

# Symptom Survey Form

NAME:

DOB: / /

SEX:  Male  Female

HEIGHT: ft in

WEIGHT: lb

DATE: / /

**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!

**BP Sitting: PB Lying: BP Standing:**

**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 have a sour stomach

**-- GROUP 2 --**

- 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 refl ex
  - 35    Diffi culty 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
  - 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 a 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 breathe 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

----- **GROUP 5** -----

- 73    Dizziness
- 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 upset
- 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 gall stones
- 91    Sneezing attacks
- 92    Dreaming, nightmare-type 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 ½ -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    Slow pulse, 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 rendering" 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 fl ashes

153    Increased blood pressure

154    (FEMALE) Hair growth on face or body

155    Sugar in urine (not diabetes)

156    (FEMALE) Masculine tendencies

----- **GROUP 7F** -----

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 infl uenza

171    Muscular and nervous exhaustion

172    Respiratory disorders

----- **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 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 fl ashes

210    Menses scanty or missed

211    Acne, worse at menses

212    Long standing depression

----- **MALE ONLY** -----

213    Prostate trouble

214    Urination diffi cult 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

**Notes:**

**IMPORTANT**

List below your fi ve main physical complaints in order of importance:

1.

2.

3.

4.

5.

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