

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 | 49 – 1 2 3 Fatigue in afternoons | 53 – 1 2 3 Moods of "blues" or melancholy |
| 43 – 1 2 3 Hungry between meals | 50 – 1 2 3 Overeating sweets upsets | 54 – 1 2 3 Craving for sweets or snacks |
| 44 – 1 2 3 Irritable before meals | 51 – 1 2 3 Awaken after few hours' sleep - hard to get back to sleep | |
| 45 – 1 2 3 Get "shaky" if hungry | | |
| 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
72 - 1 2 3	Dry skin	82 - 1 2 3 Greasy foods upset
73 - 1 2 3	Burning feet	83 - 1 2 3 Stools light-colored
74 - 1 2 3	Blurred vision	84 - 1 2 3 Skin peels on foot soles
75 - 1 2 3	Itching skin and feet	85 - 1 2 3 Discomfort between shoulder blades
76 - 1 2 3	Hair loss	86 - 1 2 3 Occasional laxative use
77 - 1 2 3	Occasional skin rashes	87 - 1 2 3 Stools alternate from soft to watery
78 - 1 2 3	Bitter, metallic taste in mouth in mornings	88 - 1 2 3 Sneezing attacks
79 - 1 2 3	Occasional constipation	89 - 1 2 3 Dreaming, nightmare type bad dreams
80 - 1 2 3	Worrier, feels insecure	90 - 1 2 3 Bad breath (halitosis)
		91 - 1 2 3 Milk products cause upset
		92 - 1 2 3 Sensitive to hot weather
		93 - 1 2 3 Burning or itching anus
		94 - 1 2 3 Crave sweets
GROUP 6		
95 - 1 2 3	Loss of taste for meat	98 - 1 2 3 Coated tongue
96 - 1 2 3	Lower bowel gas several hours after eating	99 - 1 2 3 Pass large amounts of foul-smelling gas
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
		101 - 1 2 3 Watery or loose stool
		102 - 1 2 3 Gas shortly after eating
		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	

<p>GROUP 8</p> <p>165 – 1 2 3 Muscle weakness 166 – 1 2 3 Lack of stamina 167 – 1 2 3 Drowsiness after eating 168 – 1 2 3 Muscular soreness 169 – 1 2 3 Heart races 170 – 1 2 3 Hyper-irritable 171 – 1 2 3 Feeling of a band around your head 172 – 1 2 3 Melancholia (feeling of sadness) 173 – 1 2 3 Swelling of ankles 174 – 1 2 3 Change in urinary function 175 – 1 2 3 Tendency to consume sweets/carbohydrates 176 – 1 2 3 Muscle spasms 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</p>	<p>FEMALE ONLY</p> <p>192 – 1 2 3 Very easily fatigued 193 – 1 2 3 Premenstrual tension 194 – 1 2 3 Menses more painful than usual 195 – 1 2 3 Depressed feelings before menstruation 196 – 1 2 3 Painful breasts during menses 197 – 1 2 3 Menstruate too frequently 198 – 1 2 3 Hysterectomy/ovaries removed 199 – 1 2 3 Menopausal hot flashes 200 – 1 2 3 Menses scanty or missed 201 – 1 2 3 Acne, worse at menses</p>	<p>MALE ONLY</p> <p>202 – 1 2 3 Less involved in exercise/social activities 203 – 1 2 3 Difficult to postpone urination 204 – 1 2 3 Weak urinary stream 205 – 1 2 3 Feeling of "blues" or melancholy 206 – 1 2 3 Feeling of incomplete bowel evacuation 207 – 1 2 3 Lack of energy 208 – 1 2 3 Muscles in arms and legs seem softer/smaller 209 – 1 2 3 Tire too easily 210 – 1 2 3 Avoids activity 211 – 1 2 3 Leg nervousness at night 212 – 1 2 3 Diminished sex drive</p>
<p style="text-align: center;">IMPORTANT</p> <p>TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>		

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 2nd and 3rd 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.