

SYMPTOM SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ AGE _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, leave it blank.
Circle either: (1) for MILD symptoms (occurs rarely), (2) for MODERATE symptoms (occurs several times a month),
or (3) for SEVERE symptoms (occurs almost constantly).

GROUP ONE

- | | | |
|-----------------------------------|--|-----------------------------------|
| 1 - 1 2 3 Acid foods upset | 8 - 1 2 3 Gag Easily | 15 - 1 2 3 Appetite reduced |
| 2 - 1 2 3 Get chilled, often | 9 - 1 2 3 Unable to relax, startles easily | 16 - 1 2 3 Cold sweats often |
| 3 - 1 2 3 "Lump" in throat | 10 - 1 2 3 Extremities cold, clammy | 17 - 1 2 3 Fever easily raised |
| 4 - 1 2 3 Dry mouth-eyes-nose | 11 - 1 2 3 Strong light irritates | 18 - 1 2 3 Neuralgia-like pains |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring | 20 - 1 2 3 Sour stomach frequent |
| 7 - 1 2 3 Cuts heal slowly | 14 - 1 2 3 "Nervous" stomach | |

GROUP TWO

- | | | |
|---|--|--|
| 21 - 1 2 3 Joint stiffness after arising | 29 - 1 2 3 Digestion rapid | 37 - 1 2 3 "Slow starter" |
| 22 - 1 2 3 Muscle-leg-toe cramps at night | 30 - 1 2 3 Vomiting frequent | 38 - 1 2 3 Get "chilled" infrequently |
| 23 - 1 2 3 "Butterfly" stomach, cramps | 31 - 1 2 3 Hoarseness frequent | 39 - 1 2 3 Perspire easily |
| 24 - 1 2 3 Eyes or nose watery | 32 - 1 2 3 Breathing irregular | 40 - 1 2 3 Circulation poor, sensitive to cold |
| 25 - 1 2 3 Eyes blink often | 33 - 1 2 3 Pulse slow; feels "irregular" | 41 - 1 2 3 Subject to colds, asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy | 34 - 1 2 3 Gagging reflex slow | |
| 27 - 1 2 3 Indigestion soon after meals | 35 - 1 2 3 Difficulty swallowing | |
| 28 - 1 2 3 Always seem hungry; feels "lightheaded" often | 36 - 1 2 3 Constipation, diarrhea alternating | |

GROUP THREE

- | | | |
|---|--|---|
| 42 - 1 2 3 Eat when nervous | 49 - 1 2 3 Heart palpitates if meals missed or delayed | 53 - 1 2 3 Crave candy or coffee in afternoons |
| 43 - 1 2 3 Excessive appetite | 50 - 1 2 3 Afternoon headaches | 54 - 1 2 3 Moods of depression - "blues" or melancholy |
| 44 - 1 2 3 Hungry between meals | 51 - 1 2 3 Overeating sweets upsets | 55 - 1 2 3 Abnormal craving for sweets or snacks |
| 45 - 1 2 3 Irritable before meals | 52 - 1 2 3 Awaken after few hours sleep - hard to get back to sleep | |
| 46 - 1 2 3 Get "shaky" if hungry | | |
| 47 - 1 2 3 Fatigue, eating relieves | | |
| 48 - 1 2 3 "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|---|---|--|
| 56 - 1 2 3 Hands and feet go to sleep easily, numbness | 63 - 1 2 3 Get "drowsy" often | 68 - 1 2 3 Bruise easily, "black and blue" spots |
| 57 - 1 2 3 Sigh frequently, "air hunger" | 64 - 1 2 3 Swollen ankles worse at night | 69 - 1 2 3 Tendency to anemia |
| 58 - 1 2 3 Aware of "breathing heavily" | 65 - 1 2 3 Muscle cramps, worse during exercise; get "charley horses" | 70 - 1 2 3 "Nose bleeds" frequent |
| 59 - 1 2 3 High altitude discomfort | 66 - 1 2 3 Shortness of breath on exertion | 71 - 1 2 3 Noises in head, or "ringing in ears" |
| 60 - 1 2 3 Opens windows in closed room | 67 - 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion | 72 - 1 2 3 Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 - 1 2 3 Susceptible to colds and fevers | | |
| 62 - 1 2 3 Afternoon "yawner" | | |

