

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 ☐ Heart 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

[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

[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

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

[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

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 scanty or missed
 184 ☐ Acne, worse at menses
 185 ☐ Depression of long standing

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

IMPORTANT

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

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