

# Nutritec Software Symptom Survey Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX:  Male  Female

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BLOOD PRESSURE: Pulse: Sitting: \_\_\_\_\_ Standing: \_\_\_\_\_

BP Sitting: \_\_\_\_\_ PB Lying: \_\_\_\_\_ BP Standing: \_\_\_\_\_

pH INDICATORS: AM Saliva: \_\_\_\_\_ AM Urine: \_\_\_\_\_

PM Saliva: \_\_\_\_\_ PM Urine: \_\_\_\_\_

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!

- | 1  | 2                     | 3                     | ----- GROUP 1 -----                      |
|----|-----------------------|-----------------------|--|
| 1  | <input type="radio"/> | <input type="radio"/> | Acid foods upset                         |
| 2  | <input type="radio"/> | <input type="radio"/> | Feel chilled often                       |
| 3  | <input type="radio"/> | <input type="radio"/> | "Lump" in throat                         |
| 4  | <input type="radio"/> | <input type="radio"/> | Dry mouth-eyes-nose                      |
| 5  | <input type="radio"/> | <input type="radio"/> | Pulse speeds after meals                 |
| 6  | <input type="radio"/> | <input type="radio"/> | Keyed up; unable to feel calm            |
| 7  | <input type="radio"/> | <input type="radio"/> | Cuts heal slowly                         |
| 8  | <input type="radio"/> | <input type="radio"/> | Gag easily                               |
| 9  | <input type="radio"/> | <input type="radio"/> | Unable to relax; startles easily         |
| 10 | <input type="radio"/> | <input type="radio"/> | Extremities cold and/or clammy           |
| 11 | <input type="radio"/> | <input type="radio"/> | Strong light irritates                   |
| 12 | <input type="radio"/> | <input type="radio"/> | Urine amount reduced                     |
| 13 | <input type="radio"/> | <input type="radio"/> | Heart pounds after retiring              |
| 14 | <input type="radio"/> | <input type="radio"/> | "Nervous" stomach                        |
| 15 | <input type="radio"/> | <input type="radio"/> | Appetite reduced                         |
| 16 | <input type="radio"/> | <input type="radio"/> | Cold sweats often                        |
| 17 | <input type="radio"/> | <input type="radio"/> | Body temperature rises easily            |
| 18 | <input type="radio"/> | <input type="radio"/> | Skin sensitive to touch                  |
| 19 | <input type="radio"/> | <input type="radio"/> | Staring, blinks little                   |
| 20 | <input type="radio"/> | <input type="radio"/> | Frequently have a sour stomach           |
|    |                       |                       | ----- GROUP 2 -----                      |
| 21 | <input type="radio"/> | <input type="radio"/> | Joint stiffness after arising            |
| 22 | <input type="radio"/> | <input type="radio"/> | Muscle-leg-toe cramps at night           |
| 23 | <input type="radio"/> | <input type="radio"/> | "Butterfly" stomach, cramps              |
| 24 | <input type="radio"/> | <input type="radio"/> | Eyes or nose watery                      |
| 25 | <input type="radio"/> | <input type="radio"/> | Eyes blink often                         |
| 26 | <input type="radio"/> | <input type="radio"/> | Eyelids swollen or puffy                 |
| 27 | <input type="radio"/> | <input type="radio"/> | Indigestion soon after meals             |
| 28 | <input type="radio"/> | <input type="radio"/> | Always seems hungry; "lightheaded" often |
| 29 | <input type="radio"/> | <input type="radio"/> | Food digests rapidly                     |
| 30 | <input type="radio"/> | <input type="radio"/> | Vomit frequently                         |
| 31 | <input type="radio"/> | <input type="radio"/> | Frequently hoarse                        |
| 32 | <input type="radio"/> | <input type="radio"/> | Irregular breathing                      |
| 33 | <input type="radio"/> | <input type="radio"/> | Pulse slow or feels "irregular"          |
| 34 | <input type="radio"/> | <input type="radio"/> | Slow gag reflex                          |
| 35 | <input type="radio"/> | <input type="radio"/> | Difficulty swallowing                    |
| 36 | <input type="radio"/> | <input type="radio"/> | Alternating constipation and diarrhea    |
| 37 | <input type="radio"/> | <input type="radio"/> | "Slow starter"                           |
| 38 | <input type="radio"/> | <input type="radio"/> | Not easily chilled                       |
| 39 | <input type="radio"/> | <input type="radio"/> | Perspire easily                          |
| 40 | <input type="radio"/> | <input type="radio"/> | Poor circulation or sensitive to cold    |
| 41 | <input type="radio"/> | <input type="radio"/> | Subject to colds, asthma, bronchitis     |
|    |                       |                       | ----- GROUP 3 -----                      |
| 42 | <input type="radio"/> | <input type="radio"/> | Eat when nervous                         |
| 43 | <input type="radio"/> | <input type="radio"/> | Excessive appetite                       |
| 44 | <input type="radio"/> | <input type="radio"/> | Hungry between meals                     |
| 45 | <input type="radio"/> | <input type="radio"/> | Irritable before meals                   |
| 46 | <input type="radio"/> | <input type="radio"/> | Get "shaky" if hungry                    |