GROUP FIVE

- | | | |
|--|---|--|
| 73 - 1 2 3 Dizziness | 83 - 1 2 3 Feeling queasy; headache over eyes | 91 - 1 2 3 Sneezing attacks |
| 74 - 1 2 3 Dry skin | 84 - 1 2 3 Greasy foods upset | 92 - 1 2 3 Dreaming, nightmare type bad dreams |
| 75 - 1 2 3 Burning feet | 85 - 1 2 3 Stools light-colored | 93 - 1 2 3 Bad breath (halitosis) |
| 76 - 1 2 3 Blurred vision | 86 - 1 2 3 Skin peels on foot soles | 94 - 1 2 3 Milk products cause distress |
| 77 - 1 2 3 Itching skin and feet | 87 - 1 2 3 Pain between shoulder blades | 95 - 1 2 3 Sensitive to hot weather |
| 78 - 1 2 3 Excessive falling hair | 88 - 1 2 3 Use laxatives | 96 - 1 2 3 Burning or itching anus |
| 79 - 1 2 3 Frequent skin rashes | 89 - 1 2 3 Stools alternate from soft to watery | 97 - 1 2 3 Crave sweets |
| 80 - 1 2 3 Bitter, metallic taste in mouth in mornings | 90 - 1 2 3 History of gallbladder attacks or gallstones | |
| 81 - 1 2 3 Bowel movements painful or difficult | | |
| 82 - 1 2 3 Worrier, feels insecure | | |

GROUP SIX

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

GROUP SEVEN

- | | | |
|--|--|--|
| (A) | | (E) |
| 107 - 1 2 3 Insomnia | | 150 - 1 2 3 Dizziness |
| 108 - 1 2 3 Nervousness | | 151 - 1 2 3 Headaches |
| 109 - 1 2 3 Can't gain weight | | 152 - 1 2 3 Hot flashes |
| 110 - 1 2 3 Intolerance to heat | (C) | 153 - 1 2 3 Increased blood pressure |
| 111 - 1 2 3 Highly emotional | 137 - 1 2 3 Failing memory | 154 - 1 2 3 Hair growth on face or body (female) |
| 112 - 1 2 3 Flush easily | 138 - 1 2 3 Low blood pressure | 155 - 1 2 3 Sugar in urine (not diabetes) |
| 113 - 1 2 3 Night sweats | 139 - 1 2 3 Increased sex drive | 156 - 1 2 3 Masculine tendencies (female) |
| 114 - 1 2 3 Thin, moist skin | 140 - 1 2 3 Headaches, "splitting or rendering" type | |
| 115 - 1 2 3 Inward trembling | 141 - 1 2 3 Decreased sugar tolerance | (F) |
| 116 - 1 2 3 Heart palpitates | | 157 - 1 2 3 Weakness, dizziness |
| 117 - 1 2 3 Increased appetite without weight gain | (D) | 158 - 1 2 3 Chronic fatigue |
| 118 - 1 2 3 Pulse fast at rest | 142 - 1 2 3 Abnormal thirst | 159 - 1 2 3 Low blood pressure |
| 119 - 1 2 3 Eyelids and face twitch | 143 - 1 2 3 Bloating of abdomen | 160 - 1 2 3 Nails, weak, ridged |
| 120 - 1 2 3 Irritable and restless | 144 - 1 2 3 Weight gain around hips or waist | 161 - 1 2 3 Tendency to hives |
| 121 - 1 2 3 Can't work under pressure | 145 - 1 2 3 Sex drive reduced or lacking | 162 - 1 2 3 Arthritic tendencies |
| (B) | 146 - 1 2 3 Tendency to ulcers, colitis | 163 - 1 2 3 Perspiration increase |
| 122 - 1 2 3 Increase in weight | 147 - 1 2 3 Increased sugar tolerance | 164 - 1 2 3 Bowel disorders |
| 123 - 1 2 3 Decrease in appetite | 148 - 1 2 3 Women: menstrual disorders | 165 - 1 2 3 Poor circulation |
| 124 - 1 2 3 Fatigue easily | 149 - 1 2 3 Young girls: lack of menstrual function | 166 - 1 2 3 Swollen ankles |
| 125 - 1 2 3 Ringing in ears | | 167 - 1 2 3 Crave salt |
| 126 - 1 2 3 Sleepy during day | | 168 - 1 2 3 Brown spots or bronzing of skin |
| 127 - 1 2 3 Sensitive to cold | | 169 - 1 2 3 Allergies - tendency to asthma |
| 128 - 1 2 3 Dry or scaly skin | | 170 - 1 2 3 Weakness after colds, influenza |
| 129 - 1 2 3 Constipation | | 171 - 1 2 3 Exhaustion - muscular and nervous |
| 130 - 1 2 3 Mental sluggishness | | 172 - 1 2 3 Respiratory disorders |
| 131 - 1 2 3 Hair coarse, falls out | | |
| 132 - 1 2 3 Headaches upon arising wear off during day | | |
| 133 - 1 2 3 Slow pulse, below 65 | | |
| 134 - 1 2 3 Frequency of urination | | |
| 135 - 1 2 3 Impaired hearing | | |
| 136 - 1 2 3 Reduced initiative | | |

| GROUP EIGHT | FEMALE ONLY | MALE ONLY |
|---|---|---|
| 173 -- 1 2 3 Apprehension | 200 -- 1 2 3 Very easily fatigued | 213 -- 1 2 3 Prostate trouble |
| 174 -- 1 2 3 Irritability | 201 -- 1 2 3 Premenstrual tension | 214 -- 1 2 3 Urination difficult or dribbling |
| 175 -- 1 2 3 Morbid fears | 202 -- 1 2 3 Painful menses | 215 -- 1 2 3 Night urination frequent |
| 176 -- 1 2 3 Never seems to get well | 203 -- 1 2 3 Depressed feelings before menstruation | 216 -- 1 2 3 Depression |
| 177 -- 1 2 3 Forgetfulness | 204 -- 1 2 3 Menstruation excessive and prolonged | 217 -- 1 2 3 Pain on inside of legs or heels |
| 178 -- 1 2 3 Indigestion | 205 -- 1 2 3 Painful breasts | 218 -- 1 2 3 Feeling of incomplete bowel evacuation |
| 179 -- 1 2 3 Poor appetite | 206 -- 1 2 3 Menstruate too frequently | 219 -- 1 2 3 Lack of energy |
| 180 -- 1 2 3 Craving for sweets | 207 -- 1 2 3 Vaginal discharge | 220 -- 1 2 3 Migrating aches and pains |
| 181 -- 1 2 3 Muscular soreness | 208 -- 1 2 3 Hysterectomy/ovaries removed | 221 -- 1 2 3 Tire too easily |
| 182 -- 1 2 3 Depression; feelings of dread | 209 -- 1 2 3 Menopausal hot flashes | 222 -- 1 2 3 Avoids activity |
| 183 -- 1 2 3 Noise sensitivity | 210 -- 1 2 3 Menses scanty or missed | 223 -- 1 2 3 Leg nervousness at night |
| 184 -- 1 2 3 Acoustic hallucinations | 211 -- 1 2 3 Acne, worse at menses | 224 -- 1 2 3 Diminished sex drive |
| 185 -- 1 2 3 Tendency to cry without reason | 212 -- 1 2 3 Depression of long standing | |
| 186 -- 1 2 3 Hair is coarse and/or thinning | | |
| 187 -- 1 2 3 Weakness | | |
| 188 -- 1 2 3 Fatigue | | |
| 189 -- 1 2 3 Skin sensitive to touch | | |
| 190 -- 1 2 3 Tendency toward hives | | |
| 191 -- 1 2 3 Nervousness | | |
| 192 -- 1 2 3 Headache | | |
| 193 -- 1 2 3 Insomnia | | |
| 194 -- 1 2 3 Anxiety | | |
| 195 -- 1 2 3 Anorexia | | |
| 196 -- 1 2 3 Inability to concentrate; confusion | | |
| 197 -- 1 2 3 Frequent stuffy nose; sinus infections | | |
| 198 -- 1 2 3 Allergy to some foods | | |
| 199 -- 1 2 3 Loose joints | | |

IMPORTANT

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

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

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. 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 - 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 2nd and 3rd day of flow OR any 5 days in a row.

MALES
 Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

BP SIT _____ BP STAND _____

PULSE SIT _____ PULSE STAND _____

SALIVA PH _____ BLOOD TYPE _____

CASE RECORD

Name _____ Date _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Age _____ Weight _____ Height _____ Sex _____

Occupation _____ Married _____

History of Illness and Treatment: _____

Operations, Accidents or Injuries: _____

Present Illness or Complaints: _____

Diagnostic Summary: _____

Treatment, Recommendations and Progress: _____
