

Nutritec Software Symptom Survey Form

NAME: _____ DATE: _____

AGE: _____ 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, or 3-severe

- MILD symptoms (once or twice last 6 month)
- MODERATE symptoms (once or twice last month)
- SEVERE symptoms (Chronic, once or twice last wk)
- 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"/> | Feel 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; unable to feel 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 and/or 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"/> | Body temperature rises easily |
| 18 | <input type="radio"/> | <input type="radio"/> | Skin sensitive to touch |
| 19 | <input type="radio"/> | <input type="radio"/> | Staring, blinks little |
| 20 | <input type="radio"/> | <input type="radio"/> | Frequently have a sour stomach |
| ----- 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 or 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"/> | Food digests rapidly |
| 30 | <input type="radio"/> | <input type="radio"/> | Vomit frequently |
| 31 | <input type="radio"/> | <input type="radio"/> | Frequently hoarse |
| 32 | <input type="radio"/> | <input type="radio"/> | Irregular breathing |
| 33 | <input type="radio"/> | <input type="radio"/> | Pulse slow or feels "irregular" |
| 34 | <input type="radio"/> | <input type="radio"/> | Slow gag reflex |
| 35 | <input type="radio"/> | <input type="radio"/> | Difficulty swallowing |

- | 1 | 2 | 3 | ----- GROUP 2 contiued ----- |
|---------------------|-----------------------|-----------------------|---|
| 36 | <input type="radio"/> | <input type="radio"/> | Alternating constipation and diarrhea |
| 37 | <input type="radio"/> | <input type="radio"/> | "Slow starter" |
| 38 | <input type="radio"/> | <input type="radio"/> | Not easily chilled |
| 39 | <input type="radio"/> | <input type="radio"/> | Perspire easily |
| 40 | <input type="radio"/> | <input type="radio"/> | Poor circulation or 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"/> | Feeling fatigued, 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"/> | Upset feeling from excessive eating of sweets |
| 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"/> | Discomfort at high altitude |
| 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 on arms or legs |
| 69 | <input type="radio"/> | <input type="radio"/> | Tendency to anemia |
| 70 | <input type="radio"/> | <input type="radio"/> | Frequently have "nose bleeds" |
| 71 | <input type="radio"/> | <input type="radio"/> | "Ringing in ears" or noises in head |
| 72 | <input type="radio"/> | <input type="radio"/> | Tension under the breast-bone, or feeling of "tightness" in the chest, gets 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 or metallic taste in mouth in the mornings |
| 81 | <input type="radio"/> | <input type="radio"/> | Bowel movements painful or difficult |
| 82 | <input type="radio"/> | <input type="radio"/> | Feelings of worry, dread, or insecurity |
| 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"/> | Using 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 |

1 2 3 ----- GROUP 6 -----
 98 O O O Loss of taste for meat
 99 O O O Lower bowel gas several hours after eating
 100 O O O Burning stomach sensations, eating relieves
 101 O O O Coated tongue
 102 O O O Pass large amounts of foul smelling gas
 103 O O O Indigestion ½ -1 hour after eating; may be up to 3-4 hrs.
 104 O O O Mucus colitis or "irritable bowel"
 105 O O O Gas shortly after eating
 106 O O O Stomach "bloating" after eating

----- GROUP 7A -----
 107 O O O Insomnia
 108 O O O Nervousness
 109 O O O Can't gain weight
 110 O O O Intolerance to heat
 111 O O O Highly emotional
 112 O O O Flush easily
 113 O O O Night sweats
 114 O O O Skin is thin and moist
 115 O O O Inward trembling
 116 O O O Heart palpitates
 117 O O O Increased appetite without weight gain
 118 O O O Pulse races when resting
 119 O O O Eyelids and face twitch
 120 O O O Irritable and restless
 121 O O O Can't work under pressure

----- GROUP 7B -----
 122 O O O Noticable weight gain
 123 O O O Decrease in appetite
 124 O O O Easily fatigued
 125 O O O Ringing in ears
 126 O O O Sleepy during day
 127 O O O Sensitive to cold
 128 O O O Dry or scaly skin
 129 O O O Constipation
 130 O O O Mental sluggishness
 131 O O O Hair coarse, falls out
 132 O O O Headaches upon arising wear off during day
 133 O O O Slow pulse, below 65
 134 O O O Frequent urination
 135 O O O Impaired hearing
 136 O O O Reduced initiative

----- GROUP 7C -----
 137 O O O Failing memory
 138 O O O Low blood pressure
 139 O O O Increased sex drive
 140 O O O Headaches, "splitting or rending" type
 141 O O O Decreased sugar tolerance

----- GROUP 7D -----
 142 O O O Abnormal thirst
 143 O O O Bloating of the abdomen
 144 O O O Weight gain around hips or waist
 145 O O O Sex drive reduced or lacking
 146 O O O Tendency toward ulcers and/or colitis
 147 O O O Increased sugar tolerance
 148 O O O (FEMALE) Menstrual disorders
 149 O O O (YOUNG GIRLS) Lack of menstrual function

----- GROUP 7E -----
 150 O O O Dizziness
 151 O O O Headaches
 152 O O O Hot flashes
 153 O O O Increased blood pressure
 154 O O O (FEMALE) Hair growth on face or body
 155 O O O Sugar in urine (not diabetes)
 156 O O O (FEMALE) Masculine tendencies

1 2 3 ----- GROUP 7F -----
 157 O O O Weakness and/or dizziness
 158 O O O Chronic fatigue
 159 O O O Low blood pressure
 160 O O O Nails weak and/or ridged
 161 O O O Tendency toward hives
 162 O O O Arthritic tendencies
 163 O O O Perspiration increase
 164 O O O Bowel disorders
 165 O O O Poor circulation
 166 O O O Swollen ankles
 167 O O O Crave salt
 168 O O O Brown spots or bronzing of skin
 169 O O O Allergies - tendency to asthma
 170 O O O Weakness after colds or influenza
 171 O O O Muscular and nervous exhaustion
 172 O O O Respiratory disorders

----- GROUP 8 -----
 173 O O O Apprehension
 174 O O O Irritability
 175 O O O Morbid fears
 176 O O O Never seems to get well
 177 O O O Forgetfulness
 178 O O O Indigestion
 179 O O O Poor appetite
 180 O O O Craving for sweets
 181 O O O Muscular soreness
 182 O O O Depression; feelings of dread
 183 O O O Noise sensitivity
 184 O O O Acoustic hallucinations
 185 O O O Tendency to cry without reason
 186 O O O Hair is coarse and/or thinning
 187 O O O Weakness
 188 O O O Fatigue
 189 O O O Skin sensitive to touch
 190 O O O Tendency toward hives
 191 O O O Nervousness
 192 O O O Headache
 193 O O O Insomnia
 194 O O O Anxiety
 195 O O O Anorexia
 196 O O O Inability to concentrate; confusion
 197 O O O Frequent stuffy nose; sinus infections
 198 O O O Allergy to some foods
 199 O O O Loose joints

----- FEMALE ONLY -----
 200 O O O Very easily fatigued
 201 O O O Premenstrual tension
 202 O O O Painful menses
 203 O O O Depressed feelings before menstruation
 204 O O O Excessive and prolonged menstruation
 205 O O O Painful breasts
 206 O O O Menstruate too frequently
 207 O O O Vaginal discharge
 208 O O O Hysterectomy /ovaries Removed
 209 O O O Menopausal hot flashes
 210 O O O Menses scanty or missed
 211 O O O Acne, worse at menses
 212 O O O Long standing depression

----- MALE ONLY -----
 213 O O O Prostate trouble
 214 O O O Urination difficult or Dribbling
 215 O O O Frequent nighttime urination
 216 O O O Depression
 217 O O O Pain on inside of legs or heels
 218 O O O Feeling of incomplete bowel evacuation
 219 O O O Lack of energy
 220 O O O Migrating aches and pains
 221 O O O Too easily tired
 222 O O O Avoids activity
 223 O O O Leg nervousness at night
 224 O O O Diminished sex drive

Notes: