

Nutritec Software Symptom Survey

NAME: _____ DATE: _____

Phone: _____ E-mail: _____

Fax: _____ DOB: ___/___/___

SEX: Male Female Tissue Calcium: _____

HEIGHT: _____ WEIGHT: _____

Blood Pressure: _____ Pluse: _____

Sitting: _____ Laying: _____ Standing: _____

**INSTRCTIONS: Completely black out one of the three circles:
1-mild, 2-moderate, 3-severe**

- MILD** symptoms (once or twice last 6 months)
- MODERATE** symptoms (once or twice last month)
- SEVERE** symptoms (Chronic, once or twice last week)
- Leave circles **BLANK** if they do not apply to you!

- 1 2 3 ----- GROUP 1 -----**
- 1 Acid foods upset
 - 2 Feel chilled often
 - 3 "Lump" in throat
 - 4 Dry mouth-eyes-nose
 - 5 Pulse speeds after meals
 - 6 Keyed up; unable to feel calm
 - 7 Cuts heal slowly
 - 8 Gag easily
 - 9 Unable to relax; startles easily
 - 10 Extremities cold and/or clammy
 - 11 Strong light irritates
 - 12 Urine amount reduced
 - 13 Heart pounds after retiring
 - 14 "Nervous" stomach
 - 15 Appetite reduced
 - 16 Cold sweats often
 - 17 Body temperature rises easily
 - 18 Skin sensitive to touch
 - 19 Staring, blinks little
 - 20 Frequently has a sour stomach

- GROUP 2 -----**
- 21 Joint stiffness after rising
 - 22 Muscle-leg-toe cramps at night
 - 23 "Butterfly" stomach, cramps
 - 24 Eyes or nose watery
 - 25 Eyes blink often
 - 26 Eyelids swollen or puffy
 - 27 Indigestion soon after meals
 - 28 Always seems hungry; "lightheaded" often
 - 29 Food digests rapidly
 - 30 Vomit frequently
 - 31 Frequently hoarse
 - 32 Irregular breathing
 - 33 Pulse slow or feels "irregular"
 - 34 Slow gag reflex
 - 35 Difficulty swallowing
 - 36 Alternating constipation and diarrhea
 - 37 "Slow starter"
 - 38 Not easily chilled
 - 39 Perspire easily
 - 40 Poor circulation or sensitive to cold
 - 41 Subject to colds, asthma, bronchitis

- GROUP 3 -----**
- 42 Eat when nervous
 - 43 Excessive appetite

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

1 2 3 ----- GROUP 7A -----

- 107 Insomnia
- 108 Nervousness
- 109 Can't gain weight
- 110 Intolerance to heat
- 111 Highly emotional
- 112 Flush easily
- 113 Night sweats
- 114 Skin is thin and moist
- 115 Inward trembling
- 116 Heart palpitates
- 117 Increased appetite without weight gain
- 118 Pulse races when resting
- 119 Eyelids and face twitch
- 120 Irritable and restless
- 121 Can't work under pressure

----- GROUP 7B -----

- 122 Noticeable weight gain
- 123 Decrease in appetite
- 124 Easily fatigued
- 125 Ringing in ears
- 126 Sleepy during day
- 127 Sensitive to cold
- 128 Dry or scaly skin
- 129 Constipation
- 130 Mental sluggishness
- 131 Hair coarse, falls out
- 132 Headaches upon arising wear off during day
- 133 Pulse slow, below 65
- 134 Frequent urination
- 135 Impaired hearing
- 136 Reduced initiative

----- GROUP 7C -----

- 137 Failing memory
- 138 Low blood pressure
- 139 Increased sex drive
- 140 Headaches, "splitting or rending" type
- 141 Decreased sugar tolerance

----- GROUP 7D -----

- 142 Abnormal thirst
- 143 Bloating of the abdomen
- 144 Weight gain around hips or waist
- 145 Sex drive reduced or lacking
- 146 Tendency toward ulcers and/or colitis
- 147 Increased sugar tolerance
- 148 (FEMALE) Menstrual disorders
- 149 (YOUNG GIRLS) Lack of menstrual function

----- GROUP 7E -----

- 150 Dizziness
- 151 Headaches
- 152 Hot flashes
- 153 Increased blood pressure
- 154 (FEMALE) Hair growth on face or body
- 155 Sugar in urine (not diabetes)
- 156 (FEMALE) Masculine tendencies

----- GROUP 7F -----

- 157 Weakness and/or dizziness
- 158 Chronic fatigue
- 159 Low blood pressure
- 160 Nails weak and/or ridged
- 161 Tendency towards hives
- 162 Arthritic tendencies
- 163 Perspiration increase
- 164 Bowel disorders
- 165 Poor circulation
- 166 Swollen ankles
- 167 Crave salt
- 168 Brown spots or bronzing of skin
- 169 Allergies - tendency to asthma
- 170 Weakness after colds or influenza
- 171 Muscular and nervous exhaustion
- 172 Respiratory disorders

1 2 3 ----- GROUP 8 -----

- 173 Apprehension
- 174 Irritability
- 175 Morbid fears
- 176 Never seems to get well
- 177 Forgetfulness
- 178 Indigestion
- 179 Poor appetite
- 180 Craving for sweets
- 181 Muscular soreness
- 182 Depression; feelings of dread
- 183 Noise sensitivity
- 184 Acoustic hallucinations
- 185 Tendency to cry without reason
- 186 Hair is coarse and/or thinning
- 187 Weakness
- 188 Fatigue
- 189 Skin sensitive to touch
- 190 Tendency towards hives
- 191 Nervousness
- 192 Headache
- 193 Insomnia
- 194 Anxiety
- 195 Anorexia
- 196 Inability to concentrate; confusion
- 197 Frequent stuffy nose; sinus infections
- 198 Allergy to some foods
- 199 Loose joints

----- FEMALE ONLY -----

- 200 Very easily fatigued
- 201 Premenstrual tension
- 202 Painful menses
- 203 Depressed feelings before menstruation
- 204 Excessive and prolonged menstruation
- 205 Painful breasts
- 206 Menstruate too frequently
- 207 Vaginal discharge
- 208 Hysterectomy / ovaries removed
- 209 Menopausal hot flashes
- 210 Menses scanty or missed
- 211 Acne, worse at menses
- 212 Long standing depression

----- MALE ONLY -----

- 213 Prostate trouble
- 214 Urination difficult or dribbling
- 215 Frequent night-time urination
- 216 Depression
- 217 Pain on inside of legs or heels
- 218 Feeling of incomplete bowel evacuation
- 219 Lack of energy
- 220 Migrating aches and pains
- 221 Too easily tired
- 222 Avoids activity
- 223 Leg nervousness at night
- 224 Diminished sex drive

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

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

Notes: