

# Nutritec Software Symptom Survey Form

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

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

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

BLOOD PRESSURE: \_\_\_\_\_

Sitting: \_\_\_\_\_ Laying: \_\_\_\_\_ Standing: \_\_\_\_\_

PULSE: Sitting: \_\_\_\_\_ Standing: \_\_\_\_\_

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

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

**INSTRUCTIONS: 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  | <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 has a sour stomach            |
|    |                       |                       | ----- GROUP 2 -----                      |
| 21 | <input type="radio"/> | <input type="radio"/> | Joint stiffness after rising             |
| 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                       |

- |     |                       |                       |   |
|-----|-----------------------|-----------------------|---|
|     |                       |                       | ----- GROUP 3 continued -----   |
| 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   |
| 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 |
| 73  | <input type="radio"/> | <input type="radio"/> | Dizziness   |
|     |                       |                       | ----- GROUP 5 -----   |
| 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 upsets   |
| 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 gallstones  |
| 91  | <input type="radio"/> | <input type="radio"/> | Sneezing attacks  |
| 92  | <input type="radio"/> | <input type="radio"/> | Dreaming, nightmares/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 ----- 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 course, 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 7E -----

- 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 course 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: