

SYMPTOM SURVEY FORM --- DR. ROBERT S. DERRYBERRY, D.C.

NAME _____

DATE _____

Phone# _____

Instructions: Number the boxes which apply to you with either a 1, 2 or 3
 (1) for MILD symptoms
 (2) for MODERATE symptoms
 (3) for SEVERE symptoms
 Leave the box BLANK if it does not apply to you

Birthdate: _____

SEX: M F

GROUP 1

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

21 Joint stiffness after rising
 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 Heat palpitates if meals missed or delayed
 50 Afternoon headaches
 51 Overeating sweets upsets
 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 Hand 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 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; 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/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

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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 hours

104 Mucus colitis or "irritable bowel"

105 Gas shortly after eating

106 Stomach "bloating" after eating

GROUP 7 (CONT'D)

[C]

137 Failing memory

138 Low blood pressure

139 Increased sex drive

140 Headaches "splitting or rendering" type

141 Decreased sugar tolerance

[D]

142 Abnormal thirst

143 Bloating of abdomen

144 Weight gain around hips or waist

145 Sex drive reduced or lacking

146 Tendency to ulcers, colitis

147 Increased sugar tolerance

148 Women: menstrual disorders

149 Young girls: lack of menstrual function

FEMALE ONLY

173 Very easily fatigued

174 Premenstrual tension

175 Painful menses

176 Depressed feelings before menstruation

177 Menstruation excessive and prolonged

178 Painful breasts

179 Menstruate too frequently

180 Vaginal discharge

181 Hysterectomy/ovaries removed

182 Menopausal hot flashes

183 Menses scantily or missed

184 Acne, worse at menses

185 Depression of long standing

GROUP 7

[A]

107 Insomnia

108 Nervousness

109 Can't gain weight

110 Intolerance to heat

111 Highly emotional

112 Flush easily

113 Night sweats

114 Thin, moist skin

115 Inward trembling

116 Heart palpitates

117 Increased appetite without weight gain

118 Pulse fast at rest

119 Eyelids and face twitch

120 Irritable and restless

121 Can't work under pressure

[E]

150 Dizziness

151 Headaches

152 Hot flashes

153 Increased blood pressure

154 Hair growth on face or body (female)

155 Sugar in urine (not diabetes)

156 Masculine tendencies (female)

[F]

157 Weakness, dizziness

158 Chronic fatigue

159 Low blood pressure

160 Nails weak, ridged

161 Tendency to hives

162 Arthritic tendencies

163 Perspiration increase

164 Bowel disorders

165 Poor circulation

166 Swollen ankles

167 Crave salt

168 Brown spots or bronzing of skin

169 Allergies -- tendency to asthma

170 Weakness after colds, influenza

171 Exhaustion -- muscular and nervous

172 Respiratory disorders

MALE ONLY

186 Prostate trouble

187 Urination difficult or dribbling

188 Night urination frequent

189 Depression

190 Pain on inside of legs or heels

191 Feeling of incomplete bowel evacuation

192 Lack of energy

193 Migrating aches and pains

194 Tire too easily

195 Avoids activity

196 Leg nervousness at night

197 Diminished sex drive

[B]

122 Increase in weight

123 Decrease in appetite

124 Fatigue easily

125 Ringing in ears

126 Sleepy during day

127 Sensitive to cold

128 Dry or scaly skin

129 Constipation

130 Mental sluggishness

131 Hair coarse, falls out

132 Headaches upon arising wear off during day

133 Slow pulse, below 65

134 Frequency of urination

135 Impaired hearing

136 Reduced initiative

IMPORTANT

TO THE PATIENT: Please list below the five main health complaints you have in order of their importance:

1. _____

2. _____

3. _____

4. _____

5. _____
