- Intolerance to heat
- Highly emotional
- Flush easily
- Night sweats
- Thin, moist skin
- Inward trembling
- Heart palpitates
- Increased appetite without weight gain
- Pulse fast at rest
- Eyelids and face twitch
- Irritable and restless
- Can't work under pressure

(B)

- Increase in weight
- Decrease in appetite
- Fatigue easily
- Ringing in ears
- Sleepy during day
- Sensitive to cold
- Dry or scaly skin
- Constipation
- Metal sluggishness
- Hair coarse, falls out
- Headaches upon arising wear off during day
- Slow pulse, below 65
- Frequency of urination
- Impaired hearing
- Reduced initiative

GROUP 7 (continued)**(C)**

- Failing memory
- Low blood pressure
- Increased sex drive
- Headaches, "splitting or rending" type
- Decreased sugar tolerance

(D)

- Abnormal thirst
- Bloating of abdomen
- Weight gain around hips or waist
- Sex drive reduced or lacking
- Tendency to ulcers, colitis
- Increased sugar tolerance
- Women: menstrual disorders
- Young girls: lack of menstrual function

(E)

- Dizziness
- Headaches
- Hot flashes
- Increased blood pressure
- Hair growth on face or body (female)
- Sugar in urine (not diabetes)
- Masculine tendencies (female)

(F)

- Weakness, dizziness
- Chronic fatigue
- Low blood pressure
- Nails weak, ridged
- Tendency to hives
- Arthritic tendencies
- Perspiration increase
- Bowel disorders
- Poor circulation
- Swollen ankles
- Crave salt
- Brown spots or bronzing of skin
- Allergies - tendency to asthma
- Weakness after colds, influenza
- Exhaustion - muscular and nervous
- Respiratory disorders

FEMALE ONLY

- Very easily fatigued
- Premenstrual tension
- Painful menses
- Depressed feeling before menstruation
- Menstruation excessive and prolonged
- Painful breasts
- Menstruate too frequently
- Vaginal discharge
- Y / N** Hysterectomy/ovaries removed
- Menopausal hot flashes
- Menses scanty or missed
- Acne, worse at menses
- Depression of long standing

MALES ONLY

- Prostate trouble
- Urination difficult or dribbling
- Night urination frequent
- Depression
- Pain on inside of legs or heels
- Feeling of incomplete bowel evacuation
- Lack of energy
- Migrating aches and pains
- Tire too easily
- Avoid activity
- Leg nervousness at night
- Diminished sex drive

IMPORTANT

TO THE PATIENT: Please list below the five main health complaints you have in order of their importance:

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