**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.

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|[x] [ ] [ ]  **MILD** (occurred once or twice last 6 months) |
|[ ] [x] [ ]  **MODERATE** (occurred once or twice last month) |
|[ ] [ ] [x]  **SEVERE** (chronic, occurred once or twice last week) |
|[ ] [ ] [ ]  Leave **BLANK** if they don’t apply to you |

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|  | 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 |

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|  | 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 |

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| 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 |

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|  | 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 |

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|  | 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 |

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|  | 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 |

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|  | 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 |

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|  | 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 |

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|  | 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 |

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|  | 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) |

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|  | 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 |

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|  | 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 |

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|  | 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 |

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

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3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.