

The next two pages are the Symptom Survey Form used to evaluate your current health.

Please complete it per the instructions and get it to us via:

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We will evaluate your form and get back to you with the results.

Thanks, Minda Turner

Nutritec Software Symptom Survey Form

NAME: _____ DATE: _____

DOB: ___/___/___ SEX: Male Female

HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: _____

Sitting: _____ Laying: _____ Standing: _____

PULSE: Sitting: _____ Standing: _____

pH INDICATORS: AM Saliva: _____ AM Urine: _____

PM Saliva: _____ PM Urine: _____

**INSTRUCTIONS: Completely black out one of the three circles:
1-mild, 2-moderate, 3-severe**

- MILD symptoms (once or twice last 6 months)
- MODERATE symptoms (once or twice last month)
- SEVERE symptoms (Chronic, once or twice last week)
- Leave circles **BLANK** if they do not apply to you!

1 2 3 ----- GROUP 1 -----

- 1 Acid foods upset
- 2 Feel chilled often
- 3 "Lump" in throat
- 4 Dry mouth-eyes-nose
- 5 Pulse speeds after meals
- 6 Keyed up; unable to feel calm
- 7 Cuts heal slowly
- 8 Gag easily
- 9 Unable to relax; startles easily
- 10 Extremities cold and/or 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 Body temperature rises easily
- 18 Skin sensitive to touch
- 19 Staring, blinks little
- 20 Frequently has a sour stomach

----- 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 or puffy
- 27 Indigestion soon after meals
- 28 Always seems hungry; "lightheaded" often
- 29 Food digests rapidly
- 30 Vomit frequently
- 31 Frequently hoarse
- 32 Irregular breathing
- 33 Pulse slow or feels "irregular"
- 34 Slow gag reflex
- 35 Difficulty swallowing
- 36 Alternating constipation and diarrhea
- 37 "Slow starter"
- 38 Not easily chilled
- 39 Perspire easily
- 40 Poor circulation or sensitive to cold
- 41 Subject to colds, asthma, bronchitis

----- GROUP 3 -----

- 42 Eat when nervous
- 43 Excessive appetite

1 2 3 ----- GROUP 3 continued -----

- 44 Hungry between meals
- 45 Irritable before meals
- 46 Get "shaky" if hungry
- 47 Feeling fatigued, eating relieves
- 48 "Lightheaded" if meals delayed
- 49 Heart palpitates if meals missed or delayed
- 50 Afternoon headaches
- 51 Upset feeling from excessive eating of sweets
- 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 Hands and feet go to sleep easily, numbness
- 57 Sigh frequently, "air hunger"
- 58 Aware of "breathing heavily"
- 59 Discomfort at high altitude
- 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; "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 on arms or legs
- 69 Tendency to anemia
- 70 Frequently have "nose bleeds"
- 71 "Ringing in ears" or noises in head
- 72 Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion
- 73 Dizziness

----- GROUP 5 -----

- 74 Dry skin
- 75 Burning feet
- 76 Blurred vision
- 77 Itching skin and feet
- 78 Excessive falling hair
- 79 Frequent skin rashes
- 80 Bitter or metallic taste in mouth in the mornings
- 81 Bowel movements painful or difficult
- 82 Feelings of worry, dread, or insecurity
- 83 Feeling queasy; headache over eyes
- 84 Greasy foods upsets
- 85 Stools light-colored
- 86 Skin peels on foot soles
- 87 Pain between shoulder blades
- 88 Using laxatives
- 89 Stools alternate from soft to watery
- 90 History of gallbladder attacks or gallstones
- 91 Sneezing attacks
- 92 Dreaming, nightmares/bad dreams
- 93 Bad breath (halitosis)
- 94 Milk products cause distress
- 95 Sensitive to hot weather
- 96 Burning or itching anus
- 97 Crave sweets

----- 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 hrs.
- 104 Mucus 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 Skin is thin and moist
 - 115 Inward trembling
 - 116 Heart palpitates
 - 117 Increased appetite without weight gain
 - 118 Pulse races when resting
 - 119 Eyelids and face twitch
 - 120 Irritable and restless
 - 121 Can't work under pressure

- GROUP 7B -----
- 122 Noticeable weight gain
 - 123 Decrease in appetite
 - 124 Easily fatigued
 - 125 Ringing in ears
 - 126 Sleepy during day
 - 127 Sensitive to cold
 - 128 Dry or scaly skin
 - 129 Constipation
 - 130 Mental sluggishness
 - 131 Hair course, falls out
 - 132 Headaches upon arising wear off during day
 - 133 Pulse slow, below 65
 - 134 Frequent urination
 - 135 Impaired hearing
 - 136 Reduced initiative

- GROUP 7C -----
- 137 Failing memory
 - 138 Low blood pressure
 - 139 Increased sex drive
 - 140 Headaches, "splitting or rending" type
 - 141 Decreased sugar tolerance

- GROUP 7D -----
- 142 Abnormal thirst
 - 143 Bloating of the abdomen
 - 144 Weight gain around hips or waist
 - 145 Sex drive reduced or lacking
 - 146 Tendency toward ulcers and/or colitis
 - 147 Increased sugar tolerance
 - 148 (FEMALE) Menstrual disorders
 - 149 (YOUNG GIRLS) Lack of menstrual function

- GROUP 7E -----
- 150 Dizziness
 - 151 Headaches
 - 152 Hot flashes
 - 153 Increased blood pressure
 - 154 (FEMALE) Hair growth on face or body
 - 155 Sugar in urine (not diabetes)
 - 156 (FEMALE) Masculine tendencies

- GROUP 7E -----
- 157 Weakness and/or dizziness
 - 158 Chronic fatigue
 - 159 Low blood pressure
 - 160 Nails weak and/or ridged
 - 161 Tendency towards 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 or influenza
 - 171 Muscular and nervous exhaustion
 - 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; feelings of dread
 - 183 Noise sensitivity
 - 184 Acoustic hallucinations
 - 185 Tendency to cry without reason
 - 186 Hair is course and/or thinning
 - 187 Weakness
 - 188 Fatigue
 - 189 Skin sensitive to touch
 - 190 Tendency towards 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

- FEMALE ONLY -----
- 200 Very easily fatigued
 - 201 Premenstrual tension
 - 202 Painful menses
 - 203 Depressed feelings before menstruation
 - 204 Excessive and prolonged menstruation
 - 205 Painful breasts
 - 206 Menstruate too frequently
 - 207 Vaginal discharge
 - 208 Hysterectomy / ovaries removed
 - 209 Menopausal hot flashes
 - 210 Menses scanty or missed
 - 211 Acne, worse at menses
 - 212 Long standing depression

- MALE ONLY -----
- 213 Prostate trouble
 - 214 Urination difficult or dribbling
 - 215 Frequent night-time urination
 - 216 Depression
 - 217 Pain on inside of legs or heels
 - 218 Feeling of incomplete bowel evacuation
 - 219 Lack of energy
 - 220 Migrating aches and pains
 - 221 Too easily tired
 - 222 Avoids activity
 - 223 Leg nervousness at night
 - 224 Diminished sex drive

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

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

Notes: