

# SYSTEMS SURVEY FORM

(Restricted to Professional Use)

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ HEALTH CARE PROFESSIONAL \_\_\_\_\_ 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 1

- |                                   |                                            |                                   |
|-----------------------------------|--------------------------------------------|-----------------------------------|
| 1 – 1 2 3 Acid foods upset        | 8 – 1 2 3 Unable to relax, startles easily | 15 – 1 2 3 Cold sweats often      |
| 2 – 1 2 3 Get chilled, often      | 9 – 1 2 3 Extremities cold, clammy         | 16 – 1 2 3 Get heated easily      |
| 3 – 1 2 3 “Lump” in throat        | 10 – 1 2 3 Strong light irritates          | 17 – 1 2 3 Nerve discomfort       |
| 4 – 1 2 3 Dry mouth-eyes-nose     | 11 – 1 2 3 Occasionally weak urine flow    | 18 – 1 2 3 Staring, blinks little |
| 5 – 1 2 3 Pulse speeds after meal | 12 – 1 2 3 Heart pounds after retiring     | 19 – 1 2 3 Sour stomach frequent  |
| 6 – 1 2 3 Keyed up - fail to calm | 13 – 1 2 3 “Nervous” stomach               |                                   |
| 7 – 1 2 3 Gag occasionally        | 14 – 1 2 3 Appetite reduced occasionally   |                                   |

## GROUP 2

- |                                                          |                                               |                                         |
|----------------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| 20 – 1 2 3 Joint stiffness after arising                 | 28 – 1 2 3 Digestion rapid                    | 36 – 1 2 3 “Slow starter”               |
| 21 – 1 2 3 Muscle-leg-toe cramps at night                | 29 – 1 2 3 Vomiting occasionally              | 37 – 1 2 3 Get “chilled”                |
| 22 – 1 2 3 “Butterfly” stomach, cramps                   | 30 – 1 2 3 Hoarseness frequent                | 38 – 1 2 3 Perspire easily              |
| 23 – 1 2 3 Eyes or nose watery                           | 31 – 1 2 3 Uneven breathing                   | 39 – 1 2 3 Sensitive to cold            |
| 24 – 1 2 3 Eyes blink often                              | 32 – 1 2 3 Pulse slow                         | 40 – 1 2 3 Upper respiratory challenges |
| 25 – 1 2 3 Eyelids swollen, puffy                        | 33 – 1 2 3 Gagging reflex slow                |                                         |
| 26 – 1 2 3 Indigestion soon after meals                  | 34 – 1 2 3 Difficulty swallowing              |                                         |
| 27 – 1 2 3 Always seem hungry; feels “lightheaded” often | 35 – 1 2 3 Temporary constipation or diarrhea |                                         |

## GROUP 3

- |                                           |                                                                      |                                                |
|-------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|
| 41 – 1 2 3 Eat when nervous               | 48 – 1 2 3 Heart palpitates if meals missed or delayed               | 52 – 1 2 3 Crave candy or coffee in afternoons |
| 42 – 1 2 3 Excessive appetite             |                                                                      |                                                |
| 43 – 1 2 3 Hungry between meals           | 49 – 1 2 3 Fatigue in afternoons                                     | 53 – 1 2 3 Moods of “blues” or melancholy      |
| 44 – 1 2 3 Irritable before meals         | 50 – 1 2 3 Overeating sweets upsets                                  |                                                |
| 45 – 1 2 3 Get “shaky” if hungry          | 51 – 1 2 3 Awaken after few hours’ sleep - hard to get back to sleep | 54 – 1 2 3 Craving for sweets or snacks        |
| 46 – 1 2 3 Fatigue, eating relieves       |                                                                      |                                                |
| 47 – 1 2 3 “Lightheaded” if meals delayed |                                                                      |                                                |

## GROUP 4

- |                                                        |                                                                       |                                                 |
|--------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|
| 55 – 1 2 3 Hands and feet go to sleep easily, numbness | 62 – 1 2 3 Get “drowsy” often                                         | 67 – 1 2 3 Skin discolors easily after impact   |
| 56 – 1 2 3 Sigh frequently, “air hunger”               | 63 – 1 2 3 Swollen ankles worse at night                              | 68 – 1 2 3 Tendency to anemia                   |
| 57 – 1 2 3 Aware of “breathing heavily”                | 64 – 1 2 3 Muscle cramps, worse during exercise; get “charley horses” | 69 – 1 2 3 Noises in head, or “ringing in ears” |
| 58 – 1 2 3 High altitude discomfort                    | 65 – 1 2 3 Difficulty catching breath, especially during exercise     | 70 – 1 2 3 Fatigue upon exertion                |
| 59 – 1 2 3 Opens windows in closed room                | 66 – 1 2 3 Tightness or pressure in chest, worse on exertion          |                                                 |
| 60 – 1 2 3 Immune system challenges                    |                                                                       |                                                 |
| 61 – 1 2 3 Afternoon “yawner”                          |                                                                       |                                                 |

