

Systems Survey Form | Restricted to Professional Use



NAME: _____ AGE: _____ HEALTH CARE PROFESSIONAL: _____ DATE: _____

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, don't circle anything for that symptom.

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								
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—	—	—	TOTAL							
1	2	3								

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								
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—	—	—	TOTAL							
1	2	3								

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								
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—	—	—	TOTAL							
1	2	3								

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)								
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—	—	—	TOTAL							
1	2	3								

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								
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1	2	3								

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								
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1	2	3								

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								
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1	2	3								

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								
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1	2	3								

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

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