

SYSTEMS SURVEY FORM

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McIntire

Patient _____ Doctor _____ Date _____
 Birth Date ____/____/____ Approx Weight _____ Sex: Male ☐ Female ☐
 Pulse: Recumbent _____ Standing _____ Vegetarian: Yes ☐ No ☐
 Blood pressure: Recumbent ____/____ Standing ____/____ Ragland's Test is Positive ☐

INSTRUCTIONS: Fill in only the circles which apply to you.

- ☐ ☐ ☐ MILD symptoms (occurs rarely).
☐ ☒ ☐ MODERATE symptoms (occurs several times a month).
☐ ☐ ☒ SEVERE symptoms (occurs almost constantly)
☐ ☐ ☐ Leave circles BLANK if they don't apply to you!

1 2 3 GROUP 1

- 1 ☐ ☐ ☐ Acid foods upset
 2 ☐ ☐ ☐ Get chilled often
 3 ☐ ☐ ☐ "Lump" in throat
 4 ☐ ☐ ☐ Dry mouth-eyes-nose
 5 ☐ ☐ ☐ Pulse speeds after meal
 6 ☐ ☐ ☐ Keyed up - fail to calm
 7 ☐ ☐ ☐ Cut heals 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 often

GROUP 2

- 21 ☐ ☐ ☐ Joint stiffness on 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; feels "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

GROUP 3

- 42 ☐ ☐ ☐ Eat when nervous
 43 ☐ ☐ ☐ Excessive appetite
 44 ☐ ☐ ☐ Hungry between meals
 45 ☐ ☐ ☐ Irritable before meals
 46 ☐ ☐ ☐ Get "shaky" if hungry
 47 ☐ ☐ ☐ Fatigue, eating relieves
 48 ☐ ☐ ☐ "Lightheaded" if meals delayed
 49 ☐ ☐ ☐ Heart palpitates if meals missed or delayed
 50 ☐ ☐ ☐ Afternoon headaches
 51 ☐ ☐ ☐ Overeating sweets upsets

1 2 3

- 52 ☐ ☐ ☐ Awaken after 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

- 56 ☐ ☐ ☐ Hands and feet go to sleep easily, numbness
 57 ☐ ☐ ☐ Sigh frequently, "air hunger"
 58 ☐ ☐ ☐ Aware of "breathing heavily"
 59 ☐ ☐ ☐ High altitude discomfort
 60 ☐ ☐ ☐ Opens windows in closed rooms
 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; get "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 and blue" spots
 69 ☐ ☐ ☐ Tendency to anemia
 70 ☐ ☐ ☐ "Nose bleeds" frequent
 71 ☐ ☐ ☐ Noises in head, or "ringing in ears"
 72 ☐ ☐ ☐ Tension under the breastbone, or feeling of "tightness", worse on exertion

GROUP 5

- 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, metallic taste in mouth in mornings
 81 ☐ ☐ ☐ Bowel movements painful or difficult
 82 ☐ ☐ ☐ Worrier, feels insecure
 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 ☐ ☐ ☐ Use laxatives
 89 ☐ ☐ ☐ Stools alternate from soft to watery
 90 ☐ ☐ ☐ History of gallbladder attacks or gallstones
 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

- 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 1/2 - 1 hour after eating; may be up to 3-4 hrs.
 104 ☐ ☐ ☐ Mucous colitis or "irritable bowel"
 105 ☐ ☐ ☐ Gas shortly after eating
 106 ☐ ☐ ☐ Stomach "bloating" after eating