**GROUP 5**

- |                                                        |                                                 |                                                |
|--------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| 71 - 1 2 3 Dizziness                                   | 81 - 1 2 3 Nausea occasionally after eating     | 88 - 1 2 3 Sneezing attacks                    |
| 72 - 1 2 3 Dry skin                                    | 82 - 1 2 3 Greasy foods upset                   | 89 - 1 2 3 Dreaming, nightmare type bad dreams |
| 73 - 1 2 3 Burning feet                                | 83 - 1 2 3 Stools light-colored                 | 90 - 1 2 3 Bad breath (halitosis)              |
| 74 - 1 2 3 Blurred vision                              | 84 - 1 2 3 Skin peels on foot soles             | 91 - 1 2 3 Milk products cause upset           |
| 75 - 1 2 3 Itching skin and feet                       | 85 - 1 2 3 Discomfort between shoulder blades   | 92 - 1 2 3 Sensitive to hot weather            |
| 76 - 1 2 3 Hair loss                                   | 86 - 1 2 3 Occasional laxative use              | 93 - 1 2 3 Burning or itching anus             |
| 77 - 1 2 3 Occasional skin rashes                      | 87 - 1 2 3 Stools alternate from soft to watery | 94 - 1 2 3 Crave sweets                        |
| 78 - 1 2 3 Bitter, metallic taste in mouth in mornings |                                                 |                                                |
| 79 - 1 2 3 Occasional constipation                     |                                                 |                                                |
| 80 - 1 2 3 Worrier, feels insecure                     |                                                 |                                                |

**GROUP 6**

- |                                                        |                                                                               |                                      |
|--------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|
| 95 - 1 2 3 Loss of taste for meat                      | 98 - 1 2 3 Coated tongue                                                      | 101 - 1 2 3 Watery or loose stool    |
| 96 - 1 2 3 Lower bowel gas several hours after eating  | 99 - 1 2 3 Pass large amounts of foul-smelling gas                            | 102 - 1 2 3 Gas shortly after eating |
| 97 - 1 2 3 Burning stomach sensations, eating relieves | 100 - 1 2 3 Indigestion ½ - 1 hour after eating; may be up to 3-4 hours after | 103 - 1 2 3 Stomach "bloating"       |

**GROUP 7**

**GROUP 7A**

- 104 - 1 2 3 Difficulty sleeping
- 105 - 1 2 3 On edge
- 106 - 1 2 3 Can't gain weight
- 107 - 1 2 3 Intolerance to heat
- 108 - 1 2 3 Highly emotional
- 109 - 1 2 3 Flush easily
- 110 - 1 2 3 Night sweats
- 111 - 1 2 3 Thin, moist skin
- 112 - 1 2 3 Inward trembling
- 113 - 1 2 3 Heart races
- 114 - 1 2 3 Increased appetite without weight gain
- 115 - 1 2 3 Pulse fast at rest
- 116 - 1 2 3 Eyelids and face twitch
- 117 - 1 2 3 Irritable and restless
- 118 - 1 2 3 Can't work under pressure

**GROUP 7B**

- 119 - 1 2 3 Increase in weight
- 120 - 1 2 3 Decrease in appetite
- 121 - 1 2 3 Fatigue easily
- 122 - 1 2 3 Ringing in ears
- 123 - 1 2 3 Sleepy during day
- 124 - 1 2 3 Sensitive to cold
- 125 - 1 2 3 Dry or scaly skin
- 126 - 1 2 3 Temporary constipation
- 127 - 1 2 3 Mental sluggishness
- 128 - 1 2 3 Hair coarse, falls out
- 129 - 1 2 3 Tension in head upon arising wears off during day
- 130 - 1 2 3 Slow pulse, below 65
- 131 - 1 2 3 Changing urinary function
- 132 - 1 2 3 Sounds appear diminished
- 133 - 1 2 3 Reduced initiative

**GROUP 7C**

- 134 - 1 2 3 Failing memory with age
- 135 - 1 2 3 Increased sex drive
- 136 - 1 2 3 Episodes of tension in head
- 137 - 1 2 3 Decreased sugar tolerance

**GROUP 7D**

- 138 - 1 2 3 Abnormal thirst
- 139 - 1 2 3 Bloating of abdomen
- 140 - 1 2 3 Weight gain around hips or waist
- 141 - 1 2 3 Sex drive reduced or lacking
- 142 - 1 2 3 Tendency for stomach issues
- 143 - 1 2 3 Increased sugar tolerance
- 144 - 1 2 3 Menstrual disorders

**GROUP 7E**

- 145 - 1 2 3 Dizziness
- 146 - 1 2 3 Headaches
- 147 - 1 2 3 Hot flashes
- 148 - 1 2 3 Hair growth on face or body (female)
- 149 - 1 2 3 Sugar in urine (not diabetes)
- 150 - 1 2 3 Masculine tendencies (female)

**GROUP 7F**

- 151 - 1 2 3 Weakness, dizziness
- 152 - 1 2 3 Tired throughout day
- 153 - 1 2 3 Nails, weak, ridged
- 154 - 1 2 3 Sensitive skin
- 155 - 1 2 3 Stiff joints
- 156 - 1 2 3 Perspiration increase
- 157 - 1 2 3 Bowel discomfort
- 158 - 1 2 3 Poor circulation
- 159 - 1 2 3 Swollen ankles
- 160 - 1 2 3 Crave salt
- 161 - 1 2 3 Areas of skin darkening
- 162 - 1 2 3 Upper respiratory sensitivity
- 163 - 1 2 3 Tiredness
- 164 - 1 2 3 Breathing challenges

GROUP 8	FEMALE ONLY	MALE ONLY
165 – 1 2 3 Muscle weakness	192 – 1 2 3 Very easily fatigued	202 – 1 2 3 Less involved in exercise/social activities
166 – 1 2 3 Lack of stamina	193 – 1 2 3 Premenstrual tension	203 – 1 2 3 Difficult to postpone urination
167 – 1 2 3 Drowsiness after eating	194 – 1 2 3 Menses more painful than usual	204 – 1 2 3 Weak urinary stream
168 – 1 2 3 Muscular soreness	195 – 1 2 3 Depressed feelings before menstruation	205 – 1 2 3 Feeling of “blues” or melancholy
169 – 1 2 3 Heart races	196 – 1 2 3 Painful breasts during menses	206 – 1 2 3 Feeling of incomplete bowel evacuation
170 – 1 2 3 Hyper-irritable	197 – 1 2 3 Menstruate too frequently	207 – 1 2 3 Lack of energy
171 – 1 2 3 Feeling of a band around your head	198 – 1 2 3 Hysterectomy/ovaries removed	208 – 1 2 3 Muscles in arms and legs seem softer/smaller
172 – 1 2 3 Melancholia (feeling of sadness)	199 – 1 2 3 Menopausal hot flashes	209 – 1 2 3 Tire too easily
173 – 1 2 3 Swelling of ankles	200 – 1 2 3 Menses scanty or missed	210 – 1 2 3 Avoids activity
174 – 1 2 3 Change in urinary function	201 – 1 2 3 Acne, worse at menses	211 – 1 2 3 Leg nervousness at night
175 – 1 2 3 Tendency to consume sweets/carbohydrates		212 – 1 2 3 Diminished sex drive

**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 HEALTH CARE PROFESSIONAL**

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)

**RESTRICTIONS ON USE**

THE SYSTEMS SURVEY IS TO BE USED ONLY BY TRAINED HEALTH CARE PRACTITIONERS. IF YOU ARE A PATIENT, YOU SHOULD NOT USE THE SYSTEMS SURVEY. IF YOU ARE NOT A TRAINED HEALTH CARE PRACTITIONER, YOU SHOULD NOT USE THE SYSTEMS SURVEY. HEALTH CARE PRACTITIONERS SHOULD ONLY USE THE SYSTEMS SURVEY TO PROVIDE SERVICES THAT ARE WITHIN THE SCOPE OF THEIR LICENSE OR PROFESSIONAL TRAINING. THE SYSTEMS SURVEY IS NOT INTENDED TO DIAGNOSE ANY DISEASE. THE SYSTEMS SURVEY IS INTENDED TO BE USED AS A HELPFUL TOOL FOR HEALTH CARE PRACTITIONERS IN COLLECTING INFORMATION CONCERNING THE HEALTH AND WELLNESS OF PATIENTS.

CASE RECORD

Name \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_

Occupation \_\_\_\_\_ Married \_\_\_\_\_

History of Illness and Treatment: \_\_\_\_\_  
\_\_\_\_\_

Operations, Accidents or Injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Illness or Complaints: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnostic Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations and Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_