

# Nutritional Wellness Initiative, LLC

## SYMPTOM SURVEY FORM

NAME \_\_\_\_\_ PRACTITIONER \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ SEX M \_\_\_\_\_ F \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

**INSTRUCTIONS:** Number the boxes which apply to you with either a 1, 2, or 3  
 (1) for **MILD** symptoms  
 (2) for **MODERATE** symptoms  
 (3) for **SEVERE** symptoms  
 Leave the box **BLANK** if it does not apply to you!

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

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

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

<b>GROUP 4</b>	
56	<input type="checkbox"/> Hands and feet go to sleep easily, numbness
57	<input type="checkbox"/> Sigh frequently, "air hunger"
58	<input type="checkbox"/> Aware of "breathing heavily"
59	<input type="checkbox"/> High altitude discomfort
60	<input type="checkbox"/> Opens windows in closed room
61	<input type="checkbox"/> Susceptive to colds and fevers
62	<input type="checkbox"/> Afternoon "yawner"
63	<input type="checkbox"/> Get "drowsy" often
64	<input type="checkbox"/> Swollen ankles worse at night
65	<input type="checkbox"/> Muscle cramps, worse during exercise; get "charley horses"
66	<input type="checkbox"/> Shortness of breath on exertion
67	<input type="checkbox"/> Dull pain in chest or radiating into left arm, worse on exertion
68	<input type="checkbox"/> Bruise easily, "black/blue" spots
69	<input type="checkbox"/> Tendency to anemia
70	<input type="checkbox"/> "Nose bleeds" frequent
71	<input type="checkbox"/> Noises in head or "ringing in ears"
72	<input type="checkbox"/> Tension under the breastbone, or feeling of "tightness", worse on exertion

<b>GROUP 5</b>	
73	<input type="checkbox"/> Dizziness
74	<input type="checkbox"/> Dry Skin
75	<input type="checkbox"/> Burning feet
76	<input type="checkbox"/> Blurred vision
77	<input type="checkbox"/> Itching skin and feet
78	<input type="checkbox"/> Excessive falling hair
79	<input type="checkbox"/> Frequent skin rashes
80	<input type="checkbox"/> Bitter, metallic taste in mouth in mornings
81	<input type="checkbox"/> Bowel movement painful or difficult
82	<input type="checkbox"/> Worries, feels insecure
83	<input type="checkbox"/> Felling queasy; headache over eyes
84	<input type="checkbox"/> Greasy foods upset
85	<input type="checkbox"/> Stools light-colored
86	<input type="checkbox"/> Skin peels on foot soles
87	<input type="checkbox"/> Pain between shoulder blades
88	<input type="checkbox"/> Use laxatives
89	<input type="checkbox"/> Stools alternate from soft to watery
90	<input type="checkbox"/> History of gallbladder attacks or gallstones
91	<input type="checkbox"/> Sneezing attaches
92	<input type="checkbox"/> Dreaming, nightmare type bad dreams
93	<input type="checkbox"/> Bad breath (halitosis)
94	<input type="checkbox"/> Milk products cause distress
95	<input type="checkbox"/> Sensitive to hot weather
96	<input type="checkbox"/> Burning or itching anus
97	<input type="checkbox"/> Crave sweets

**GROUP 6**

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

**GROUP 7**

**(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  Metal 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

**GROUP 7 (continued)**

**(C)**

- 137  Failing memory
- 138  Low blood pressure
- 139  Increased sex drive
- 140  Headaches, "splitting or rending" 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

**FEMALE ONLY**

- 173  Very easily fatigued
- 174  Premenstrual tension
- 175  Painful menses
- 176  Depressed feeling before menstruation
- 177  Menstruation excessive and prolonged
- 178  Painful breasts
- 179  Menstruate too frequently
- 180  Vaginal discharge
- 181  Hysterectomy/ovaries removed
- 182  Menopausal hot flashes
- 183  Menses scanty or missed
- 184  Acne, worse at menses
- 185  Depression of long standing

**MALES ONLY**

- 186  Prostate trouble
- 187  Urination difficult or dribbling
- 188  Night urination frequent
- 189  Depression
- 190  Pain on inside of legs or heels
- 191  Feeling of incomplete bowel evacuation
- 192  Lack of energy
- 193  Migrating aches and pains
- 194  Tire too easily
- 195  Avoid activity
- 196  Leg nervousness at night
- 197  Diminished sex drive

**IMPORTANT**

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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_