

JAMIESON HEALTH CENTER SYMPTOM SURVEY

PATIENT _____ DATE _____
 AGE _____ PHONE (_____) _____ VEGETARIAN ____ Yes ____ No

INSTRUCTIONS: Circle the number that applies to you. **If symptom doesn't apply, leave blank.** Use **(1)** for **MILD** symptoms (occurs once or twice a month), **(2)** for **MODERATE** symptoms (occurs several times a month), and **(3)** for **SEVERE** symptoms (you are aware of it almost constantly).

GROUP ONE

1 - 1 2 3 Acid foods upset	8 - 1 2 3 Gag easily	15 - 1 2 3 Appetite reduced
2 - 1 2 3 Get chilled, often	9 - 1 2 3 Unable to relax; startles easily	16 - 1 2 3 Cold sweats often
3 - 1 2 3 "Lump" in throat	10 - 1 2 3 Extremities cold, clammy	17 - 1 2 3 Fever easily raised
4 - 1 2 3 Dry mouth-eyes-nose	11 - 1 2 3 Strong light irritates	18 - 1 2 3 Neuralgia-like pains
5 - 1 2 3 Pulse speeds after meal	12 - 1 2 3 Urine amount reduced	19 - 1 2 3 Staring, blinks little
6 - 1 2 3 Keyed up – fail to calm	13 - 1 2 3 Heart pounds after retiring	20 - 1 2 3 Sour stomach frequent
7 - 1 2 3 Cuts heal slowly	14 - 1 2 3 "Nervous" stomach	

GROUP TWO

21 - 1 2 3 Joint stiffness after arising	29 - 1 2 3 Digestion rapid	37 - 1 2 3 "Slow starter"
22 - 1 2 3 Muscle-leg-toe cramps at night	30 - 1 2 3 Vomiting frequent	38 - 1 2 3 Get "chilled" infrequently
23 - 1 2 3 "Butterfly" stomach, cramps	31 - 1 2 3 Hoarseness frequent	39 - 1 2 3 Perspire easily
24 - 1 2 3 Eyes or nose watery	32 - 1 2 3 Breathing irregular	40 - 1 2 3 Circulation poor, sensitive to cold
25 - 1 2 3 Eyes blink often	33 - 1 2 3 Pulse slow; feels "irregular"	41 - 1 2 3 Subject to colds, asthma, bronchitis
26 - 1 2 3 Eyelids swollen, puffy	34 - 1 2 3 Gagging reflex slow	
27 - 1 2 3 Indigestion soon after meals	35 - 1 2 3 Difficulty swallowing	
28 - 1 2 3 Always seems hungry; feels "lightheaded" often	36 - 1 2 3 Constipation, diarrhea alternating	

GROUP THREE

42 - 1 2 3 Eat when nervous	49 - 1 2 3 Heart palpitates if meals missed or delayed	53 - 1 2 3 Crave candy or coffee in afternoons
43 - 1 2 3 Excessive appetite	50 - 1 2 3 Afternoon headaches	54 - 1 2 3 Moods of depression – "blues" or melancholy
44 - 1 2 3 Hungry between meals	51 - 1 2 3 Overeating sweets upsets	55 - 1 2 3 Abnormal craving for sweets or snacks
45 - 1 2 3 Irritable before meals	52 - 1 2 3 Awaken after few hours sleep – hard to get back to sleep	
46 - 1 2 3 Get "shaky" if hungry		
47 - 1 2 3 Fatigue, eating relieves		
48 - 1 2 3 "Lightheaded" if meals delayed		

GROUP FOUR

56 - 1 2 3 Hands and feet go to sleep easily, numbness	63 - 1 2 3 Get "drowsy" often	68 - 1 2 3 Bruise easily, "black and blue" spots
57 - 1 2 3 Sigh frequently, "air hunger"	64 - 1 2 3 Swollen ankles worse at night	69 - 1 2 3 Tendency to anemia
58 - 1 2 3 Aware of "breathing heavily"	65 - 1 2 3 Muscle cramps, worse during exercise; get "charley horses"	70 - 1 2 3 "Nose bleeds" frequent
59 - 1 2 3 High altitude discomfort	66 - 1 2 3 Shortness of breath on exertion	71 - 1 2 3 Noises in head, or "ringing in ears"
60 - 1 2 3 Opens windows in closed room	67 - 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion.	72 - 1 2 3 Tension under the breastbone, or feeling of "tightness" worse on exertion
61 - 1 2 3 Susceptible to colds and fevers		
62 - 1 2 3 Afternoon "yawner"		

GROUP FIVE

73 - 1 2 3 Dizziness	82 - 1 2 3 Worrier, feels insecure	90 - 1 2 3 History of gallbladder attacks or gallstones
74 - 1 2 3 Dry Skin	83 - 1 2 3 Feeling queasy; headache over eyes	91 - 1 2 3 Sneezing attacks
75 - 1 2 3 Burning feet	84 - 1 2 3 Greasy foods upset	92 - 1 2 3 Dreaming, nightmare type bad dreams
76 - 1 2 3 Blurred vision	85 - 1 2 3 Stools light-colored	93 - 1 2 3 Bad breath (halitosis)
77 - 1 2 3 Itching skin and feet	86 - 1 2 3 Skin peels on foot soles	94 - 1 2 3 Milk products cause distress
78 - 1 2 3 Excessive falling hair	87 - 1 2 3 Pain between shoulder blades	95 - 1 2 3 Sensitive to hot weather
79 - 1 2 3 Frequent skin rashes	88 - 1 2 3 Use laxatives	96 - 1 2 3 Burning or itching anus
80 - 1 2 3 Bitter, metallic taste in mouth in mornings	89 - 1 2 3 Stools alternate from soft to watery	97 - 1 2 3 Crave sweets

GROUP SIX

98 - 1 2 3 Loss of taste for meat	101 - 1 2 3 Coated tongue	104 - 1 2 3 Mucous colitis or "irritable bowel"
99 - 1 2 3 Lower bowel gas several hours after eating	102 - 1 2 3 Pass large amounts of foulsmelling gas	105 - 1 2 3 Gas shortly after eating
100 - 1 2 3 Burning stomach sensations, eating relieves	103 - 1 2 3 Indigestion ½ - 1 hour after eating; may be up to 3 - 4 hrs.	106 - 1 2 3 Stomach "bloating" after eating

GROUP SEVEN

(A)	(C)	(E)
107 - 1 2 3 Insomnia	137 - 1 2 3 Failing memory	150 - 1 2 3 Dizziness
108 - 1 2 3 Nervousness	138 - 1 2 3 Low blood pressure	151 - 1 2 3 Headaches
109 - 1 2 3 Can't gain weight	139 - 1 2 3 Increased sex drive	152 - 1 2 3 Hot flashes
110 - 1 2 3 Intolerance to heat	140 - 1 2 3 Headaches, "splitting or rending" type	153 - 1 2 3 Increased blood pressure
111 - 1 2 3 Highly emotional	141 - 1 2 3 Decreased sugar tolerance	154 - 1 2 3 Hair growth on face or body (female)
112 - 1 2 3 Flush easily	(D)	155 - 1 2 3 Sugar in urine (not diabetes)
113 - 1 2 3 Night sweats	142 - 1 2 3 Abnormal thirst	156 - 1 2 3 Masculine tendencies (female)
114 - 1 2 3 Thin, moist skin	143 - 1 2 3 Bloating of abdomen	(F)
115 - 1 2 3 Inward trembling	144 - 1 2 3 Weight gain around hips or waist	157 - 1 2 3 Weakness, dizziness
116 - 1 2 3 Heart palpitates	145 - 1 2 3 Sex drive reduced or lacking	158 - 1 2 3 Chronic fatigue
117 - 1 2 3 Increased appetite without weight gain	146 - 1 2 3 Tendency to ulcers, colitis	159 - 1 2 3 Low blood pressure
118 - 1 2 3 Pulse fast at rest	147 - 1 2 3 Increased sugar tolerance	160 - 1 2 3 Nails weak, ridged
119 - 1 2 3 Eyelids and face twitch	148 - 1 2 3 Women: menstrual disorders	161 - 1 2 3 Tendency to hives
120 - 1 2 3 Irritable and restless	149 - 1 2 3 Young girls: lack of menstrual function	162 - 1 2 3 Arthritic tendencies
121 - 1 2 3 Can't work under pressure		163 - 1 2 3 Perspiration increase
(B)		164 - 1 2 3 Bowel disorders
122 - 1 2 3 Increase in weight		165 - 1 2 3 Poor circulation
123 - 1 2 3 Decrease in appetite		166 - 1 2 3 Swollen ankles
124 - 1 2 3 Fatigue easily		167 - 1 2 3 Crave salt
125 - 1 2 3 Ringing in ears		168 - 1 2 3 Brown spots or bronzing of skin
126 - 1 2 3 Sleepy during day		169 - 1 2 3 Allergies – tendency to asthma
127 - 1 2 3 Sensitive to cold		170 - 1 2 3 Weakness after colds, influenza
128 - 1 2 3 Dry or scaly skin		171 - 1 2 3 Exhaustion – muscular and nervous
129 - 1 2 3 Constipation		172 - 1 2 3 Respiratory disorders
130 - 1 2 3 Mental sluggishness		
131 - 1 2 3 Hair coarse, falls out		
132 - 1 2 3 Headaches upon arising wear off during day		
133 - 1 2 3 Slow pulse, below 65		
134 - 1 2 3 Frequency of urination		
135 - 1 2 3 Impaired hearing		
136 - 1 2 3 Reduced initiative		

<p>GROUP EIGHT</p> <p>173 - 1 2 3 Apprehension</p> <p>174 - 1 2 3 Irritability</p> <p>175 - 1 2 3 Morbid fears</p> <p>176 - 1 2 3 Never seems to get well</p> <p>177 - 1 2 3 Forgetfulness</p> <p>178 - 1 2 3 Indigestion</p> <p>179 - 1 2 3 Poor appetite</p> <p>180 - 1 2 3 Craving for sweets</p> <p>181 - 1 2 3 Muscular soreness</p> <p>182 - 1 2 3 Depression; feelings of dread</p> <p>183 - 1 2 3 Noise sensitivity</p> <p>184 - 1 2 3 Acoustic hallucinations</p> <p>185 - 1 2 3 Tendency to cry without reason</p> <p>186 - 1 2 3 Hair is coarse and/or thinning</p> <p>187 - 1 2 3 Weakness</p> <p>188 - 1 2 3 Fatigue</p> <p>189 - 1 2 3 Skin sensitive to touch</p> <p>190 - 1 2 3 Tendency toward hives</p> <p>191 - 1 2 3 Nervousness</p> <p>192 - 1 2 3 Headache</p> <p>193 - 1 2 3 Insomnia</p> <p>194 - 1 2 3 Anxiety</p> <p>195 - 1 2 3 Anorexia</p> <p>196 - 1 2 3 Inability to concentrate; confusion</p> <p>197 - 1 2 3 Frequent stuffy nose; sinus infections</p> <p>198 - 1 2 3 Allergy to some foods</p> <p>199 - 1 2 3 Loose joints</p>	<p>FEMALE ONLY</p> <p>200 - 1 2 3 Very easily fatigued</p> <p>201 - 1 2 3 Premenstrual tension</p> <p>202 - 1 2 3 Painful menses</p> <p>203 - 1 2 3 Depressed feelings</p> <p>204 - 1 2 3 Menstruation excessive and prolonged</p> <p>205 - 1 2 3 Painful breasts</p> <p>206 - 1 2 3 Menstruate too frequently</p> <p>207 - 1 2 3 Vaginal discharge</p> <p>208 - 1 2 3 Hysterectomy/ovaries removed</p> <p>209 - 1 2 3 Menopausal hot flashes</p> <p>210 - 1 2 3 Menses scanty or missed</p> <p>211 - 1 2 3 Acne, worse at menses</p> <p>212 - 1 2 3 Depression of long standing</p>	<p>MALE ONLY</p> <p>213 - 1 2 3 Prostate trouble</p> <p>214 - 1 2 3 Urination difficult or dribbling</p> <p>215 - 1 2 3 Night urination frequent</p> <p>216 - 1 2 3 Depression</p> <p>217 - 1 2 3 Pain on inside of legs or heels</p> <p>218 - 1 2 3 Feeling of incomplete bowel evacuation</p> <p>219 - 1 2 3 Lack of energy</p> <p>220 - 1 2 3 Migrating aches and pains</p> <p>221 - 1 2 3 Tire too easily</p> <p>222 - 1 2 3 Avoids activity</p> <p>223 - 1 2 3 Leg nervousness at night</p> <p>224 - 1 2 3 Diminished sex drive</p>
<p>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 DOCTOR)		
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 _____
Hemoglobin _____	Blood Clotting Time _____	Weight _____

<p>BARNES THYROID TEST</p> <p>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, thermometer and a clock important.</p> <p style="text-align: center;">PRE-MENSES FEMALES AND MENOPAUSAL FEMALES Any two days during the month</p> <p style="text-align: center;">FEMALES HAVING MENSTRUAL CYCLES The 2nd and 3rd day of flow OR any 5 days in a row.</p> <p style="text-align: center;">MALES Any 2 days during the month.</p>	<p>You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p> <p>Date: _____ Temperature: _____</p>
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BP SIT _____ BP STAND _____
PULSE SIT _____ PULSE STAND _____
SALIVA PH _____ BLOOD TYPE _____