

# 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: