## **SYSTEMS SURVEY FORM**



Patient		Do	ctor		Date	Muestro
Birth Date	1 1	Approx Weigh			Sex: Male	Female
Pulse: Recui	mbent	Standing			Vegetarian: Yes	No
	re: Recumbent	/ Clairaing	Standing		/ Ragland's Tes	
Diood pressu	ire. Recumbent		Otanung			t is i ositive
INSTRUCTIONS: Fill in only the circles which apply to you.			5: 5- 5: 5: 5: 5:	1 2 3  52 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep  53 ○ ○ ○ Crave candy or coffee in afternoons  54 ○ ○ ○ Moods of depression - "blues" or melancholy  55 ○ ○ ○ Abnormal craving for sweets or snacks  GROUP 4  56 ○ ○ ○ Hands and feet go to sleep easily, numbness  57 ○ ○ ○ Sigh frequently, "air hunger"		
3 0 0 0 "I 4 0 0 0 D 5 0 0 0 P 6 0 0 0 K 7 0 0 0 0	Lump" in throat  Iny mouth-eyes-nose  Iulse speeds after meal  Eyed up - fail to calm  Iut heals slowly  Bag easily		59 60 62 63	9 0 0 0 0 0 0 0 1 0 0 0 2 0 0 0 3 0 0 0	Aware of "breathing heavily" High altitude discomfort Opens windows in closed rooms Susceptible to colds and fevers Afternoon "yawner" Get "drowsy" often Swollen ankles, worse at night	
10 0 0 0 E 11 0 0 0 S 12 0 0 0 U 13 0 0 0 H 14 0 0 0 "I 15 0 0 0 A	Inable to relax; startles easily xtremities cold, clammy trong light irritates brine amount reduced leart pounds after retiring Nervous" stomach ppetite reduced cold sweats often ever easily raised		69 69 69 69 77 7	5 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 1 0 0 0	<ul> <li>Muscle cramps, worse during exercise; get "</li> <li>Shortness of breath on exertion</li> <li>Dull pain in chest or radiating into left arm, w</li> <li>Bruise easily, "black and blue" spots</li> <li>Tendency to anemia</li> <li>"Nose bleeds" frequent</li> <li>Noises in head, or "ringing in ears"</li> <li>Tension under the breastbone, or feeling of " on exertion</li> </ul>	orse on exertion
19 0 0 0 S 20 0 0 0 S	leuralgia-like pains taring, blinks little our stomach often		74	4 0 0 0	GROUP 5  Dizziness Dry skin Burning feet	
22 0 0 0 M 23 0 0 0 "I 24 0 0 0 E	oint stiffness on arising luscle-leg-toe cramps at night Butterfly" stomach, cramps yes or nose watery yes blink often		71 78 79	7 0 0 0 8 0 0 0 9 0 0 0	D Blurred vision D Itching skin and feet D Excessive falling hair D Frequent skin rashes	
26 000 E 27 000 Ir	yelids swollen, puffy ndigestion soon after meals lways seems hungry; feels "liq	ghtheaded" often	8 <sup>.</sup> 82 83	1 0 0 0 2 0 0 0 3 0 0 0	D Bitter, metallic taste in mouth in mornings D Bowel movements painful or difficult D Worrier, feels insecure D Feeling queasy; headache over eyes D Greasy foods upset	
31 000 H 32 000 B 33 000 P	omiting frequent loarseness frequent reathing irregular lulse slow; feels "irregular"		89 80 81	5 0 0 0 6 0 0 0 7 0 0 0	O Stools light colored O Skin peels on foot soles O Pain between shoulder blades O Use laxatives	
35 0 0 0 D 36 0 0 0 C 37 0 0 0 "S	agging reflex slow difficulty swallowing constipation, diarrhea alternation Slow starter" det "chilled" infrequently	ng	90 92 92	0000	O Stools alternate from soft to watery O History of gallbladder attacks or gallstones O Sneezing attacks O Dreaming, nightmare type bad dreams O Bad breath (halitosis)	
41 0 0 0 S	erspire easily circulation poor, sensitive to co cubject to colds, asthma, brone ROUP 3		94 99 90	4 0 0 0 5 0 0 0 6 0 0 0	Milk products cause distress     Sensitive to hot weather     Burning or itching anus     Crave sweets	
43 0 0 0 E 44 0 0 0 F 45 0 0 0 Ir 46 0 0 0 6 47 0 0 0 F	at when nervous excessive appetite flungry between meals ritable before meals Set "shaky" if hungry fatigue, eating relieves Lightheaded" if meals delayed		98 99 100 107 107	3 0 0 0 9 0 0 0 0 0 0 0 1 0 0 0 2 0 0 0	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 a	up to 3-4 hrs.
50 0 0 0 A	leart palpitates if meals misse ufternoon headaches Overeating sweets upsets	d or delayed	104 109	4 0 0 0 5 0 0 0	Mucous colitis or "irritable bowel"     Gas shortly after eating     Stomach "bloating" after eating	

1 2 3 GROUP 7A	1 2 3
107 O O O Insomnia	170 O O O Weakness after colds, influenza
108 O O O Nervousness	171 OOO Exhaustion - muscular and nervous
109 ○ ○ ○ Can't gain weight	172 O O O Respiratory disorders
110 O O O Intolerance to heat	GROUP 8
111 OOO Highly emotional	173 O O O Apprehension
112 O O O Flush easily	174 O O O Irritability
113 O O O Night sweats	175 O O O Morbid fears
114 O O O Thin, moist skin	176 OOO Never seems to get well
115 O O O Inward trembling	177 O O O Forgetfulness
116 O O O Heart palpitates	178 O O O Indigestion
117 O O O Increased appetite without weight gain	179 O O O Poor appetite
118 O O O Pulse fast at rest	180 O O Craving for sweets
119 O O O Eyelids and face twitch 120 O O O Irritable and restless	181 O O O Muscular soreness
121 O O O Can't work under pressure	182 O O O Depression; feelings of dread
GROUP 7B	183 O O O Noise sensitivity  184 O O O Acoustic hallucinations
122 O O O Increase in weight	185 O O O Tendency to cry without reason
123 O O O Decrease in appetite	186 O O O Hair is coarse and/or thinning
124 O O O Fatigue easily	187 O O O Weakness
125 O O O Ringing in ears	188 O O O Fatigue
126 O O O Sleepy during day	189 O O O Skin sensitive to touch
127 O O O Sensitive to cold	190 O O O Tendency toward hives
128 OOO Dry or scaly skin	191 O O O Nervousness
129 O O Constipation	192 O O O Headache
130 O O O Mental sluggishness	193 O O O Insomnia
131 OOO Hair coarse, falls out	194 O O O Anxiety
132 OOO Headaches upon arising, wear off during day	195 O O O Anorexia
133 O O O Slow pulse, below 65	196 OOO Inability to concentrate; confusion
134 OOO Frequency of urination	197 O O O Frequent stuffy nose; sinus infections
135 O O O Impaired hearing	198 O O O Allergy to some foods
136 O O O Reduced initiative	199 O O O Loose joints
GROUP 7C	FEMALE ONLY
137 O O O Failing memory	200 O O O Very easily fatigued
138 O O O Low blood pressure	201 O O O Premenstrual tension
139 O O O Increased sex drive	202 O O O Painful menses
140 O O O Headaches, "splitting or rending" type	203 O O O Depressed feelings before menstruation
141 O O O Decreased sugar tolerance	204 O O O Menstruation excessive and prolonged 205 O O O Painful breasts
GROUP 7D	206 O O Menstruate too frequently
142 O O O Abnormal thirst 143 O O O Bloating of abdomen	207 O O Vaginal discharge
144 O O O Weight gain around hips or waist	208 O Hysterectomy / ovaries removed
145 O O O Sex drive reduced or lacking	209 O O O Menopausal hot flashes
146 O O O Tendency to ulcers, colitis	210 O O O Menses scanty or missed
147 O O O Increased sugar tolerance	211 O O O Acne, worse at menses
148 O O O Women: menstrual disorders	212 O O O Depression of long standing
149 OOO Young girls: lack of menstrual function	MALE ONLY
GROUP 7E	213 O O O Prostate trouble
150 O O O Dizziness	214 O O O Urination difficult or dribbling
151 O O O Headaches	215 O O O Night urination frequent
152 O O O Hot flashes	216 O O O Depression
153 O O O Increased blood pressure	217 O O O Pain on inside of legs or heels
154 O O O Hair growth on face or body (female)	218 O O O Feeling of incomplete bowel evacuation
155 O O O Sugar in urine (not diabetes)	219 O O O Lack of energy
156 O O O Masculine tendencies (female)	220 O O O Migrating aches and pains
GROUP 7F	221 O O O Tire too easily 222 O O O Avoids activity
157 O O O Weakness, dizziness	223 O O O Leg nervousness at night
158 O O O Chronic fatigue	224 0 0 0 Diminished sex drive
159 O O C Low blood pressure	
160 O O O Nails weak, ridged	List the five main complaints you have in the order of their importance:
161 O O O Tendency to hives 162 O O O Arthritic tendencies	1
163 O O O Perspiration increase	···
164 O O O Bowel disorders	
10	2
165 O O O Poor circulation	
165 O O O Poor circulation 166 O O O Swollen ankles	2.       3.
165 O O O Poor circulation 166 O O O Swollen ankles 167 O O O Crave salt	3
166 OOO Swollen ankles	
166 O O O Swollen ankles 167 O O O Crave salt	3