

Good Health Nutrition and Chiropractic System Survey

NAME: _____ AGE: _____ HEALTH CARE PROFESSIONAL: _____ DATE: _____

INSTRUCTIONS: Circle the number that applies to you. **If a symptom does not apply, don't circle anything** for that symptom.

Circle the corresponding number.	
1	MILD symptom (occurs rarely)
2	MODERATE symptom (occurs several times a month)
3	SEVERE symptom (occurs almost constantly)

GROUP 1

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

GROUP 2

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

GROUP 3

41.	1 2 3	Eat when nervous
42.	1 2 3	Excessive appetite
43.	1 2 3	Hungry between meals
44.	1 2 3	Irritable before meals

45.	1 2 3	Get "shaky" if hungry	
46.	1 2 3	Fatigue, eating relieves	
47.	1 2 3	"Lightheaded" if meals delayed	
48.	1 2 3	Heart palpitates if meals missed or delayed	
49.	1 2 3	Fatigue in afternoon	
50.	1 2 3	Overeating sweets upsets	
51.	1 2 3	Awaken after few hours sleep, hard to get back to sleep	
52.	1 2 3	Crave candy or coffee in afternoon	
53.	1 2 3	Moods of "blues" or melancholy	
54.	1 2 3	Craving for sweets or snacks	
_____	_____	_____	TOTAL
1	2	3	

GROUP 4

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

GROUP 5

71.	1 2 3	Dizziness
72.	1 2 3	Dry skin
73.	1 2 3	Burning feet
74.	1 2 3	Blurred vision
75.	1 2 3	Itching skin and feet
76.	1 2 3	Hair loss
77.	1 2 3	Occasional skin rashes
78.	1 2 3	Bitter, metallic taste in mouth in morning
79.	1 2 3	Occasional constipation
80.	1 2 3	Worrier, feels insecure
81.	1 2 3	Nausea occasionally after eating
82.	1 2 3	Greasy foods upset
83.	1 2 3	Stools light-colored
84.	1 2 3	Skin peels on foot soles

85.	1 2 3	Discomfort between shoulder blades	
86.	1 2 3	Occasional laxative use	
87.	1 2 3	Stools alternate from soft to watery	
88.	1 2 3	Sneezing attacks	
89.	1 2 3	Dreaming, nightmare-type bad dreams	
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	
_____	_____	_____	TOTAL
1	2	3	

GROUP 6

95.	1 2 3	Loss of taste for meat	
96.	1 2 3	Lower bowel gas several hours after eating	
97.	1 2 3	Burning stomach sensations, eating relieves	
98.	1 2 3	Coated tongue	
99.	1 2 3	Pass large amounts of foul-smelling gas	
100.	1 2 3	Indigestion 1/2-1 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"	
_____	_____	_____	TOTAL
1	2	3	

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	
_____	_____	_____	TOTAL
1	2	3	

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

____ 1 ____ 2 ____ 3 **TOTAL**

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

____ 1 ____ 2 ____ 3 **TOTAL**

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 Immune system challenges
- 144. 1 2 3 Menstrual disorders

____ 1 ____ 2 ____ 3 **TOTAL**

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)

____ 1 ____ 2 ____ 3 **TOTAL**

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

____ 1 ____ 2 ____ 3 **TOTAL**

GROUP 8

- 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 Hyperirritable
- 171. 1 2 3 Feeling of a band around 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

____ 1 ____ 2 ____ 3 **TOTAL**

FEMALE ONLY

- 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

____ 1 ____ 2 ____ 3 **TOTAL**

MALE ONLY

- 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 Avoid activity
- 211. 1 2 3 Leg nervousness at night
- 212. 1 2 3 Diminished sex drive

____ 1 ____ 2 ____ 3 **TOTAL**

IMPORTANT | 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

Digestion	Large Intestine (Palpate)	Adrenals	Pass/Fail Zinc Taste Test
_____ Hydrochloric	_____ Ascending	Pass/Fail Pupil Dilation Exam	Pass/Fail Cuff Test
_____ Acid Point	_____ Transverse	Postural Hypotension	_____ Cuff Pressure
_____ Enzyme Point	_____ Descending	_____ Supine	_____ pH of Saliva
_____ Murphy's Sign		_____ Standing	_____ Pulse

BARNES THYROID TEST

The test is conducted by the patient in the morning 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 such as 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 second and third days of flow or any five days in a row)
MALES (any two days during the month)

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____

RESTRICTIONS ON USE

The systems survey is to be used only by trained health care professionals. 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 intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.