

SIGNS and SYMPTOMS SURVEY

PLEASE score each question as follows:

3 = if this is a **MAJOR** problem (severe or happens frequently)

1 = if this is a **MINOR** problem (not severe or happens infrequently)

Blank = if you **NEVER** have this problem

If you do not understand a question, please circle it and we will discuss it.

SECTION ONE

Group A

1. History of spinal disc problems or back surgery.
2. Can't tolerate stress, i.e., unable to make decisions.
3. Irritated or receding gums, loose teeth.
4. Cold hands and feet.
5. Clicking jaw or T.M.J. pain.

Group B

1. History of speech impediment, stuttering, or stammering.
2. Dry, itchy eyes or dry mouth.
3. Poor memory.
4. Unable to relax, become serene, or meditate.
5. Frequent sore or irritated throat, sores on tongue or in the mouth.

Group C

1. History of frequent canker sores, cold blisters, or boils.
2. Muscle and tendon weakness, pain in low back and buttocks.
3. Slow morning starter, writer's cramp, or stiffness after sitting.
4. Dry skin, dandruff, hair falling out.
5. Painful ribs, pleurisy, pain on inhalation, or sharp chest or shoulder pain.

Group D

1. History of diabetes in family.
2. Blood sugar problems, either hypoglycemia or diabetes.
3. Uncontrollable appetite, i.e., eating when not hungry.
4. Desire to lose weight.
5. In need a meal replacement.

SECTION TWO

Group A

1. History of diabetes in yourself or family. _____
2. High blood pressure. _____
3. High blood triglyceride levels. _____
4. Dizziness or light-headedness, especially when changing positions. _____
5. Pain on the side of the head or in the temples. _____

Group B

1. History of gallbladder stones or gallbladder surgery. _____
2. Loss of appetite, especially for meat. _____
3. Frequent sour taste in the mouth, intolerance of fats and spicy foods. _____
4. Frequent constipation with light-colored stool. _____
5. Discomfort or soreness under right rib cage or in lower right abdomen after eating. _____

Group C

1. History of ulcers or gastritis. _____
2. Frequent heartburn or indigestion with nausea and pain. _____
3. Acid reflux after eating. _____
4. Frequent use of antacids. _____
5. Pain in the stomach that is relieved by eating. _____

Group D

1. History of lactose intolerance or gluten intolerance. _____
2. Craving or thirst for cold liquids or foods. _____
3. Intolerance of dairy products, grains, or sugar. _____
4. Sensitive to air pollutants, such as perfumes, smoke, etc. _____
5. Discomfort or soreness under the left rib cage after eating. _____

Group E

1. History of chronic indigestion. _____
2. Unusual fullness after eating. _____
3. Lower bowel flatulence or gas and unaware of what foods cause the problem. _____
4. Undigested food, capsules, or tablets found in the stool. _____
5. Frequent abdominal cramping after eating. _____

Group F

1. History of pernicious anemia. _____
2. Loss of taste for meat. _____
3. Strong desire to eat when not hungry. _____
4. Indigestion, particularly 2 to 3 hours after eating. _____
5. Flatulence, lower bowel gas. _____

SECTION TWO (con't)

Group G

1. Painful gas. _____
2. Bloating after eating dairy. _____
3. Diarrhea after eating dairy. _____

SECTION THREE

Group A

1. History of chronic sinus problems. _____
2. Loss of sense of smell or an obstruction to nasal breathing. _____
3. Bothered by thick mucous discharges from the nose. _____
4. Frequent nosebleeds. _____
5. Facial pain or paralysis. _____

Group B

1. History of anemia or other blood disorder, or taking medication. _____
2. Fatigued, tired most of the time. _____
3. Pale skin, lips, and nails. _____
4. Low resistance (frequent colds and infections). _____
5. Getting sleepy after eating. _____

Group C

1. History of hepatitis, jaundice or other liver disorder. _____
2. History of high blood pressure and/or medication. _____
3. Water retention, swelling of hands and feet. _____
4. Varicose veins and/or hemorrhoids. _____
5. Shoulder and neck stiffness and/or soreness. _____

Group D

1. History of chronic frequent yeast infections. _____
2. Foul odor to stool, urine and/or breath. _____
3. Unusually large appetite, i.e., cannot control the urge to eat. _____
4. Frequent or prolonged use of antibiotics. _____
5. Constipation with hard, dry stool. _____

Group E

1. History of skin disorders, such as acne. _____
2. Dermatitis, eczema, or psoriasis. _____
3. Have many warts or moles. _____
4. Frequent episodes of hives due to food allergies. _____
5. Excessive perspiration or lack of perspiration. _____

SECTION THREE (con't)

Group F

1. Always tired, i.e., unable to meet daily requirements.
2. Loss of appetite or feel better when you don't eat.
3. Restless sleep, gnawing of teeth.
4. Thin, difficult to gain weight.
5. Itching around rectum and groin.

SECTION FOUR

Group A

1. History of reactive hypoglycemia.
2. Suffer from airborne allergies.
3. Dark circles under the eyes.
4. Nausea or vomiting-type of indigestion or morning sickness.
5. Muscular lower back pain.

