

Nutritec Software Symptom Survey Form

NAME: _____ DATE: _____

DOB: ____/____/____ SEX: ☐ Male ☐ Female

HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: Pulse: _____ Sitting: _____ Standing: _____

BP Sitting: _____ PB Lying: _____ BP Standing: _____

pH INDICATORS: AM Saliva: _____ AM Urine: _____

PM Saliva: _____ PM Urine: _____

INSTRUCTIONS: Completely black out one of the three circles:

1-mild, 2-moderate, or 3-severe

● ○ ○ MILD symptoms (once or twice last 6 month)

○ ● ○ MODERATE symptoms (once or twice last month)

○ ○ ● SEVERE symptoms (Chronic, once or twice last wk)

○ ○ ○ Leave circles BLANK if they do not apply to you!

1 2 3 ----- GROUP 1 SYMPATHETIC DOMINANCE -----

- 1 ○ ○ ○ Acid foods upset
- 2 ○ ○ ○ Feel chilled often
- 3 ○ ○ ○ "Lump" in throat
- 4 ○ ○ ○ Dry mouth-eyes-nose
- 5 ○ ○ ○ Pulse speeds after meals
- 6 ○ ○ ○ Keyed up; unable to feel calm
- 7 ○ ○ ○ Cuts heal slowly
- 8 ○ ○ ○ Gag easily
- 9 ○ ○ ○ Unable to relax; startles easily
- 10 ○ ○ ○ Extremities cold and/or 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 ○ ○ ○ Body temperature rises easily
- 18 ○ ○ ○ Skin sensitive to touch
- 19 ○ ○ ○ Staring, blinks little
- 20 ○ ○ ○ Frequently have a sour stomach

-- GROUP 2 PARASYMPATHETIC DOMINANCE--

- 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 or puffy
- 27 ○ ○ ○ Indigestion soon after meals
- 28 ○ ○ ○ Always seem hungry; 'lightheaded' often
- 29 ○ ○ ○ Food digests rapidly
- 30 ○ ○ ○ Vomit frequently
- 31 ○ ○ ○ Frequently hoarse
- 32 ○ ○ ○ Irregular breathing
- 33 ○ ○ ○ Pulse slow or feels "irregular"
- 34 ○ ○ ○ Slow gag reflex
- 35 ○ ○ ○ Difficulty swallowing
- 36 ○ ○ ○ Alternating constipation and diarrhea
- 37 ○ ○ ○ "Slow starter"
- 38 ○ ○ ○ Not easily chilled
- 39 ○ ○ ○ Perspire easily
- 40 ○ ○ ○ Poor circulation or sensitive to cold
- 41 ○ ○ ○ Subject to colds, asthma, bronchitis

----- GROUP 3 SUGAR HANDLING -----

- 42 ○ ○ ○ Eat when nervous
- 43 ○ ○ ○ Excessive appetite
- 44 ○ ○ ○ Hungry between meals
- 45 ○ ○ ○ Irritable before meals
- 46 ○ ○ ○ Get "shaky" if hungry

1 2 3 ---- GROUP 3 SUGAR HANDLING continued ----

- 47 ○ ○ ○ Feeling fatigued, eating relieves
- 48 ○ ○ ○ "Lightheaded" if meals delayed
- 49 ○ ○ ○ Heart palpitates if meals missed or delayed
- 50 ○ ○ ○ Afternoon headaches
- 51 ○ ○ ○ Upset feeling from excessive eating of sweets
- 52 ○ ○ ○ Awaken after a few hours sleep, hard to get back to sleep
- 53 ○ ○ ○ Crave candy or coffee in afternoons
- 54 ○ ○ ○ Moods of depression, "blues", or melancholy
- 55 ○ ○ ○ Abnormal craving for sweets or snacks

----- GROUP 4 CARDIOVASCULAR -----

- 56 ○ ○ ○ Hands and feet go to sleep easily, numbness
- 57 ○ ○ ○ Sigh frequently, "air hunger"
- 58 ○ ○ ○ Aware of "breathing heavily"
- 59 ○ ○ ○ Discomfort at high altitude
- 60 ○ ○ ○ Opens windows in closed room
- 61 ○ ○ ○ Susceptible to colds and fevers
- 62 ○ ○ ○ Afternoon "yawner"
- 63 ○ ○ ○ Get "drowsy" often
- 64 ○ ○ ○ Swollen ankles worse at night
- 65 ○ ○ ○ Muscle cramps, worse during exercise; "charley-horses"
- 66 ○ ○ ○ Shortness of breath on exertion
- 67 ○ ○ ○ Dull pain in chest or radiating into left arm, worse on exertion
- 68 ○ ○ ○ Bruise easily, "black/blue" spots on arms or legs
- 69 ○ ○ ○ Tendency to anemia
- 70 ○ ○ ○ Frequently have "nose bleeds"
- 71 ○ ○ ○ "Ringing in ears" or noises in head
- 72 ○ ○ ○ Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion

----- GROUP 5 LIVER/BILIARY -----

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

----- GROUP 6 DIGESTION -----

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

	1	2	3	
				----- GROUP 7A HYPERTHYROID -----
107	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insomnia
108	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervousness
109	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Can't gain weight
110	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Intolerance to heat
111	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly emotional
112	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Flush easily
113	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Night sweats
114	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin is thin and moist
115	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Inward trembling
116	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart palpitates
117	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Increased appetite without weight gain
118	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pulse races when resting
119	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eyelids and face twitch
120	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Irritable and restless
121	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Can't work under pressure

				----- GROUP 7B HYPOTHYROID -----
122	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Noticable weight gain
123	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Decrease in appetite
124	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Easily fatigued
125	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ringing in ears
126	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleepy during day
127	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sensitive to cold
128	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dry or scaly skin
129	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Constipation
130	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental sluggishness
131	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hair coarse, falls out
132	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headaches upon arising wear off during day
133	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Slow pulse, below 65
134	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent urination
135	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Impaired hearing
136	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Reduced initiative

				----- GROUP 7C HYPERPITUITARY -----
137	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Failing memory
138	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low blood pressure
139	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Increased sex drive
140	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headaches, "splitting or rendering" type
141	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Decreased sugar tolerance

				----- GROUP 7D HYPOPITUITARY -----
142	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal thirst
143	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bloating of the abdomen
144	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weight gain around hips or waist
145	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sex drive reduced or lacking
146	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tendency toward ulcers and/or colitis
147	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Increased sugar tolerance
148	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(FEMALE) Menstrual disorders
149	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(YOUNG GIRLS) Lack of menstrual function

				----- GROUP 7E HYPERADRENAL -----
150	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dizziness
151	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headaches
152	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hot flashes
153	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Increased blood pressure
154	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(FEMALE) Hair growth on face or body
155	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sugar in urine (not diabetes)
156	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(FEMALE) Masculine tendencies

				----- GROUP 7F HYPOADRENAL -----
157	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weakness and/or dizziness
158	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chronic fatigue
159	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low blood pressure
160	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nails weak and/or ridged
161	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tendency toward hives
162	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Arthritic tendencies
163	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perspiration increase
164	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bowel disorders
165	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poor circulation
166	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen ankles
167	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Crave salt
168	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Brown spots or bronzing of skin
169	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergies - tendency to asthma
170	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weakness after colds or influenza
171	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscular and nervous exhaustion
172	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respiratory disorders

	1	2	3	
				----- GROUP 8 FOUNDATIONAL ISSUES-----
173	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Apprehension
174	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Irritability
175	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Morbid fears
176	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Never seems to get well
177	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Forgetfulness
178	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Indigestion
179	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poor appetite
180	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Craving for sweets
181	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscular soreness
182	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression; feelings of dread
183	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Noise sensitivity
184	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Acoustic hallucinations
185	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tendency to cry without reason
186	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hair is coarse and/or thinning
187	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weakness
188	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fatigue
189	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin sensitive to touch
190	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tendency toward hives
191	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervousness
192	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headache
193	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insomnia
194	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anxiety
195	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anorexia
196	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Inability to concentrate; confusion
197	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent stuffy nose; sinus infections
198	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergy to some foods
199	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loose joints

				----- FEMALE ONLY -----
200	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very easily fatigued
201	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Premenstrual tension
202	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Painful menses
203	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depressed feelings before menstruation
204	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excessive and prolonged menstruation
205	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Painful breasts
206	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Menstruate too frequently
207	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal discharge
208	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hysterectomy /ovaries removed
209	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Menopausal hot flashes
210	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Menses scanty or missed
211	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Acne, worse at menses
212	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Long standing depression

				----- MALE ONLY -----
213	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prostate trouble
214	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urination difficult or dribbling
215	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent night time urination
216	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression
217	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain on inside of legs or heels
218	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling of incomplete bowel evacuation
219	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lack of energy
220	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Migrating aches and pains
221	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too easily tired
222	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Avoids activity
223	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Leg nervousness at night
224	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diminished sex drive

IMPORTANT

List below your five main physical complaints in order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

Notes: