



SYSTEMS SURVEY

Client Name: _____ Age: _____ Date: _____
 Email Address: _____

Instructions: Number only the boxes which apply to you with either a 1, 2 or 3.

- (1) for **MILD** health concerns (occur once or twice a year)
 (2) for **MODERATE** health concerns (occur several times a year)
 (3) for **SEVERE** health concerns (you are aware of it almost constantly)

GROUP ONE		
1 <input type="checkbox"/> Acid foods upset	8 <input type="checkbox"/> Gag easily	15 <input type="checkbox"/> Appetite reduced
2 <input type="checkbox"/> Get chilled, often	9 <input type="checkbox"/> Unable to relax; startles easily	16 <input type="checkbox"/> Cold sweats often
3 <input type="checkbox"/> "Lump" in throat	10 <input type="checkbox"/> Extremities cold, clammy	17 <input type="checkbox"/> Fever easily raised
4 <input type="checkbox"/> Dry mouth-eyes-nose	11 <input type="checkbox"/> Strong light irritates	18 <input type="checkbox"/> Neuralgia-like pains
5 <input type="checkbox"/> Pulse speeds after meals	12 <input type="checkbox"/> Urine amount reduced	19 <input type="checkbox"/> Staring, blinks little
6 <input type="checkbox"/> Keyed up--fail to calm	13 <input type="checkbox"/> Heart pounds after retiring	20 <input type="checkbox"/> Sour stomach frequent
7 <input type="checkbox"/> Cuts heal slowly	14 <input type="checkbox"/> "Nervous" stomach	
GROUP TWO		
21 <input type="checkbox"/> Joint stiffness after rising	28 <input type="checkbox"/> Always seems hungry; feels "lightheaded" often	34 <input type="checkbox"/> Gagging reflex slow
22 <input type="checkbox"/> Muscle-leg-toe cramps at night	29 <input type="checkbox"/> Digestion rapid	35 <input type="checkbox"/> Difficulty swallowing
23 <input type="checkbox"/> "Butterfly" stomach, cramps	30 <input type="checkbox"/> Vomiting frequent	36 <input type="checkbox"/> Constipation, diarrhea alternating
24 <input type="checkbox"/> Eyes or ooze watery	31 <input type="checkbox"/> Hoarseness frequent	37 <input type="checkbox"/> "Slow starter"
25 <input type="checkbox"/> Eyes blink often	32 <input type="checkbox"/> Breathing irregular	38 <input type="checkbox"/> Get "chilled" infrequently
26 <input type="checkbox"/> Eyelids swollen, puffy	33 <input type="checkbox"/> Pulse slow; feels "irregular"	39 <input type="checkbox"/> Perspire easily
27 <input type="checkbox"/> Indigestion soon after meals		40 <input type="checkbox"/> Circulation poor, sensitive to cold
		41 <input type="checkbox"/> Subject to colds, asthma, bronchitis
GROUP THREE		
42 <input type="checkbox"/> Eat when nervous	49 <input type="checkbox"/> Heart palpitates if meals missed or delayed	54 <input type="checkbox"/> Moods of depression -- "blues" or melancholy
43 <input type="checkbox"/> Excessive appetite	50 <input type="checkbox"/> Afternoon headaches	55 <input type="checkbox"/> Abnormal craving for sweets or snacks
44 <input type="checkbox"/> Hungry between meals	51 <input type="checkbox"/> Overeating sweets upsets	
45 <input type="checkbox"/> Irritable before meals	52 <input type="checkbox"/> Awaken after few hours sleep	
46 <input type="checkbox"/> Get "shaky" if hungry	53 <input type="checkbox"/> Crave candy or coffee in afternoons	
47 <input type="checkbox"/> Fatigue, eating relieves		
48 <input type="checkbox"/> "Lightheaded" if meals delayed		
GROUP FOUR		
56 <input type="checkbox"/> Hands and feet go to sleep easily, numbness	62 <input type="checkbox"/> Afternoon "yawner"	68 <input type="checkbox"/> Bruise easily, "black/blue" spots
57 <input type="checkbox"/> Sigh frequently, "air hunger"	63 <input type="checkbox"/> Get "drowsy" often	69 <input type="checkbox"/> Tendency to anemia
58 <input type="checkbox"/> Aware of "breathing heavily"	64 <input type="checkbox"/> Swollen ankles worse at night	70 <input type="checkbox"/> "Nose bleeds" frequent
59 <input type="checkbox"/> High altitude discomfort	65 <input type="checkbox"/> Muscle cramps, worse during exercise; get "charley horses"	71 <input type="checkbox"/> Noises in head or "ringing in ears"
60 <input type="checkbox"/> Opens windows in closed room	66 <input type="checkbox"/> Shortness of breath on exertion	72 <input type="checkbox"/> Tension under the breastbone, or feeling of "tightness," worse on exertion
61 <input type="checkbox"/> Susceptible to colds and fevers	67 <input type="checkbox"/> Dull pain in chest or radiating into left arm, worse on exertion	
GROUP FIVE		
73 <input type="checkbox"/> Dizziness	82 <input type="checkbox"/> Worrier, feels insecure	91 <input type="checkbox"/> Sneezing attacks
74 <input type="checkbox"/> Dry skin	83 <input type="checkbox"/> Feeling queasy; headache over eyes	92 <input type="checkbox"/> Dreaming, nightmare typed bad dreams
75 <input type="checkbox"/> Burning feet	84 <input type="checkbox"/> Greasy foods upset	93 <input type="checkbox"/> Bad breath (halitosis)
76 <input type="checkbox"/> Blurred vision	85 <input type="checkbox"/> Stools light-colored	94 <input type="checkbox"/> Milk products cause distress
77 <input type="checkbox"/> Itching skin and feet	86 <input type="checkbox"/> Skin peels on foot soles	95 <input type="checkbox"/> Sensitive to hot weather
78 <input type="checkbox"/> Excessive falling hair	87 <input type="checkbox"/> Pain between shoulder blades	96 <input type="checkbox"/> Burning or itching anus
79 <input type="checkbox"/> Frequent skin rashes	88 <input type="checkbox"/> Use laxatives	97 <input type="checkbox"/> Crave sweets
80 <input type="checkbox"/> Bitter, metallic taste in mouth in mornings	89 <input type="checkbox"/> Stools alternate from soft to watery	
81 <input type="checkbox"/> Bowel movements painful or difficult	90 <input type="checkbox"/> History of gallbladder attacks or gallstones	
GROUP SIX		
98 <input type="checkbox"/> Loss of taste for meat	102 <input type="checkbox"/> Pass large amounts of foul-smelling gas	
99 <input type="checkbox"/> Lower bowel gas several hours after eating	103 <input type="checkbox"/> Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hours	
100 <input type="checkbox"/> Burning stomach sensations, eating relieves	104 <input type="checkbox"/> Mucus colitis or "irritable bowel"	
101 <input type="checkbox"/> Coated tongue	105 <input type="checkbox"/> Gas shortly after eating	
	106 <input type="checkbox"/> Stomach "bloating" after eating	

SYSTEMS SURVEY (PAGE 2)

GROUP SEVEN

- A**
- 107 Insomnia
 - 108 Nervousness
 - 109 Can't gain weight
 - 110 Intolerance to heat
 - 111 Highly emotional
 - 112 Flush easily
 - 113 Night sweats
 - 114 Thin, moist skin
 - 115 Inward trembling
 - 116 Heart palpitates
 - 117 Increased appetite without weight gain
 - 118 Pulse fast at rest
 - 119 Eyelids and face twitch
 - 120 Irritable and restless
 - 121 Can't work under pressure
- B**
- 122 Increase in weight
 - 123 Decrease in appetite
 - 124 Fatigue easily
 - 125 Ringing in ears
 - 126 Sleepy during day
 - 127 sensitive to cold
 - 128 Dry or scaly skin
 - 129 Constipation
 - 130 Mental sluggishness
 - 131 Hair coarse, falls out
 - 132 Headaches upon arising wear off during day
 - 133 Slow pulse, below 65
 - 134 Frequency of urination
 - 135 Impaired hearing
 - 136 Reduced initiative

- C**
- 137 Failing memory
 - 138 Low blood pressure
 - 139 Increased sex drive
 - 140 Headaches, "splitting or rendering" type
 - 141 Decreased sugar tolerance
- D**
- 142 Abnormal thirst
 - 143 Bloating of abdomen
 - 144 Weight gain around hips or waist
 - 145 Sex drive reduced or lacking
 - 146 Tendency to ulcers, colitis
 - 147 Increased sugar tolerance
 - 148 Women: menstrual disorders
 - 149 Young girls: lack of menstrual function

- E**
- 150 Dizziness
 - 151 Headaches
 - 152 Hot flashes
 - 153 Increased blood pressure
 - 154 Hair growth on face or body (female)
 - 155 Sugar in urine (not diabetes)
 - 156 Masculine tendencies (female)
- F**
- 157 Weakness, dizziness
 - 158 Chronic fatigue
 - 159 Low blood pressure
 - 160 Nails weak, ridged
 - 161 Tendency to hives
 - 162 Arthritic tendencies
 - 163 Perspiration increase
 - 164 Bowel disorders
 - 165 Poor circulation
 - 166 Swollen ankles
 - 167 Crave salt
 - 168 Brown spots or bronzing of skin
 - 169 Allergies--tendency to asthma
 - 170 Weakness after colds, influenza
 - 171 Exhaustion--muscular and nervous
 - 172 Respiratory disorders

GROUP EIGHT

- 173 Apprehension
- 174 Irritability
- 175 Morbid fears
- 176 Never seems to get well
- 177 Forgetfulness
- 178 Indigestion
- 179 Poor appetite
- 180 Craving for sweets
- 181 Muscular soreness
- 182 Depression; feelings of dread
- 183 Noise sensitivity
- 184 Acoustic hallucinations
- 185 Tendency to cry

- 186 Hair is coarse and/or thinning
- 187 Weakness
- 188 Fatigue
- 189 Skin sensitive to touch
- 190 Tendency toward hives
- 191 Nervousness
- 192 Headache
- 193 Insomnia
- 194 Anxiety
- 195 Anorexia
- 196 Inability to concentrate; confusion
- 197 Frequent stuffy nose; sinus
- 198 Allergy to some foods
- 199 Loose joints

FEMALE ONLY

- 200 Very easily fatigued
- 201 Premenstrual tension
- 202 Painful menses
- 203 Depressed feelings before menstruation
- 204 Menstruation excessive/prolonged
- 205 Painful breasts
- 206 Menstruate too frequently
- 207 Vaginal discharge
- 208 Hysterectomy/ovaries removed
- 209 Menopausal hot flashes
- 210 Menses scanty or missed
- 211 Acne, worse at menses
- 212 Depression of long standing

MALE ONLY

- 213 Prostate trouble
- 214 Urination difficult or dribbling
- 215 Night urination frequent
- 216 Depression
- 217 Pain on inside of legs or heels
- 218 Feeling of incomplete bowel evacuation
- 219 Lack of energy
- 220 Migrating aches and pains
- 221 Tire too easily
- 222 Avoids activity
- 223 Leg nervousness at night
- 224 Diminished sex drive

IMPORTANT

To The Client: Please list below the five main health complaints you have in order of their importance:

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