SYMPTOM SURVEY FORM (*Maestro*)

Patient		**Doctor**		**Date**	
Birth Date:		**Approx. Weight**		**Sex:**	Male☐ Female☐
Pulse: Recumbent		**Standing:**		**Vegetarian:**	Yes☐ No☐
Blood Pressure: Recumbent: /		**Standing:** /		**Ragland's Test is Positive** ☐	

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

	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

	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

	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:

1.

2.

3.

4.

5.