

ALLERGY SYMPTOM SURVEY FORM

NAME _____ DATE _____ AGE _____

Instructions: Number the boxes which apply to you with 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.

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Absent mindedness | 41. <input type="checkbox"/> Crave Sweets | 81. <input type="checkbox"/> Gallstones |
| 2. <input type="checkbox"/> Abnormal hair growth | 42. <input type="checkbox"/> Crave Sour | 82. <input type="checkbox"/> Gastric distress |
| 3. <input type="checkbox"/> Acid foods upset | 43. <input type="checkbox"/> Crave Onions/beans | 83. <input type="checkbox"/> General itching |
| 4. <input type="checkbox"/> Acne | 44. <input type="checkbox"/> Crave Bitters | 84. <input type="checkbox"/> Greasy food upset |
| 5. <input type="checkbox"/> Addiction – smoke | 45. <input type="checkbox"/> Cuts heal slowly | 85. <input type="checkbox"/> Hair loss |
| 6. <input type="checkbox"/> Addiction – sugar | 46. <input type="checkbox"/> Dandruff | 86. <input type="checkbox"/> Hay fever |
| 7. <input type="checkbox"/> Addition – alcohol | 47. <input type="checkbox"/> Decreased sex drive | 87. <input type="checkbox"/> Headaches / sinus |
| 8. <input type="checkbox"/> Addiction – drugs | 48. <input type="checkbox"/> Depression | 88. <input type="checkbox"/> Headaches / morning |
| 9. <input type="checkbox"/> Allergy to drugs | 49. <input type="checkbox"/> Diabetes | 89. <input type="checkbox"/> Headaches / afternoon |
| 10. <input type="checkbox"/> Amnesia – temporary | 50. <input type="checkbox"/> Diarrhea | 90. <input type="checkbox"/> Headaches / migraine |
| 11. <input type="checkbox"/> Anemia | 51. <input type="checkbox"/> Difficult walking | 91. <input type="checkbox"/> Hearing decreased |
| 12. <input type="checkbox"/> Appetite – excess | 52. <input type="checkbox"/> Difficult swallowing | 92. <input type="checkbox"/> Heart burn |
| 13. <input type="checkbox"/> Appetite – poor | 53. <input type="checkbox"/> Digestion rapid | 93. <input type="checkbox"/> Heart irregularities |
| 14. <input type="checkbox"/> Arthritis | 54. <input type="checkbox"/> Diverticulitis | 94. <input type="checkbox"/> Hemorrhoids |
| 15. <input type="checkbox"/> Asthma – bronchial | 55. <input type="checkbox"/> Dream disturbed sleep | 95. <input type="checkbox"/> Herpes |
| 16. <input type="checkbox"/> Asthma – cardiac | 56. <input type="checkbox"/> Dry nose | 96. <input type="checkbox"/> High altitude problem |
| 17. <input type="checkbox"/> Athletes foot | 57. <input type="checkbox"/> Dry eyes | 97. <input type="checkbox"/> High blood pressure |
| 18. <input type="checkbox"/> Bad breath | 58. <input type="checkbox"/> Dry mouth | 98. <input type="checkbox"/> Hip pains |
| 19. <input type="checkbox"/> Blurred vision | 59. <input type="checkbox"/> Dyslexia | 99. <input type="checkbox"/> Hives |
| 20. <input type="checkbox"/> Bowel disorders | 60. <input type="checkbox"/> Ear aches | 100. <input type="checkbox"/> Hoarseness |
| 21. <input type="checkbox"/> Brain Fog | 61. <input type="checkbox"/> Ear infections | 101. <input type="checkbox"/> Humidity discomfort |
| 22. <input type="checkbox"/> Breast – pain | 62. <input type="checkbox"/> Eating disorder | 102. <input type="checkbox"/> Hungry between meals |
| 23. <input type="checkbox"/> Breast – swelling | 63. <input type="checkbox"/> Eczema | 103. <input type="checkbox"/> Hyperactivity |
| 24. <input type="checkbox"/> Breast – lumps | 64. <input type="checkbox"/> Edema | 104. <input type="checkbox"/> Hysterectomy |
| 25. <input type="checkbox"/> Bronchitis | 65. <input type="checkbox"/> Elbow pains | 105. <input type="checkbox"/> Ileocecal valve |
| 26. <input type="checkbox"/> Brown spots | 66. <input type="checkbox"/> Excess thirst | 106. <input type="checkbox"/> Increased sex drive |
| 27. <input type="checkbox"/> Bruise easily | 67. <input type="checkbox"/> Extremities cold | 107. <input type="checkbox"/> Indigestion |
| 28. <input type="checkbox"/> Burning / itching anus | 68. <input type="checkbox"/> Eyelids puffy | 108. <input type="checkbox"/> Insomnia |
| 29. <input type="checkbox"/> Burning feet | 69. <input type="checkbox"/> Eyes watery | 109. <input type="checkbox"/> Internal trembling |
| 30. <input type="checkbox"/> Coated tongue | 70. <input type="checkbox"/> Eyes itch | 110. <input type="checkbox"/> Irritable Bowels |
| 31. <input type="checkbox"/> Cold sweats often | 71. <input type="checkbox"/> Fainting spells | 111. <input type="checkbox"/> Irritable & restless |
| 32. <input type="checkbox"/> Colds / flus frequent | 72. <input type="checkbox"/> Falling hair | 112. <input type="checkbox"/> Keyed up – fails to calm |
| 33. <input type="checkbox"/> Colitis | 73. <input type="checkbox"/> Fatigue | 113. <input type="checkbox"/> Knee pains |
| 34. <input type="checkbox"/> Colon – Gas | 74. <input type="checkbox"/> Feels cold often | 114. <input type="checkbox"/> Labored breathing |
| 35. <input type="checkbox"/> Compulsive behavior | 75. <input type="checkbox"/> Feels insecure | 115. <input type="checkbox"/> Loss of taste |
| 36. <input type="checkbox"/> Constipation | 76. <input type="checkbox"/> Fever | 116. <input type="checkbox"/> Low blood pressure |
| 37. <input type="checkbox"/> Cough | 77. <input type="checkbox"/> Forgetfulness | 117. <input type="checkbox"/> Low back pain |
| 38. <input type="checkbox"/> Cradle Cap | 78. <input type="checkbox"/> Frequent rashes | 118. <input type="checkbox"/> Lump in throat |
| 39. <input type="checkbox"/> Crave Spices | 79. <input type="checkbox"/> Fungus | 119. <input type="checkbox"/> Memory loss – short-term |
| 40. <input type="checkbox"/> Crave Salts | 80. <input type="checkbox"/> Gag easily | 120. <input type="checkbox"/> Memory loss – long-term |

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- | | | | | | |
|----------|------------------------|----------|-------------------------|----------|------------------|
| 121. [] | Menses, scanty | 161. [] | Sensitive to cold | 201. [] | Worrier |
| 122. [] | Menses, excess | 162. [] | Sensitive to heat | 202. [] | Yeast infections |
| 123. [] | Menses, irregular | 163. [] | Shortness of breath | 203. [] | _____ |
| 124. [] | Menses, painful | 164. [] | Shoulder pain | | |
| 125. [] | Mental confusion | 165. [] | Sigh frequently | | |
| 126. [] | Metallic taste | 166. [] | Sinusitis | | |
| 127. [] | Mid back ache | 167. [] | Skin problems | | |
| 128. [] | Migrating pains | 168. [] | Skin peels | | |
| 129. [] | Milk causes discomfort | 169. [] | Sleepy during the day | | |
| 130. [] | Mood swings | 170. [] | Slow pulse <65 | | |
| 131. [] | Mucous production | 171. [] | Slow starter | | |
| 132. [] | Muscle cramps at night | 172. [] | Smell decreased | | |
| 133. [] | Muscle spasms | 173. [] | Sneezing attacks | | |
| 134. [] | Nasal Polyps | 174. [] | Sore throat | | |
| 135. [] | Nausea | 175. [] | Sore canker | | |
| 136. [] | Neck pains | 176. [] | Sour stomach | | |
| 137. [] | Nervous stomach | 177. [] | Startles easily | | |
| 138. [] | Neuralgia | 178. [] | Strong light irritates | | |
| 139. [] | Night sweats | 179. [] | Swollen ankles, feet | | |
| 140. [] | Nose bleed | 180. [] | Thickening skin | | |
| 141. [] | Numbness | 181. [] | Thinning skin | | |
| 142. [] | Obsessive behavior | 182. [] | Throat constriction | | |
| 143. [] | Ovarian cysts | 183. [] | Tightness in the chest | | |
| 144. [] | Pain between shoulders | 184. [] | Tingling sensation | | |
| 145. [] | Pain on the heels | 185. [] | Tires too easily | | |
| 146. [] | Pain unexplained | 186. [] | Tourette's syndrome | | |
| 147. [] | Perspiration excess | 187. [] | Upper back ache | | |
| 148. [] | Phobias | 188. [] | Urinary tract disorders | | |
| 149. [] | Premenstrual syndrome | 189. [] | Urination difficult | | |
| 150. [] | Poor memory | 190. [] | Urine amount increased | | |
| 151. [] | Post nasal drip | 191. [] | Urine amount reduced | | |
| 152. [] | Premature graying | 192. [] | Uterine polyps | | |
| 153. [] | Prone to infections | 193. [] | Vaginal discharge | | |
| 154. [] | Prostate troubles | 194. [] | Varicose veins | | |
| 155. [] | Psoriasis | 195. [] | Vomiting frequent | | |
| 156. [] | Red eyes | 196. [] | Warts | | |
| 157. [] | Restless leg syndrome | 197. [] | Weak nails | | |
| 158. [] | Ring worm | 198. [] | Weight gain | | |
| 159. [] | Ringing in the ears | 199. [] | Weight loss | | |
| 160. [] | Seizures | 200. [] | White spots | | |