

Nutrition Symptom Survey Form

INSTRUCTIONS: Completely black out one of the three circles related to the statement only if it applies to you:

1-mild — 2-moderate — 3-severe

- MILD symptoms (once or twice last 3 months)
 MODERATE symptoms (once or twice last month)
 SEVERE symptoms (Chronic, once or more last week)

REMEMBER: IF A STATEMENT DOES NOT APPLY, LEAVE IT BLANK.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SEX: Male Female

HEIGHT: _____ WEIGHT: _____ lbs.

BLOOD PRESSURE: _____ PULSE: _____ bpm

BP (Recumbent): _____ BP (Standing): _____

REGLAND'S TEST POSITIVE ? _____

VEGETARIAN: Yes No GLUTEN-FREE: Yes No

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

- 1 Acid foods upset
 2 Get chilled, often
 3 "Lump" in throat
 4 Dry mouth-eyes-nose
 5 Pulse speeds after meals
 6 Keyed up--fail to calm
 7 Gag occasionally
 8 Unable to relax; startles easily
 9 Extremities cold, clammy
 10 Strong light irritates
 11 Occasional weak urine flow
 12 Heart pounds after retiring
 13 "Nervous" stomach
 14 Appetite reduced occasionally
 15 Cold sweats often
 16 Get heated easily
 17 Nerve discomfort
 18 Staring, blinks little
 19 Sour stomach frequent

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

- 20 Joint stiffness on arising
 21 Muscle-leg-toe cramps at night
 22 "Butterfly" stomach, cramps
 23 Eyes or nose watery
 24 Eyes blink often
 25 Eyelids swollen, puffy
 26 Indigestion soon after meals
 27 Always seems hungry; 'lightheaded' often
 28 Digestion rapid
 29 Vomiting occasionally
 30 Hoarseness frequent
 31 Uneven breathing
 32 Pulse slow
 33 Gagging reflex slow
 34 Difficulty swallowing
 35 Temporary constipation or diarrhea
 36 "Slow starter"
 37 Get "chilled"
 38 Perspire easily
 39 Sensitive to cold
 40 Upper respiratory challenges

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

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

1 2 3 ----- GROUP 4 -----CV

- 55 Hands and feet go to sleep easily, numbness
 56 Sigh frequently, "air hunger"
 57 Aware of "breathing heavily"
 58 High altitude discomfort
 59 Opens windows in closed room
 60 Immune system challenges
 61 Afternoon "yawner"
 62 Get "drowsy" often
 63 Swollen ankles, worse at night
 64 Muscle cramps, worse during exercise; get charley-horses
 65 Difficulty catching breath, especially during exercise
 66 Tightness or pressure in chest, worse on exertion
 67 Skin discolors easily after impact (bruise easily)
 68 Tendency to anemia
 69 Noises in head or "ringing in ears"
 70 Fatigue upon exertion

1 2 3 ----- GROUP 5 -----LBIL

- 71 Dizziness
 72 Dry skin
 73 Burning feet
 74 Blurred vision
 75 Itching skin and feet
 76 Hair loss
 77 Occasional skin rashes
 78 Bitter, metallic taste in mouth in mornings
 79 Occasional constipation
 80 Worrier; feels insecure
 81 Nausea occasionally after eating
 82 Greasy foods upset
 83 Stools light-colored
 84 Skin peels on foot soles
 85 Discomfort between shoulder blades
 86 Occasional laxative use
 87 Stools alternate from soft to watery
 88 Sneezing attacks
 89 Dreaming, nightmare type bad dreams
 90 Bad breath (halitosis)
 91 Milk products cause upset
 92 Sensitive to hot weather
 93 Burning or itching of anus
 94 Crave sweets

1 2 3 ----- GROUP 6 -----DIG

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

Continued on Other Side

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

- 104 Difficulty sleeping
- 105 On edge
- 106 Can't gain weight
- 107 Intolerance to heat
- 108 Highly emotional
- 109 Flush easily
- 110 Night sweats
- 111 Thin, moist skin
- 112 Inward trembling
- 113 Heart races
- 114 Increased appetite without weight gain
- 115 Pulse fast at rest
- 116 Eyelids and face twitch
- 117 Irritable and restless
- 118 Can't work under pressure

