

# 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 -----                         |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1 Acid foods upset                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 Feel chilled often                        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3 "Lump" in throat                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4 Dry mouth-eyes-nose                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5 Pulse speeds after meals                  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6 Keyed up; unable to feel calm             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7 Cuts heal slowly                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8 Gag easily                                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9 Unable to relax; startles easily          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10 Extremities cold and/or clammy           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11 Strong light irritates                   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12 Urine amount reduced                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13 Heart pounds after retiring              |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14 "Nervous" stomach                        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15 Appetite reduced                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16 Cold sweats often                        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17 Body temperature rises easily            |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18 Skin sensitive to touch                  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19 Staring, blinks little                   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 20 Frequently have a sour stomach           |
|                       |                       |                       | ----- GROUP 2 -----                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 21 Joint stiffness after arising            |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 22 Muscle-leg-toe cramps at night           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 23 "Butterfly" stomach, cramps              |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 24 Eyes or nose watery                      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 25 Eyes blink often                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 26 Eyelids swollen or puffy                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 27 Indigestion soon after meals             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 28 Always seems hungry; 'lightheaded' often |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 29 Food digests rapidly                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 30 Vomit frequently                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 31 Frequently hoarse                        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 32 Irregular breathing                      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 33 Pulse slow or feels "irregular"          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 34 Slow gag reflex                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 35 Difficulty swallowing                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 36 Alternating constipation and diarrhea    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 37 "Slow starter"                           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 38 Not easily chilled                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 39 Perspire easily                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 40 Poor circulation or sensitive to cold    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 41 Subject to colds, asthma, bronchitis     |
|                       |                       |                       | ----- GROUP 3 -----                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 42 Eat when nervous                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 43 Excessive appetite                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 44 Hungry between meals                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 45 Irritable before meals                   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 46 Get "shaky" if hungry                    |

- | 1                     | 2                     | 3                     | ----- GROUP 3 contiued -----   |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 47 Feeling fatigued, eating relieves   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 48 "Lightheaded" if meals delayed  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 49 Heart palpitates if meals missed or delayed   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 50 Afternoon headaches   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 51 Upset feeling from excessive eating of sweets   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 52 Awaken after few hours sleep hard to get back to sleep  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 53 Crave candy or coffee in afternoons   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 54 Moods of depression "blues" or melancholy   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 55 Abnormal craving for sweets or snacks   |
|                       |                       |                       | ----- GROUP 4 -----  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 56 Hands and feet go to sleep easily, numbness   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 57 Sigh frequently, "air hunger"   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 58 Aware of "breathing heavily"  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 59 Discomfort at high altitude   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 60 Opens windows in closed room  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 61 Susceptible to colds and fevers   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 62 Afternoon "yawner"  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 63 Get "drowsy" often  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 64 Swollen ankles worse at night   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 65 Muscle cramps, worse during exercise; "charley-horses"  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 66 Shortness of breath on exertion   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 67 Dull pain in chest or radiating into left arm, worse on exertion                              |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 68 Bruise easily, "black/blue" spots on arms or legs   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 69 Tendency to anemia  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 70 Frequently have "nose bleeds"   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 71 "Ringing in ears" or noises in head   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 72 Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion |
|                       |                       |                       | ----- GROUP 5 -----  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 73 Dizziness   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 74 Dry skin  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 75 Burning feet  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 76 Blurred vision  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 77 Itching skin and feet   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 78 Excessive falling hair  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 79 Frequent skin rashes  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 80 Bitter or metallic taste in mouth in the mornings   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 81 Bowel movements painful or difficult  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 82 Feelings of worry, dread, or insecurity   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 83 Feeling queasy; headache over eyes  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 84 Greasy foods upset  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 85 Stools light-colored  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 86 Skin peels on foot soles  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 87 Pain between shoulder blades  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 88 Using laxatives   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 89 Stools alternate from soft to watery  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 90 History of gallbladder attacks or gall stones   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 91 Sneezing attacks  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 92 Dreaming, nightmare-type bad dreams   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 93 Bad breath (halitosis)  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 94 Milk products cause distress  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 95 Sensitive to hot weather  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 96 Burning or itching anus   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 97 Crave sweets  |
|                       |                       |                       | ----- GROUP 6 -----  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 98 Loss of taste for meat  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 99 Lower bowel gas several hours after eating  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 100 Burning stomach sensations, eating relieves  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 101 Coated tongue  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 102 Pass large amounts of foul smelling gas  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 103 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.                                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 104 Mucus colitis or "irritable bowel"   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 105 Gas shortly after eating   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 106 Stomach "bloating" after eating  |

- | 1                    | 2 | 3 | ----- GROUP 7A -----                       |
|----------------------|---|---|--|
| 107                  | 0 | 0 | Insomnia                                   |
| 108                  | 0 | 0 | Nervousness                                |
| 109                  | 0 | 0 | Can't gain weight                          |
| 110                  | 0 | 0 | Intolerance to heat                        |
| 111                  | 0 | 0 | Highly emotional                           |
| 112                  | 0 | 0 | Flush easily                               |
| 113                  | 0 | 0 | Night sweats                               |
| 114                  | 0 | 0 | Skin is thin and moist                     |
| 115                  | 0 | 0 | Inward trembling                           |
| 116                  | 0 | 0 | Heart palpitates                           |
| 117                  | 0 | 0 | Increased appetite without weight gain     |
| 118                  | 0 | 0 | Pulse races when resting                   |
| 119                  | 0 | 0 | Eyelids and face twitch                    |
| 120                  | 0 | 0 | Irritable and restless                     |
| 121                  | 0 | 0 | Can't work under pressure                  |
| ----- GROUP 7B ----- |   |   |  |
| 122                  | 0 | 0 | Noticable weight gain                      |
| 123                  | 0 | 0 | Decrease in appetite                       |
| 124                  | 0 | 0 | Easily fatigued                            |
| 125                  | 0 | 0 | Ringing in ears                            |
| 126                  | 0 | 0 | Sleepy during day                          |
| 127                  | 0 | 0 | Sensitive to cold                          |
| 128                  | 0 | 0 | Dry or scaly skin                          |
| 129                  | 0 | 0 | Constipation                               |
| 130                  | 0 | 0 | Mental sluggishness                        |
| 131                  | 0 | 0 | Hair coarse, falls out                     |
| 132                  | 0 | 0 | Headaches upon arising wear off during day |
| 133                  | 0 | 0 | Slow pulse, below 65                       |
| 134                  | 0 | 0 | Frequent urination                         |
| 135                  | 0 | 0 | Impaired hearing                           |
| 136                  | 0 | 0 | Reduced initiative                         |
| ----- GROUP 7C ----- |   |   |  |
| 137                  | 0 | 0 | Failing memory                             |
| 138                  | 0 | 0 | Low blood pressure                         |
| 139                  | 0 | 0 | Increased sex drive                        |
| 140                  | 0 | 0 | Headaches, "splitting or rending" type     |
| 141                  | 0 | 0 | Decreased sugar tolerance                  |
| ----- GROUP 7D ----- |   |   |  |
| 142                  | 0 | 0 | Abnormal thirst                            |
| 143                  | 0 | 0 | Bloating of the abdomen                    |
| 144                  | 0 | 0 | Weight gain around hips or waist           |
| 145                  | 0 | 0 | Sex drive reduced or lacking               |
| 146                  | 0 | 0 | Tendency toward ulcers and/or colitis      |
| 147                  | 0 | 0 | Increased sugar tolerance                  |
| 148                  | 0 | 0 | (FEMALE) Menstrual disorders               |
| 149                  | 0 | 0 | (YOUNG GIRLS) Lack of menstrual function   |
| ----- GROUP 7E ----- |   |   |  |
| 150                  | 0 | 0 | Dizziness                                  |
| 151                  | 0 | 0 | Headaches                                  |
| 152                  | 0 | 0 | Hot flashes                                |
| 153                  | 0 | 0 | Increased blood pressure                   |
| 154                  | 0 | 0 | (FEMALE) Hair growth on face or body       |
| 155                  | 0 | 0 | Sugar in urine (not diabetes)              |
| 156                  | 0 | 0 | (FEMALE) Masculine tendencies              |
| ----- GROUP 7F ----- |   |   |  |
| 157                  | 0 | 0 | Weakness and/or dizziness                  |
| 158                  | 0 | 0 | Chronic fatigue                            |
| 159                  | 0 | 0 | Low blood pressure                         |
| 160                  | 0 | 0 | Nails weak and/or ridged                   |
| 161                  | 0 | 0 | Tendency toward hives                      |
| 162                  | 0 | 0 | Arthritic tendencies                       |
| 163                  | 0 | 0 | Perspiration increase                      |
| 164                  | 0 | 0 | Bowel disorders                            |
| 165                  | 0 | 0 | Poor circulation                           |
| 166                  | 0 | 0 | Swollen ankles                             |
| 167                  | 0 | 0 | Crave salt                                 |
| 168                  | 0 | 0 | Brown spots or bronzing of skin            |
| 169                  | 0 | 0 | Allergies - tendency to asthma             |
| 170                  | 0 | 0 | Weakness after colds or influenza          |
| 171                  | 0 | 0 | Muscular and nervous exhaustion            |
| 172                  | 0 | 0 | Respiratory disorders                      |

- | 1                       | 2 | 3 | ----- GROUP 8 -----                    |
|-------------------------|---|---|--|
| 173                     | 0 | 0 | Apprehension                           |
| 174                     | 0 | 0 | Irritability                           |
| 175                     | 0 | 0 | Morbid fears                           |
| 176                     | 0 | 0 | Never seems to get well                |
| 177                     | 0 | 0 | Forgetfulness                          |
| 178                     | 0 | 0 | Indigestion                            |
| 179                     | 0 | 0 | Poor appetite                          |
| 180                     | 0 | 0 | Craving for sweets                     |
| 181                     | 0 | 0 | Muscular soreness                      |
| 182                     | 0 | 0 | Depression; feelings of dread          |
| 183                     | 0 | 0 | Noise sensitivity                      |
| 184                     | 0 | 0 | Acoustic hallucinations                |
| 185                     | 0 | 0 | Tendency to cry without reason         |
| 186                     | 0 | 0 | Hair is coarse and/or thinning         |
| 187                     | 0 | 0 | Weakness                               |
| 188                     | 0 | 0 | Fatigue                                |
| 189                     | 0 | 0 | Skin sensitive to touch                |
| 190                     | 0 | 0 | Tendency toward hives                  |
| 191                     | 0 | 0 | Nervousness                            |
| 192                     | 0 | 0 | Headache                               |
| 193                     | 0 | 0 | Insomnia                               |
| 194                     | 0 | 0 | Anxiety                                |
| 195                     | 0 | 0 | Anorexia                               |
| 196                     | 0 | 0 | Inability to concentrate; confusion    |
| 197                     | 0 | 0 | Frequent stuffy nose; sinus infections |
| 198                     | 0 | 0 | Allergy to some foods                  |
| 199                     | 0 | 0 | Loose joints                           |
| ----- FEMALE ONLY ----- |   |   |  |
| 200                     | 0 | 0 | Very easily fatigued                   |
| 201                     | 0 | 0 | Premenstrual tension                   |
| 202                     | 0 | 0 | Painful menses                         |
| 203                     | 0 | 0 | Depressed feelings before menstruation |
| 204                     | 0 | 0 | Excessive and prolonged menstruation   |
| 205                     | 0 | 0 | Painful breasts                        |
| 206                     | 0 | 0 | Menstruate too frequently              |
| 207                     | 0 | 0 | Vaginal discharge                      |
| 208                     | 0 | 0 | Hysterectomy /ovaries Removed          |
| 209                     | 0 | 0 | Menopausal hot flashes                 |
| 210                     | 0 | 0 | Menses scanty or missed                |
| 211                     | 0 | 0 | Acne, worse at menses                  |
| 212                     | 0 | 0 | Long standing depression               |
| ----- MALE ONLY -----   |   |   |  |
| 213                     | 0 | 0 | Prostate trouble                       |
| 214                     | 0 | 0 | Urination difficult or Dribbling       |
| 215                     | 0 | 0 | Frequent nighttime urination           |
| 216                     | 0 | 0 | Depression                             |
| 217                     | 0 | 0 | Pain on inside of legs or heels        |
| 218                     | 0 | 0 | Feeling of incomplete bowel evacuation |
| 219                     | 0 | 0 | Lack of energy                         |
| 220                     | 0 | 0 | Migrating aches and pains              |
| 221                     | 0 | 0 | Too easily tired                       |
| 222                     | 0 | 0 | Avoids activity                        |
| 223                     | 0 | 0 | Leg nervousness at night               |
| 224                     | 0 | 0 | Diminished sex drive                   |

**IMPORTANT**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Notes:**