

SYMPTOM SURVEY FORM

(Restricted to Professional Use)

Nutrition Clinic 14805 Clayton Rd. Chesterfield, MO 63017 (636) 386-3333

PATIENT _____ DOCTOR _____ DATE _____

AGE _____ PHONE (_____) _____ VEGETARIAN ____ Yes ____ No

INSTRUCTIONS: Circle the number that applies to you. **If symptom doesn't apply, leave blank.** Use **(1)** for **MILD** symptoms (occurs once or twice a month), **(2)** for **MODERATE** symptoms (occurs several times a month), and **(3)** for **SEVERE** symptoms (you are aware of it almost constantly).

GROUP ONE

- | | | |
|--|---|--|
| 1 - 1 2 3 Acid foods upset | 8 - 1 2 3 Gag easily | 15 - 1 2 3 Appetite reduced |
| 2 - 1 2 3 Get chilled, often | 9 - 1 2 3 Unable to relax; startles easily | 16 - 1 2 3 Cold sweats often |
| 3 - 1 2 3 "Lump" in throat | 10 - 1 2 3 Extremities cold, clammy | 17 - 1 2 3 Fever easily raised |
| 4 - 1 2 3 Dry mouth-eyes-nose | 11 - 1 2 3 Strong light irritates | 18 - 1 2 3 Neuralgia-like pains |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up – fail to calm | 13 - 1 2 3 Heart pounds after retiring | 20 - 1 2 3 Sour stomach frequent |
| 7 - 1 2 3 Cuts heal slowly | 14 - 1 2 3 "Nervous" stomach | |

GROUP TWO

- | | | |
|--|--|--|
| 21 - 1 2 3 Joint stiffness after arising | 29 - 1 2 3 Digestion rapid | 37 - 1 2 3 "Slow starter" |
| 22 - 1 2 3 Muscle-leg-toe cramps at night | 30 - 1 2 3 Vomiting frequent | 38 - 1 2 3 Get "chilled" infrequently |
| 23 - 1 2 3 "Butterfly" stomach, cramps | 31 - 1 2 3 Hoarseness frequent | 39 - 1 2 3 Perspire easily |
| 24 - 1 2 3 Eyes or nose watery | 32 - 1 2 3 Breathing irregular | 40 - 1 2 3 Circulation poor, sensitive to cold |
| 25 - 1 2 3 Eyes blink often | 33 - 1 2 3 Pulse slow; feels "irregular" | 41 - 1 2 3 Subject to colds, asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy | 34 - 1 2 3 Gagging reflex slow | |
| 27 - 1 2 3 Indigestion soon after meals | 35 - 1 2 3 Difficulty swallowing | |
| 28 - 1 2 3 Always seems hungry; feels "lightheaded" often | 36 - 1 2 3 Constipation, diarrhea alternating | |

GROUP THREE

- | | | |
|--|--|---|
| 42 - 1 2 3 Eat when nervous | 49 - 1 2 3 Heart palpitates if meals missed or delayed | 53 - 1 2 3 Crave candy or coffee in afternoons |
| 43 - 1 2 3 Excessive appetite | 50 - 1 2 3 Afternoon headaches | 54 - 1 2 3 Moods of depression – "blues" or melancholy |
| 44 - 1 2 3 Hungry between meals | 51 - 1 2 3 Overeating sweets upsets | 55 - 1 2 3 Abnormal craving for sweets or snacks |
| 45 - 1 2 3 Irritable before meals | 52 - 1 2 3 Awaken after few hours sleep – hard to get back to sleep | |
| 46 - 1 2 3 Get "shaky" if hungry | | |
| 47 - 1 2 3 Fatigue, eating relieves | | |
| 48 - 1 2 3 "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|---|---|---|
| 56 - 1 2 3 Hands and feet go to sleep easily, numbness | 63 - 1 2 3 Get "drowsy" often | 68 - 1 2 3 Bruise easily, "black and blue" spots |
| 57 - 1 2 3 Sigh frequently, "air hunger" | 64 - 1 2 3 Swollen ankles worse at night | 69 - 1 2 3 Tendency to anemia |
| 58 - 1 2 3 Aware of "breathing heavily" | 65 - 1 2 3 Muscle cramps, worse during exercise; get "charley horses" | 70 - 1 2 3 "Nose bleeds" frequent |
| 59 - 1 2 3 High altitude discomfort | 66 - 1 2 3 Shortness of breath on exertion | 71 - 1 2 3 Noises in head, or "ringing in ears" |
| 60 - 1 2 3 Opens windows in closed room | 67 - 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion. | 72 - 1 2 3 Tension under the breastbone, or feeling of "tightness" worse on exertion |
| 61 - 1 2 3 Susceptible to colds and fevers | | |
| 62 - 1 2 3 Afternoon "yawner" | | |

GROUP FIVE

- | | | |
|---|--|--|
| 73 - 1 2 3 Dizziness
74 - 1 2 3 Dry Skin
75 - 1 2 3 Burning feet
76 - 1 2 3 Blurred vision
77 - 1 2 3 Itching skin and feet
78 - 1 2 3 Excessive falling hair
79 - 1 2 3 Frequent skin rashes
80 - 1 2 3 Bitter, metallic taste in mouth in mornings
81 - 1 2 3 Bowel movements painful or difficult | 82 - 1 2 3 Worrier, feels insecure
83 - 1 2 3 Feeling queasy; headache over eyes
84 - 1 2 3 Greasy foods upset
85 - 1 2 3 Stools light-colored
86 - 1 2 3 Skin peels on foot soles
87 - 1 2 3 Pain between shoulder blades
88 - 1 2 3 Use laxatives
89 - 1 2 3 Stools alternate from soft to watery | 90 - 1 2 3 History of gallbladder attacks or gallstones
91 - 1 2 3 Sneezing attacks
92 - 1 2 3 Dreaming, nightmare type bad dreams
93 - 1 2 3 Bad breath (halitosis)
94 - 1 2 3 Milk products cause distress
95 - 1 2 3 Sensitive to hot weather
96 - 1 2 3 Burning or itching anus
97 - 1 2 3 Crave sweets |
|---|--|--|

GROUP SIX

- | | | |
|--|---|---|
| 98 - 1 2 3 Loss of taste for meat
99 - 1 2 3 Lower bowel gas several hours after eating
100 - 1 2 3 Burning stomach sensations, eating relieves | 101 - 1 2 3 Coated tongue
102 - 1 2 3 Pass large amounts of foul-smelling gas
103 - 1 2 3 Indigestion ½ - 1 hour after eating; may be up to 3 - 4 hrs. | 104 - 1 2 3 Mucous colitis or "irritable bowel"
105 - 1 2 3 Gas shortly after eating
106 - 1 2 3 Stomach "bloating" after eating |
|--|---|---|

GROUP SEVEN

- | | | |
|--|---|---|
| <p style="text-align: center;">(A)</p> 107 - 1 2 3 Insomnia
108 - 1 2 3 Nervousness
109 - 1 2 3 Can't gain weight
110 - 1 2 3 Intolerance to heat
111 - 1 2 3 Highly emotional
112 - 1 2 3 Flush easily
113 - 1 2 3 Night sweats
114 - 1 2 3 Thin, moist skin
115 - 1 2 3 Inward trembling
116 - 1 2 3 Heart palpitates
117 - 1 2 3 Increased appetite without weight gain
118 - 1 2 3 Pulse fast at rest
119 - 1 2 3 Eyelids and face twitch
120 - 1 2 3 Irritable and restless
121 - 1 2 3 Can't work under pressure | <p style="text-align: center;">(C)</p> 137 - 1 2 3 Failing memory
138 - 1 2 3 Low blood pressure
139 - 1 2 3 Increased sex drive
140 - 1 2 3 Headaches, "splitting or rending" type
141 - 1 2 3 Decreased sugar tolerance | <p style="text-align: center;">(E)</p> 150 - 1 2 3 Dizziness
151 - 1 2 3 Headaches
152 - 1 2 3 Hot flashes
153 - 1 2 3 Increased blood pressure
154 - 1 2 3 Hair growth on face or body (female)
155 - 1 2 3 Sugar in urine (not diabetes)
156 - 1 2 3 Masculine tendencies (female) |
| <p style="text-align: center;">(B)</p> 122 - 1 2 3 Increase in weight
123 - 1 2 3 Decrease in appetite
124 - 1 2 3 Fatigue easily
125 - 1 2 3 Ringing in ears
126 - 1 2 3 Sleepy during day
127 - 1 2 3 Sensitive to cold
128 - 1 2 3 Dry or scaly skin
129 - 1 2 3 Constipation
130 - 1 2 3 Mental sluggishness
131 - 1 2 3 Hair coarse, falls out
132 - 1 2 3 Headaches upon arising wear off during day
133 - 1 2 3 Slow pulse, below 65
134 - 1 2 3 Frequency of urination
135 - 1 2 3 Impaired hearing
136 - 1 2 3 Reduced initiative | <p style="text-align: center;">(D)</p> 142 - 1 2 3 Abnormal thirst
143 - 1 2 3 Bloating of abdomen
144 - 1 2 3 Weight gain around hips or waist
145 - 1 2 3 Sex drive reduced or lacking
146 - 1 2 3 Tendency to ulcers, colitis
147 - 1 2 3 Increased sugar tolerance
148 - 1 2 3 Women: menstrual disorders
149 - 1 2 3 Young girls: lack of menstrual function | <p style="text-align: center;">(F)</p> 157 - 1 2 3 Weakness, dizziness
158 - 1 2 3 Chronic fatigue
159 - 1 2 3 Low blood pressure
160 - 1 2 3 Nails weak, ridged
161 - 1 2 3 Tendency to hives
162 - 1 2 3 Arthritic tendencies
163 - 1 2 3 Perspiration increase
164 - 1 2 3 Bowel disorders
165 - 1 2 3 Poor circulation
166 - 1 2 3 Swollen ankles
167 - 1 2 3 Crave salt
168 - 1 2 3 Brown spots or bronzing of skin
169 - 1 2 3 Allergies - tendency to asthma
170 - 1 2 3 Weakness after colds, influenza
171 - 1 2 3 Exhaustion - muscular and nervous
172 - 1 2 3 Respiratory disorders |

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 - 1 2 3 Apprehension	200 - 1 2 3 Very easily fatigued	213 - 1 2 3 Prostate trouble
174 - 1 2 3 Irritability	201 - 1 2 3 Premenstrual tension	214 - 1 2 3 Urination difficult or dribbling
175 - 1 2 3 Morbid fears	202 - 1 2 3 Painful menses	215 - 1 2 3 Night urination frequent
176 - 1 2 3 Never seems to get well	203 - 1 2 3 Depressed feelings	216 - 1 2 3 Depression
177 - 1 2 3 Forgetfulness	204 - 1 2 3 Menstruation excessive and prolonged	217 - 1 2 3 Pain on inside of legs or heels
178 - 1 2 3 Indigestion	205 - 1 2 3 Painful breasts	218 - 1 2 3 Feeling of incomplete bowel evacuation
179 - 1 2 3 Poor appetite	206 - 1 2 3 Menstruate too frequently	219 - 1 2 3 Lack of energy
180 - 1 2 3 Craving for sweets	207 - 1 2 3 Vaginal discharge	220 - 1 2 3 Migrating aches and pains
181 - 1 2 3 Muscular soreness	208 - 1 2 3 Hysterectomy/ovaries removed	221 - 1 2 3 Tire too easily
182 - 1 2 3 Depression; feelings of dread	209 - 1 2 3 Menopausal hot flashes	222 - 1 2 3 Avoids activity
183 - 1 2 3 Noise sensitivity	210 - 1 2 3 Menses scanty or missed	223 - 1 2 3 Leg nervousness at night
184 - 1 2 3 Acoustic hallucinations	211 - 1 2 3 Acne, worse at menses	224 - 1 2 3 Diminished sex drive
185 - 1 2 3 Tendency to cry without reason	212 - 1 2 3 Depression of long standing	
186 - 1 2 3 Hair is coarse and/or thinning		
187 - 1 2 3 Weakness		
188 - 1 2 3 Fatigue		
189 - 1 2 3 Skin sensitive to touch		
190 - 1 2 3 Tendency toward hives		
191 - 1 2 3 Nervousness		
192 - 1 2 3 Headache		
193 - 1 2 3 Insomnia		
194 - 1 2 3 Anxiety		
195 - 1 2 3 Anorexia		
196 - 1 2 3 Inability to concentrate; confusion		
197 - 1 2 3 Frequent stuffy nose; sinus infections		
198 - 1 2 3 Allergy to some foods		
199 - 1 2 3 Loose joints		

IMPORTANT

TO THE PATIENT: Please list below the five main physical and or health complaints you have in order of their importance:

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

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row.

MALES

Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

Date: _____	Temperature: _____
Date: _____	Temperature: _____
Date: _____	Temperature: _____
Date: _____	Temperature: _____
Date: _____	Temperature: _____
Date: _____	Temperature: _____

BP SIT _____
PULSE SIT _____
SALIVA PH _____

BP STAND _____
PULSE STAND _____
BLOOD TYPE _____

Are Your Health Problems Yeast Connected?

If you answer "yes" to any question, circle the number in the right hand column. When you've completed the questionnaire, add up the points you've circled. Your score will help you determine the possibility (or probability) that your health problems are yeast connected.

SCORE

- | | |
|--|-------|
| 1. Have you taken repeated or prolonged courses of antibacterial drugs?
4 | Y / N |
| 2. Have you been bothered by recurrent vaginal, prostrate or urinary infections?
3 | Y / N |
| 3. Do you feel "sick all over," yet the cause hasn't been found?
2 | Y / N |
| 4. Bothered by hormone disturbances, including PMS, menstrual irregularities, sexual dysfunction, sugar craving, low body temp. or fatigue?
2 | Y / N |
| 5. Are you unusually sensitive to tobacco smoke, perfumes, chemical odors, etc.?
2 | Y / N |
| 6. Bothered by memory or concentration problems? Do you sometimes feel "spaced out"?
2 | Y / N |
| 7. Have you taken prolonged courses of prednisone or other steroids; or have you taken "the pill" for more than 3 years?
2 | Y / N |
| 8. Do some foods disagree with you or trigger your symptoms?
1 | Y / N |
| 9. Do you suffer with constipation, diarrhea, bloating or abdominal pain?
1 | Y / N |
| 10. Does your skin itch, tingle or burn; or is it unusually dry; or are you bothered by rashes?
1 | Y / N |

TOTAL _____

Scoring for women: If your score is 9 or more, your health problems are probably yeast connected. If your score is 12 or more, your health problems are almost certainly yeast connected.

Scoring for men: If your score is 7 or more, your health problems are probably yeast connected. If your score is 10 or more, your health problems are almost certainly yeast connected.

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