

Nutritec Software Symptom Survey Form

NAME: _____ DATE: _____

DOB: ___/___/___ SEX: Male Female

HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE:

Sitting: _____ Laying: _____ Standing: _____

PULSE: Sitting: _____ Standing: _____

pH INDICATORS: AM Saliva: _____ AM Urine: _____

PM Saliva: _____ PM Urine: _____

**INSTRUCTIONS: Completely black out one of the three circles:
1-mild, 2-moderate, 3-severe**

- MILD** symptoms (once or twice last 6 months)
 MODERATE symptoms (once or twice last month)
 SEVERE symptoms (Chronic, once or twice last week)
 Leave circles **BLANK** if they do not apply to you!

1 2 3 ----- GROUP 1 -----

- 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 has a sour stomach

----- GROUP 2 -----

- 21 Joint stiffness after rising
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 seems 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 -----

- 42 Eat when nervous
43 Excessive appetite

1 2 3 ----- GROUP 3 continued -----

- 44 Hungry between meals
45 Irritable before meals
46 Get "shaky" if hungry
47 Feeling fatigued, eating relieves
48 "Lightheaded" if meals delayed
49 Heart palpitates if meals missed or delayed
50 Afternoon headaches
51 Upset feeling from excessive eating of sweets
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"
58 Aware of "breathing heavily"
59 Discomfort at high altitude
60 Opens windows in closed room
61 Susceptible to colds and fevers
62 Afternoon yawner
63 Get "drowsy" often
64 Swollen ankles worse at night
65 Muscle cramps, worse during exercise; "charley-horses"
66 Shortness of breath on exertion
67 Dull pain in chest or radiating into left arm, worse on exertion
68 Bruise easily, "black/blue" spots on arms or legs
69 Tendency to anemia
70 Frequently have "nose bleeds"
71 "Ringing in ears" or noises in head
72 Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion
73 Dizziness

----- GROUP 5 -----

- 74 Dry skin
75 Burning feet
76 Blurred vision
77 Itching skin and feet
78 Excessive falling hair
79 Frequent skin rashes
80 Bitter or metallic taste in mouth in the mornings
81 Bowel movements painful or difficult
82 Feelings of worry, dread, or insecurity
83 Feeling queasy; headache over eyes
84 Greasy foods upsets
85 Stools light-colored
86 Skin peels on foot soles
87 Pain between shoulder blades
88 Using laxatives
89 Stools alternate from soft to watery
90 History of gallbladder attacks or gallstones
91 Sneezing attacks
92 Dreaming, nightmares/bad dreams
93 Bad breath (halitosis)
94 Milk products cause distress
95 Sensitive to hot weather
96 Burning or itching anus
97 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 Mucus colitis or "irritable bowel"
105 Gas shortly after eating
106 Stomach "bloating" after eating

1 2 3 ----- GROUP 7A -----

- 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 -----

- 122 Noticeable 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 course, falls out
- 132 Headaches upon arising wear off during day
- 133 Pulse slow, below 65
- 134 Frequent urination
- 135 Impaired hearing
- 136 Reduced initiative

----- GROUP 7C -----

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

----- GROUP 7D -----

- 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 -----

- 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 7E -----

- 157 Weakness and/or dizziness
- 158 Chronic fatigue
- 159 Low blood pressure
- 160 Nails weak and/or ridged
- 161 Tendency towards 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 -----

- 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 course and/or thinning
- 187 Weakness
- 188 Fatigue
- 189 Skin sensitive to touch
- 190 Tendency towards 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

List below your five main physical complaints in order of importance:

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

Notes: