

**SYSTEMS SURVEY FORM**  
(Restricted to Professional Use)

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS:** Circle the number that applies to you. If a symptom does not apply, leave it blank.  
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),  
or (3) for **SEVERE** symptoms (occurs 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,<br>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,<br>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 seem hungry;<br>feels "lightheaded" often | 36 - 1 2 3 Constipation,<br>diarrhea alternating |  |

**GROUP THREE**

- |   |  |   |
|---|--|---|
| 42 - 1 2 3 Eat when nervous               | 49 - 1 2 3 Heart palpitates if meals<br>missed or delayed              | 53 - 1 2 3 Crave candy or coffee<br>in afternoons         |
| 43 - 1 2 3 Excessive appetite             | 50 - 1 2 3 Afternoon headaches   | 54 - 1 2 3 Moods of depression -<br>"blues" or melancholy |
| 44 - 1 2 3 Hungry between meals           | 51 - 1 2 3 Overeating sweets upsets                                    | 55 - 1 2 3 Abnormal craving for<br>sweets or snacks       |
| 45 - 1 2 3 Irritable before meals         | 52 - 1 2 3 Awaken after few hours sleep<br>- 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<br>easily, numbness | 63 - 1 2 3 Get "drowsy" often   | 68 - 1 2 3 Bruise easily, "black<br>and blue" spots  |
| 57 - 1 2 3 Sigh frequently, "air<br>hunger"               | 64 - 1 2 3 Swollen ankles<br>worse at night                                       | 69 - 1 2 3 Tendency to anemia  |
| 58 - 1 2 3 Aware of "breathing<br>heavily"                | 65 - 1 2 3 Muscle cramps, worse<br>during exercise; get<br>"charley horses"       | 70 - 1 2 3 "Nose bleeds" frequent  |
| 59 - 1 2 3 High altitude discomfort                       | 66 - 1 2 3 Shortness of breath<br>on exertion                                     | 71 - 1 2 3 Noises in head, or<br>"ringing in ears"   |
| 60 - 1 2 3 Opens windows in<br>closed room                | 67 - 1 2 3 Dull pain in chest or<br>radiating into left arm,<br>worse on exertion | 72 - 1 2 3 Tension under the<br>breastbone, or feeling<br>of "tightness",<br>worse on exertion |
| 61 - 1 2 3 Susceptible to colds<br>and fevers             |   |  |
| 62 - 1 2 3 Afternoon "yawner"                             |   |  |



**GROUP FIVE**

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

**GROUP SIX**

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

**GROUP SEVEN**

(A)

- 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

(B)

- 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

(C)

- 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 rendering" type
- 141** - 1 2 3 Decreased sugar tolerance
- 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

(D)

- 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

(E)

- 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)

(F)

- 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 Muscle weakness	200 - 1 2 3 Very easily fatigued	213 - 1 2 3 Prostate trouble
174 - 1 2 3 Lack of Stamina	201 - 1 2 3 Premenstrual tension	214 - 1 2 3 Urination difficult or dribbling
175 - 1 2 3 Drowsiness after eating	202 - 1 2 3 Painful menses	215 - 1 2 3 Night urination frequent
176 - 1 2 3 Muscular soreness	203 - 1 2 3 Depressed feelings before menstruation	216 - 1 2 3 Depression
177 - 1 2 3 Rapid heart beat	204 - 1 2 3 Menstruation excessive and prolonged	217 - 1 2 3 Pain on inside of legs or heels
178 - 1 2 3 Hyper-irritable	205 - 1 2 3 Painful breasts	218 - 1 2 3 Feeling of incomplete bowel evacuation
179 - 1 2 3 Feeling of a band around your head	206 - 1 2 3 Menstruate too frequently	219 - 1 2 3 Lack of energy
180 - 1 2 3 Melancholia (feeling of sadness)	207 - 1 2 3 Vaginal discharge	220 - 1 2 3 Migrating aches and pains
181 - 1 2 3 Swelling of ankles	208 - 1 2 3 Hysterectomy/ovaries removed	221 - 1 2 3 Tire too easily
182 - 1 2 3 Diminished urination	209 - 1 2 3 Menopausal hot flashes	222 - 1 2 3 Avoids activity
183 - 1 2 3 Tendency to consume sweets or carbohydrates	210 - 1 2 3 Menses scanty or missed	223 - 1 2 3 Leg nervousness at night
184 - 1 2 3 Muscle spasms	211 - 1 2 3 Acne, worse at menses	224 - 1 2 3 Diminished sex drive
185 - 1 2 3 Blurred vision	212 - 1 2 3 Depression of long standing	
186 - 1 2 3 Loss of muscular control		
187 - 1 2 3 Numbness		
188 - 1 2 3 Night sweats		
189 - 1 2 3 Rapid digestion		
190 - 1 2 3 Sensitivity to noise		
191 - 1 2 3 Redness of palms of hands and bottom of feet		
192 - 1 2 3 Visible veins on chest and abdomen		
193 - 1 2 3 Hemorrhoids		
194 - 1 2 3 Apprehension (feeling that something bad is going to happen)		
195 - 1 2 3 Nervousness causing loss of appetite		
196 - 1 2 3 Nervousness with indigestion		
197 - 1 2 3 Gastritis		
198 - 1 2 3 Forgetfulness		
199 - 1 2 3 Thinning hair		

**IMPORTANT**

TO THE PATIENT: Please list below the five main physical 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 2<sup>nd</sup> and 3<sup>rd</sup> 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: \_\_\_\_\_