- | 1   | 2                     | 3                     | ----- GROUP 3 continued -----   |
|-----|-----------------------|-----------------------|---|
| 47  | <input type="radio"/> | <input type="radio"/> | Feeling fatigued, eating relieves   |
| 48  | <input type="radio"/> | <input type="radio"/> | "Lightheaded" if meals delayed  |
| 49  | <input type="radio"/> | <input type="radio"/> | Heart palpitates if meals missed or delayed   |
| 50  | <input type="radio"/> | <input type="radio"/> | Afternoon headaches   |
| 51  | <input type="radio"/> | <input type="radio"/> | Upset feeling from excessive eating of sweets   |
| 52  | <input type="radio"/> | <input type="radio"/> | Awaken after few hours sleep hard to get back to sleep  |
| 53  | <input type="radio"/> | <input type="radio"/> | Crave candy or coffee in afternoons   |
| 54  | <input type="radio"/> | <input type="radio"/> | Moods of depression "blues" or melancholy   |
| 55  | <input type="radio"/> | <input type="radio"/> | Abnormal craving for sweets or snacks   |
|     |                       |                       | ----- GROUP 4 -----   |
| 56  | <input type="radio"/> | <input type="radio"/> | Hands and feet go to sleep easily, numbness   |
| 57  | <input type="radio"/> | <input type="radio"/> | Sigh frequently, "air hunger"   |
| 58  | <input type="radio"/> | <input type="radio"/> | Aware of "breathing heavily"  |
| 59  | <input type="radio"/> | <input type="radio"/> | Discomfort at high altitude   |
| 60  | <input type="radio"/> | <input type="radio"/> | Opens windows in closed room  |
| 61  | <input type="radio"/> | <input type="radio"/> | Susceptible to colds and fevers   |
| 62  | <input type="radio"/> | <input type="radio"/> | Afternoon "yawner"  |
| 63  | <input type="radio"/> | <input type="radio"/> | Get "drowsy" often  |
| 64  | <input type="radio"/> | <input type="radio"/> | Swollen ankles worse at night   |
| 65  | <input type="radio"/> | <input type="radio"/> | Muscle cramps, worse during exercise; "charley-horses"  |
| 66  | <input type="radio"/> | <input type="radio"/> | Shortness of breath on exertion   |
| 67  | <input type="radio"/> | <input type="radio"/> | Dull pain in chest or radiating into left arm, worse on exertion                              |
| 68  | <input type="radio"/> | <input type="radio"/> | Bruise easily, "black/blue" spots on arms or legs   |
| 69  | <input type="radio"/> | <input type="radio"/> | Tendency to anemia  |
| 70  | <input type="radio"/> | <input type="radio"/> | Frequently have "nose bleeds"   |
| 71  | <input type="radio"/> | <input type="radio"/> | "Ringing in ears" or noises in head   |
| 72  | <input type="radio"/> | <input type="radio"/> | Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion |
|     |                       |                       | ----- GROUP 5 -----   |
| 73  | <input type="radio"/> | <input type="radio"/> | Dizziness   |
| 74  | <input type="radio"/> | <input type="radio"/> | Dry skin  |
| 75  | <input type="radio"/> | <input type="radio"/> | Burning feet  |
| 76  | <input type="radio"/> | <input type="radio"/> | Blurred vision  |
| 77  | <input type="radio"/> | <input type="radio"/> | Itching skin and feet   |
| 78  | <input type="radio"/> | <input type="radio"/> | Excessive falling hair  |
| 79  | <input type="radio"/> | <input type="radio"/> | Frequent skin rashes  |
| 80  | <input type="radio"/> | <input type="radio"/> | Bitter or metallic taste in mouth in the mornings   |
| 81  | <input type="radio"/> | <input type="radio"/> | Bowel movements painful or difficult  |
| 82  | <input type="radio"/> | <input type="radio"/> | Feelings of worry, dread, or insecurity   |
| 83  | <input type="radio"/> | <input type="radio"/> | Feeling queasy; headache over eyes  |
| 84  | <input type="radio"/> | <input type="radio"/> | Greasy foods upset  |
| 85  | <input type="radio"/> | <input type="radio"/> | Stools light-colored  |
| 86  | <input type="radio"/> | <input type="radio"/> | Skin peels on foot soles  |
| 87  | <input type="radio"/> | <input type="radio"/> | Pain between shoulder blades  |
| 88  | <input type="radio"/> | <input type="radio"/> | Using laxatives   |
| 89  | <input type="radio"/> | <input type="radio"/> | Stools alternate from soft to watery  |
| 90  | <input type="radio"/> | <input type="radio"/> | History of gallbladder attacks or gall stones   |
| 91  | <input type="radio"/> | <input type="radio"/> | Sneezing attacks  |
| 92  | <input type="radio"/> | <input type="radio"/> | Dreaming, nightmarish bad dreams  |
| 93  | <input type="radio"/> | <input type="radio"/> | Bad breath (halitosis)  |
| 94  | <input type="radio"/> | <input type="radio"/> | Milk products cause distress  |
| 95  | <input type="radio"/> | <input type="radio"/> | Sensitive to hot weather  |
| 96  | <input type="radio"/> | <input type="radio"/> | Burning or itching anus   |
| 97  | <input type="radio"/> | <input type="radio"/> | Crave sweets  |
|     |                       |                       | ----- GROUP 6 -----   |
| 98  | <input type="radio"/> | <input type="radio"/> | Loss of taste for meat  |
| 99  | <input type="radio"/> | <input type="radio"/> | Lower bowel gas several hours after eating  |
| 100 | <input type="radio"/> | <input type="radio"/> | Burning stomach sensations, eating relieves   |
| 101 | <input type="radio"/> | <input type="radio"/> | Coated tongue   |
| 102 | <input type="radio"/> | <input type="radio"/> | Pass large amounts of foul smelling gas   |
| 103 | <input type="radio"/> | <input type="radio"/> | Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.                                  |
| 104 | <input type="radio"/> | <input type="radio"/> | Mucus colitis or "irritable bowel"  |
| 105 | <input type="radio"/> | <input type="radio"/> | Gas shortly after eating  |
| 106 | <input type="radio"/> | <input type="radio"/> | Stomach "bloating" after eating   |

1	2	3		1	2	3	
			----- GROUP 7A -----				----- GROUP 8 -----
107	0	0	Insomnia	173	0	0	Apprehension
108	0	0	Nervousness	174	0	0	Irritability
109	0	0	Can't gain weight	175	0	0	Morbid fears
110	0	0	Intolerance to heat	176	0	0	Never seems to get well
111	0	0	Highly emotional	177	0	0	Forgetfulness
112	0	0	Flush easily	178	0	0	Indigestion
113	0	0	Night sweats	179	0	0	Poor appetite
114	0	0	Skin is thin and moist	180	0	0	Craving for sweets
115	0	0	Inward trembling	181	0	0	Muscular soreness
116	0	0	Heart palpitates	182	0	0	Depression; feelings of dread
117	0	0	Increased appetite without weight gain	183	0	0	Noise sensitivity
118	0	0	Pulse races when resting	184	0	0	Acoustic hallucinations
119	0	0	Eyelids and face twitch	185	0	0	Tendency to cry without reason
120	0	0	Irritable and restless	186	0	0	Hair is coarse and/or thinning
121	0	0	Can't work under pressure	187	0	0	Weakness
			----- GROUP 7B -----	188	0	0	Fatigue
122	0	0	Noticable weight gain	189	0	0	Skin sensitive to touch
123	0	0	Decrease in appetite	190	0	0	Tendency toward hives
124	0	0	Easily fatigued	191	0	0	Nervousness
125	0	0	ringing in ears	192	0	0	Headache
126	0	0	Sleepy during day	193	0	0	Insomnia
127	0	0	Sensitive to cold	194	0	0	Anxiety
128	0	0	Dry or scaly skin	195	0	0	Anorexia
129	0	0	Constipation	196	0	0	Inability to concentrate; confusion
130	0	0	Mental sluggishness	197	0	0	Frequent stuffy nose; sinus infections
131	0	0	Hair coarse, falls out	198	0	0	Allergy to some foods
132	0	0	Headaches upon arising wear off during day	199	0	0	Loose joints
133	0	0	Slow pulse, below 65				----- FEMALE ONLY -----
134	0	0	Frequent urination	200	0	0	Very easily fatigued
135	0	0	Impaired hearing	201	0	0	Premenstrual tension
136	0	0	Reduced initiative	202	0	0	Painful menses
			----- GROUP 7C -----	203	0	0	Depressed feelings before menstruation
137	0	0	Failing memory	204	0	0	Excessive and prolonged menstruation
138	0	0	Low blood pressure	205	0	0	Painful breasts
139	0	0	Increased sex drive	206	0	0	Menstruate too frequently
140	0	0	Headaches, "splitting or rending" type	207	0	0	Vaginal discharge
141	0	0	Decreased sugar tolerance	208	0	0	Hysterectomy /ovaries Removed
			----- GROUP 7D -----	209	0	0	Menopausal hot flashes
142	0	0	Abnormal thirst	210	0	0	Menses scanty or missed
143	0	0	Bloating of the abdomen	211	0	0	Acne, worse at menses
144	0	0	Weight gain around hips or waist	212	0	0	Long standing depression
145	0	0	Sex drive reduced or lacking				----- MALE ONLY -----
146	0	0	Tendency toward ulcers and/or colitis	213	0	0	Prostate trouble
147	0	0	Increased sugar tolerance	214	0	0	Urination difficult or Dribbling
148	0	0	(FEMALE) Menstrual disorders	215	0	0	Frequent nighttime urination
149	0	0	(YOUNG GIRLS) Lack of menstrual function	216	0	0	Depression
			----- GROUP 7E -----	217	0	0	Pain on inside of legs or heels
150	0	0	Dizziness	218	0	0	Feeling of incomplete bowel evacuation
151	0	0	Headaches	219	0	0	Lack of energy
152	0	0	Hot flashes	220	0	0	Migrating aches and pains
153	0	0	Increased blood pressure	221	0	0	Too easily tired
154	0	0	(FEMALE) Hair growth on face or body	222	0	0	Avoids activity
155	0	0	Sugar in urine (not diabetes)	223	0	0	Leg nervousness at night
156	0	0	(FEMALE) Masculine tendencies	224	0	0	Diminished sex drive
			----- GROUP 7F -----				
157	0	0	Weakness and/or dizziness				
158	0	0	Chronic fatigue				
159	0	0	Low blood pressure				
160	0	0	Nails weak and/or ridged				
161	0	0	Tendency toward hives				
162	0	0	Arthritic tendencies				
163	0	0	Perspiration increase				
164	0	0	Bowel disorders				
165	0	0	Poor circulation				
166	0	0	Swollen ankles				
167	0	0	Crave salt				
168	0	0	Brown spots or bronzing of skin				
169	0	0	Allergies - tendency to asthma				
170	0	0	Weakness after colds or influenza				
171	0	0	Muscular and nervous exhaustion				
172	0	0	Respiratory disorders				

**IMPORTANT**

List below your five main physical complaints in order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Notes: