**SYMPTOM SURVEY FORM (*Maestro*)**

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| **Patient** | Enter Your Name | | | | | | | **Doctor** | | Enter Dr.’s name | | | | | **Date** | | Enter date. |
| **Birth Date:** | | Enter Your Birthday | | | | | **Approx**. **Weight** | | Enter Weight | | | | | **Sex:** Male Female | | | |
| **Pulse: Recumbent** | | | Enter Recumbent Pulse | | | | **Standing**: | | | | Enter Standing Pulse | | | | | **Vegetarian**: Yes No | |
| **Blood Pressure: Recumbent**: | | | | Enter | **/** | Enter | **Standing**: | | | | Enter | **/** | Enter | | **Ragland’s Test is Positive** | | |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | INSTRUCTIONS: Fill in only the boxes which apply to you.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  | **MILD** (occurred once or twice last 6 months) | |  |  |  | **MODERATE** (occurred once or twice last month) | |  |  |  | **SEVERE** (chronic, occurred once or twice last week) | |  |  |  | Leave **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 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 2** | | 21 |  |  |  | Joint stiffness or 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 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **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 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 | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 4** | | 56 |  |  |  | Hands & 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” frequently | | 71 |  |  |  | Tension under breastbone, or feeling of “lightness” worse on exertion |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **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 feeds 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 | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **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 ½ - 1 hour after eating; may be up to 3-4 hours | | 104 |  |  |  | Mucous colitis or “irritable bowel” | | 105 |  |  |  | Gas shortly after eating | | 106 |  |  |  | Stomach “bloating” after eating |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 7A** | | 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 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 7B** | | 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 | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 7C** | | 137 |  |  |  | Failing memory | | 138 |  |  |  | Low blood pressure | | 139 |  |  |  | Increased sex drive | | 140 |  |  |  | Headaches, “splitting or rending” type | | 141 |  |  |  | Decreased sugar tolerance |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 7D** | | 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 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 7E** | | 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) |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 7F** | | 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 | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **GROUP 8** | | 173 |  |  |  | Apprehension | | 174 |  |  |  | Irritability | | 175 |  |  |  | Morbid fears | | 176 |  |  |  | Never seems to get well | | 177 |  |  |  | Forgetfulness | | 178 |  |  |  | Indigestion | | 179 |  |  |  | Poor appetite | | 180 |  |  |  | Craving for sweets | | 181 |  |  |  | Muscular soreness | | 182 |  |  |  | Depression; feeling of dread | | 183 |  |  |  | Noise sensitivity | | 184 |  |  |  | Acoustic Hallucinations | | 185 |  |  |  | Tendency to cry without reason | | 186 |  |  |  | Hair is coarse and/or thinning | | 187 |  |  |  | Weakness | | 188 |  |  |  | Fatigue | | 189 |  |  |  | Skin Sensitive to touch | | 190 |  |  |  | Tendency toward hives | | 191 |  |  |  | Nervousness | | 192 |  |  |  | Headache | | 193 |  |  |  | Insomnia | | 194 |  |  |  | Anxiety | | 195 |  |  |  | Anorexia | | 196 |  |  |  | Inability to concentrate; confusion | | 197 |  |  |  | Frequent stuffy nose; sinus infections | | 198 |  |  |  | Allergy to some foods | | 199 |  |  |  | Loose joints |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **FEMALE ONLY** | | 200 |  |  |  | Very easily fatigued | | 201 |  |  |  | Premenstrual tension | | 202 |  |  |  | Painful menses | | 203 |  |  |  | Depressed feelings before menstruation | | 204 |  |  |  | Menstruation excessive and prolonged | | 205 |  |  |  | Painful breasts | | 206 |  |  |  | Menstruate too frequently | | 207 |  |  |  | Vaginal discharge | | 208 |  |  |  | Hysterectomy / ovaries removed | | 209 |  |  |  | Menopausal hot flashes | | 210 |  |  |  | Menses scanty or missing | | 211 |  |  |  | Acne, worse at menses | | 212 |  |  |  | Depression of long standing | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | **MALE ONLY** | | 213 |  |  |  | Prostate trouble | | 214 |  |  |  | Urination difficult or dribbling | | 215 |  |  |  | Night urination frequent | | 216 |  |  |  | Depression | | 217 |  |  |  | Pain on inside of legs or heels | | 218 |  |  |  | Feeling of incomplete bowel evacuation | | 219 |  |  |  | Lack of energy | | 220 |  |  |  | Migration aches and pains | | 221 |  |  |  | Tire too easily | | 222 |  |  |  | Avoids activity | | 223 |  |  |  | Legs nervousness at night | | 224 |  |  |  | Diminished sex drive | |

**List the five main complaints you have in the order of their importance:**

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