1 2 3 ----- GROUP 7B -----hT

- 119 Increase in weight
- 120 Decrease in appetite
- 121 Fatigue easily
- 122 Ringing in ears
- 123 Sleepy during day
- 124 Sensitive to cold
- 125 Dry or scaly skin
- 126 Temporary constipation
- 127 Mental sluggishness
- 128 Hair coarse, falls out
- 129 Tension in head upon arising wears off during day
- 130 Slow pulse, below 65
- 131 Changing urinary function
- 132 Sounds appear diminished
- 133 Reduced initiative

1 2 3 ----- GROUP 7C -----HP

- 134 Failing memory with age
- 135 Increased sex drive
- 136 Episodes of tension in head
- 137 Decreased sugar tolerance

1 2 3 ----- GROUP 7D -----hP

- 138 Abnormal thirst
- 139 Bloating of abdomen
- 140 Weight gain around hips or waist
- 141 Sex drive reduced or lacking
- 142 Tendency for stomach issues
- 143 Increased sugar tolerance
- 144 Menstrual disorders

1 2 3 ----- GROUP 7E -----HA

- 145 Dizziness
- 146 Headaches
- 147 Hot flashes
- 148 Hair growth on face or body (female)
- 149 Sugar in urine (not diabetes)
- 150 Masculine tendencies (female)

1 2 3 ----- GROUP 7F -----hA

- 151 Weakness, dizziness
- 152 Tired throughout day
- 153 Nails weak, ridged
- 154 Sensitive skin
- 155 Stiff joints
- 156 Perspiration increase
- 157 Bowel discomfort
- 158 Poor circulation
- 159 Swollen ankles
- 160 Crave salt
- 161 Areas of skin darkening
- 162 Upper respiratory sensitivity
- 163 Tiredness
- 164 Breathing challenges

1 2 3 ----- GROUP 8 -----FND

- 165 Muscle weakness
- 166 Lack of stamina
- 167 Drowsiness after eating
- 168 Muscle soreness
- 169 Heart races
- 170 Hyper-irritability
- 171 Feeling of a band around your head
- 172 Melancholia (feeling of sadness)
- 173 Swelling of ankles
- 174 Change in urinary function
- 175 Tendency to consume sweets or carbohydrates
- 176 Muscle spasms
- 177 Blurred vision
- 178 Involuntary muscle action
- 179 Numbness
- 180 Night sweats
- 181 Rapid digestion
- 182 Sensitivity to noise
- 183 Redness of palms of hands and bottom of feet
- 184 Visible veins on chest and abdomen
- 185 Hemorrhoids
- 186 Apprehension (feeling that something bad will happen)
- 187 Nervousness causing loss of appetite
- 188 Nervousness with indigestion
- 189 Frequent upset stomach (Gastritis)
- 190 Forgetfulness
- 191 Thinning hair

1 2 3 ----- FEMALE ONLY -----

- 192 Very easily fatigued
- 193 Premenstrual tension
- 194 Menses more painful than usual
- 195 Depressed feelings before menstruation
- 196 Painful breasts during menses
- 197 Menstruate too frequently
- 198 Hysterectomy / ovaries removed
- 199 Menopausal hot flashes
- 200 Menses scanty or missed
- 201 Acne, worse at menses

1 2 3 ----- MALE ONLY -----

- 202 Less involved in exercise/social activities
- 203 Difficult to postpone urination
- 204 Weak urinary stream
- 205 Feeling of "blues" or melancholy
- 206 Feeling of incomplete bowel evacuation
- 207 Lack of energy
- 208 Muscles in arms and legs seem softer/smaller
- 209 Tire too easily
- 210 Avoids activity
- 211 Leg nervousness at night
- 212 Diminished sex drive

List below your 5 main complaints in order of importance:

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

Notes:
