

# 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 ONE

- |                                   |  |                                   |
|-----------------------------------|--|-----------------------------------|
| 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 TWO

- |   |  |   |
|---|--|---|
| 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;<br>feels “lightheaded” often | 35 – 1 2 3 Temporary constipation<br>or diarrhea |   |

### GROUP THREE

- |   |   |   |
|---|---|---|
| 41 – 1 2 3 Eat when nervous               | 48 – 1 2 3 Heart palpitates if meals<br>missed or delayed               | 52 – 1 2 3 Crave candy or coffee<br>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<br>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<br>- hard to get back to sleep | 54 – 1 2 3 Craving for sweets or<br>snacks        |
| 46 – 1 2 3 Fatigue, eating relieves       |   |   |
| 47 – 1 2 3 “Lightheaded” if meals delayed |   |   |

### GROUP FOUR

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

**GROUP FIVE**

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 SIX**

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 SEVEN****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 EIGHT	FEMALE ONLY	MALE ONLY
165 – 1 2 3 Muscle weakness	192 – 1 2 3 Very easily fatigued	202 – 1 2 3 Less involved in
166 – 1 2 3 Lack of stamina	193 – 1 2 3 Premenstrual tension	exercise/social activities
167 – 1 2 3 Drowsiness after eating	194 – 1 2 3 Menses more painful than usual	203 – 1 2 3 Difficult to postpone urination
168 – 1 2 3 Muscular soreness	195 – 1 2 3 Depressed feelings before menstruation	204 – 1 2 3 Weak urinary stream
169 – 1 2 3 Heart races	196 – 1 2 3 Painful breasts during menses	205 – 1 2 3 Feeling of “blues” or melancholy
170 – 1 2 3 Hyper-irritable	197 – 1 2 3 Menstruate too frequently	206 – 1 2 3 Feeling of incomplete bowel evacuation
171 – 1 2 3 Feeling of a band around your head	198 – 1 2 3 Hysterectomy/ovaries removed	207 – 1 2 3 Lack of energy
172 – 1 2 3 Melancholia (feeling of sadness)	199 – 1 2 3 Menopausal hot flashes	208 – 1 2 3 Muscles in arms and legs seem softer/smaller
173 – 1 2 3 Swelling of ankles	200 – 1 2 3 Menses scanty or missed	209 – 1 2 3 Tire too easily
174 – 1 2 3 Change in urinary function	201 – 1 2 3 Acne, worse at menses	210 – 1 2 3 Avoids activity
175 – 1 2 3 Tendency to consume sweets/carbohydrates		211 – 1 2 3 Leg nervousness at night
176 – 1 2 3 Muscle spasms		212 – 1 2 3 Diminished sex drive
177 – 1 2 3 Blurred vision		
178 – 1 2 3 Involuntary muscle action		
179 – 1 2 3 Numbness		
180 – 1 2 3 Night sweats		
181 – 1 2 3 Rapid digestion		
182 – 1 2 3 Sensitivity to noise		
183 – 1 2 3 Redness of palms of hands and bottom of feet		
184 – 1 2 3 Visible veins on chest and abdomen		
185 – 1 2 3 Hemorrhoids		
186 – 1 2 3 Apprehension (feeling that something bad is going to happen)		
187 – 1 2 3 Nervousness causing loss of appetite		
188 – 1 2 3 Nervousness with indigestion		
189 – 1 2 3 Gastritis		
190 – 1 2 3 Forgetfulness		
191 – 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 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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