Group B

1. History of constipation with infrequent bowel movements.
2. Frequent use of laxatives.
3. Hard, painful stools.
4. Lower abdominal pain.
5. Less than one bowel movement a day.

Group C

1. History of colitis or other disease of the large intestine.
2. Diarrhea with mucous or blood in the stool.
3. Frequent bowel movements.
4. Left lower bowel pain.
5. Painful bowel movements.

Group D

1. History of frequent bladder infections.
2. Frequent urination, urgency, or loss of control.
3. Pass small amounts of urine at each voiding.
4. Dry skin, flaking, and dandruff.
5. Pain or discomfort over the bladder.

SECTION FIVE

Group A

1. Type A personality, i.e., driven and aggressive. _____
2. Tend to have problems with indigestion and constipation. _____
3. Stiff joints, especially after rest. _____
4. Sensitive to sudden sounds, i.e., startle easily. _____
5. Headaches in back of the head and neck. _____

Group B

1. History of thyroid gland disorders or medication. _____
2. Fast heartbeat, i.e., can feel heart racing. _____
3. Swollen or painful breasts. _____
4. Moist warm skin, i.e., sweat easily. _____
5. Neck, shoulder, arm, or hand pain. _____

Group C

1. History of low blood pressure problems. _____
2. Awake after a few hours of rest and cannot go back to sleep. _____
3. Suffer from frequent periods of depression or the inability to think clearly. _____
4. Become light-headed when meals are missed. _____
5. Suffer from frequent nightmares or panic attacks. _____

Group D

1. History of prostate disorders or medication. _____
2. Frequent night urination. _____
3. Dribbling. _____
4. Loss of sexual urge. _____
5. Pain radiating into the groin or testes. _____

Group E

1. History of hysterectomy or estrogen replacement therapy. _____
2. Vaginal discharge. _____
3. Excessive menstrual flow. _____
4. Lack of menstruation, scanty flow, or irregular periods. _____
5. Painful periods and/or symptoms of PMS. _____

Group F

1. History of bone disorders, spurs, and/or osteoporosis. _____
2. Muscle soreness and weakness. _____
3. Loose teeth or poor fitting dentures. _____
4. Restlessness, hyperirritability, or restless legs at night. _____
5. Low back pain, weak joints or ligaments, fallen arches. _____

SECTION FIVE (con't)

Group G

1. Generally tired and lacking ambition or purpose.
2. Frequent lack of motivation, inability to get started.
3. Fatigued, easily tired.
4. Failure to meet ordinary requirements of daily activities.
5. Failure to respond to specific nutritional schedules.

SECTION SIX

Group A

1. History of cataracts, glaucoma or poor vision.
2. Frequent head colds, runny nose, and/or watery eyes.
3. Bruise easily and/or slow healing of cuts, and sore or bleeding gums.
4. Frequent redness in the eyelids, or "sand in your eyes".
5. Frequent headaches associated with eye strain or pain when moving eyes.

Group B

1. History of heart disease, taking medication, etc.
2. Irregular heartbeat or skipped beats.
3. Dryness of skin and hair, itching due to dryness.
4. Have varicose veins and/or hemorrhoids.
5. Shoulder or chest pain on exertion.

Group C

1. History of asthma, emphysema, bronchitis, or pneumonia.
2. Difficulty breathing, shortness of breath.
3. Frequent cough (dry or productive).
4. Wheezing or having difficulty breathing when lying on back.
5. Shoulder pain or bursitis.

Group D

1. History of injury to the tailbone.
2. Restlessness or insomnia.
3. Inability to concentrate, frequent daydreaming or nightmares.
4. Unresolved health problems.
5. Painful tailbone, i.e., hurts to sit down.

SECTION SIX (con't)

Group E

1. History of muscular weakness and/or atrophy. _____
2. Inability to tolerate potassium-rich foods such as molasses, olives, vegetable juices, bananas, oranges, etc. _____
3. Frequent writer's cramp, or stiffness especially after rest. _____
4. Muscle soreness and pain resulting from exercise. _____
5. Loss of joint range of motion, painful stretching. _____

Group F

1. History of deep bone or joint pain, painful weak teeth. _____
2. Frequent anxiety, use or need tranquilizers. _____
3. Frequent infections, need for antibiotics. _____
4. Systems of edema, such as swelling of feet and ankles. _____
5. Any type of acute traumatic incidents/accidents. _____

Group G

1. History of osteoarthritis or gout. _____
2. Musculoskeletal pain, difficulty walking, etc. _____
3. Bone and joint pain in the spine, hips, knees, feet, or hands. _____
4. Inflammation, i.e., fever, redness, swelling, and/or pain. _____
5. Stiff joints/sore muscles or diagnosed with fibromyalgia. _____

Group H

1. History of chronic herpes-type skin eruptions, such as frequent canker sores, cold blisters, and boils. _____
2. Raised and red skin eruptions such as hives, strong reactions to food or chemicals. _____
3. Strong reactions to mosquito or insect bites. _____
4. Frequent histamine reactions, such as sneezing attacks. _____
5. Painful skin irritations such as sunburn, rashes, or chapped lips. _____

Thank you for taking the time to fill out this survey accurately and honestly. Your answers will assist us in making a more thorough examination of your health and enable us to make a more complete identification of your health issues.