

Nutritec Software Symptom Survey Form

NAME: _____ DATE: _____

DOB: ____/____/____ 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: _____

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 SYMPATHETIC DOMINANCE -----

- 1 Acid foods upset
- 2 Feel chilled often
- 3 "Lump" in throat
- 4 Dry mouth-eyes-nose
- 5 Pulse speeds after meals
- 6 Keyed up; unable to feel calm
- 7 Cuts heal slowly
- 8 Gag easily
- 9 Unable to relax; startles easily
- 10 Extremities cold and/or clammy
- 11 Strong light irritates
- 12 Urine amount reduced
- 13 Heart pounds after retiring
- 14 "Nervous" stomach
- 15 Appetite reduced
- 16 Cold sweats often
- 17 Body temperature rises easily
- 18 Skin sensitive to touch
- 19 Staring, blinks little
- 20 Frequently have a sour stomach

-- GROUP 2 PARASYMPATHETIC DOMINANCE--

- 21 Joint stiffness after arising
- 22 Muscle-leg-toe cramps at night
- 23 "Butterfly" stomach, cramps
- 24 Eyes or nose watery
- 25 Eyes blink often
- 26 Eyelids swollen or puffy
- 27 Indigestion soon after meals
- 28 Always seem hungry; 'lightheaded' often
- 29 Food digests rapidly
- 30 Vomit frequently
- 31 Frequently hoarse
- 32 Irregular breathing
- 33 Pulse slow or feels "irregular"
- 34 Slow gag reflex
- 35 Difficulty swallowing
- 36 Alternating constipation and diarrhea
- 37 "Slow starter"
- 38 Not easily chilled
- 39 Perspire easily
- 40 Poor circulation or sensitive to cold
- 41 Subject to colds, asthma, bronchitis

----- GROUP 3 SUGAR HANDLING -----

- 42 Eat when nervous
- 43 Excessive appetite
- 44 Hungry between meals
- 45 Irritable before meals
- 46 Get "shaky" if hungry

- | | | | | |
|----|-----------------------|-----------------------|-----------------------|---|
| 1 | 2 | 3 | ---- | GROUP 3 SUGAR HANDLING continued ---- |
| 47 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feeling fatigued, eating relieves |
| 48 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | "Lightheaded" if meals delayed |
| 49 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heart palpitates if meals missed or delayed |
| 50 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Afternoon headaches |
| 51 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Upset feeling from excessive eating of sweets |
| 52 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Awaken after a few hours sleep, hard to get back to sleep |
| 53 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Crave candy or coffee in afternoons |
| 54 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Moods of depression, "blues", or melancholy |
| 55 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Abnormal craving for sweets or snacks |

----- GROUP 4 CARDIOVASCULAR -----

- | | | | | |
|----|-----------------------|-----------------------|-----------------------|---|
| 56 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hands and feet go to sleep easily, numbness |
| 57 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sigh frequently, "air hunger" |
| 58 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Aware of "breathing heavily" |
| 59 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Discomfort at high altitude |
| 60 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Opens windows in closed room |
| 61 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Susceptible to colds and fevers |
| 62 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Afternoon "yawner" |
| 63 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Get "drowsy" often |
| 64 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Swollen ankles worse at night |
| 65 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Muscle cramps, worse during exercise; "charley-horses" |
| 66 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Shortness of breath on exertion |
| 67 | <input type="radio"/> | <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"/> | <input type="radio"/> | Bruise easily, "black/blue" spots on arms or legs |
| 69 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tendency to anemia |
| 70 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Frequently have "nose bleeds" |
| 71 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | "Ringing in ears" or noises in head |
| 72 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion |

----- GROUP 5 LIVER/BILIARY -----

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

----- GROUP 6 DIGESTION -----

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

- 1 2 3 ----- GROUP 7A HYPERTHYROID -----**
- 107 Insomnia
 - 108 Nervousness
 - 109 Can't gain weight
 - 110 Intolerance to heat
 - 111 Highly emotional
 - 112 Flush easily
 - 113 Night sweats
 - 114 Skin is thin and moist
 - 115 Inward trembling
 - 116 Heart palpitates
 - 117 Increased appetite without weight gain
 - 118 Pulse races when resting
 - 119 Eyelids and face twitch
 - 120 Irritable and restless
 - 121 Can't work under pressure

- GROUP 7B HYPOTHYROID -----**
- 122 Noticable weight gain
 - 123 Decrease in appetite
 - 124 Easily fatigued
 - 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 Frequent urination
 - 135 Impaired hearing
 - 136 Reduced initiative

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

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

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

- GROUP 7F HYPOADRENAL -----**
- 157 Weakness and/or dizziness
 - 158 Chronic fatigue
 - 159 Low blood pressure
 - 160 Nails weak and/or ridged
 - 161 Tendency toward 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 or influenza
 - 171 Muscular and nervous exhaustion
 - 172 Respiratory disorders

- 1 2 3 ----- GROUP 8 FOUNDATIONAL ISSUES-----**
- 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 without reason
 - 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 infections
 - 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 Excessive and prolonged menstruation
 - 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 Long standing depression

- MALE ONLY -----**
- 213 Prostate trouble
 - 214 Urination difficult or dribbling
 - 215 Frequent night time urination
 - 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 Too easily tired
 - 222 Avoids activity
 - 223 Leg nervousness at night
 - 224 Diminished sex drive

IMPORTANT	
List below your <u>five main physical complaints</u> in order of importance:	
1.	
2.	
3.	
4.	
5.	

Notes:

Symptom Survey Form, continued

Please list any medications you are taking:

No Medications

Please list any vitamins, herbs, or supplements you are taking:

No Vitamins

Please list any allergies you have:

No Allergies

Please list any surgeries you have had in the past 12 months:

No Recent Surgeries

Please list any other surgeries or medial procedures you have had:

No Other Surgeries

TO BE COMPLETED BY DOCTOR

Blood Pressure: Recumbent _____ Standing _____

Pulse: Recumbent _____ Standing _____

Hema-Combistix Urine Readings: pH _____ Albumin % _____ Glucose % _____

Occult Blood _____ pH of Saliva _____ pH of Stool Specimen _____

Blood Clotting Time: _____ Hemoglobin _____

Blood Type _____ Weight _____ Height _____