

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; "a charley-horse"
- 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 coarse, 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 coarse 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: