

Nutritec Software Symptom Survey Form

NAME: _____

DOB: _____ SEX: ☐ Male ☐ Female

HEIGHT: _____ WEIGHT: _____ lbs.

BLOOD PRESSURE: _____ Pulse: _____

DATE: _____

INSTRUCTIONS: Completely black out one of the three circles only if applicable to you:

1-mild — 2-moderate — 3-severe

☐ ☐ ☐ MILD symptoms (once or twice last 3 months)

☐ ☐ ☐ MODERATE symptoms (once or twice last month)

☐ ☐ ☐ SEVERE symptoms (Chronic, once + last week)

LEAVE BLANK UNLESS THEY APPLY

1 2 3 ----- GROUP 1 -----SD

- 1 ☐ ☐ ☐ Acid foods upset
- 2 ☐ ☐ ☐ Get chilled, often
- 3 ☐ ☐ ☐ "Lump" in throat
- 4 ☐ ☐ ☐ Dry mouth-eyes-nose
- 5 ☐ ☐ ☐ Pulse speeds after meals
- 6 ☐ ☐ ☐ Keyed up--fail to calm
- 7 ☐ ☐ ☐ Cuts heal slowly
- 8 ☐ ☐ ☐ Gag easily
- 9 ☐ ☐ ☐ Unable to relax; startles easily
- 10 ☐ ☐ ☐ Extremities cold, 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 ☐ ☐ ☐ Fever easily raised
- 18 ☐ ☐ ☐ Neuralgia-like pains
- 19 ☐ ☐ ☐ Staring, blinks little
- 20 ☐ ☐ ☐ Sour stomach frequent

----- GROUP 2 -----PD

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