

SYMPTOM SURVEY FORM

Client: _____ Practitioner: Todd Barrett Date: _____

Birth Date: ____ / ____ / ____ Approx Weight: _____ Vegan / Vegetarian: Yes No

INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.

* Fill in the circle marked 1 for MILD symptoms (or occur once or twice a year).

* Fill in the circle marked 2 for MODERATE symptoms (or occur several times a month).

* Fill in the circle marked 3 for SEVERE symptoms (or you are aware of it almost constantly).

Leave circles BLANK if they don't apply to you!

GROUP ONE

- | | | |
|---|--|---|
| 1 <input type="radio"/> <input type="radio"/> <input type="radio"/> Acid foods upset | 8 <input type="radio"/> <input type="radio"/> <input type="radio"/> Gag easily | 15 <input type="radio"/> <input type="radio"/> <input type="radio"/> Appetite reduced |
| 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get chilled often | 9 <input type="radio"/> <input type="radio"/> <input type="radio"/> Unable to relax; startles easily | 16 <input type="radio"/> <input type="radio"/> <input type="radio"/> Cold sweats often |
| 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Lump" in throat | 10 <input type="radio"/> <input type="radio"/> <input type="radio"/> Extremities cold, clammy | 17 <input type="radio"/> <input type="radio"/> <input type="radio"/> Fever easily raised |
| 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dry mouth-eyes-nose | 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> Strong light irritates | 18 <input type="radio"/> <input type="radio"/> <input type="radio"/> Neuralgia-like pains |
| 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pulse speeds after meal | 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> Urine amount reduced | 19 <input type="radio"/> <input type="radio"/> <input type="radio"/> Staring, blinks little |
| 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> Keyed up - fail to calm | 13 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart pounds after retiring | 20 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sour stomach often |
| 7 <input type="radio"/> <input type="radio"/> <input type="radio"/> Cut heals slowly | 14 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Nervous" stomach | |

GROUP TWO

- | | | |
|---|---|---|
| 21 <input type="radio"/> <input type="radio"/> <input type="radio"/> Joint stiffness on arising | 29 <input type="radio"/> <input type="radio"/> <input type="radio"/> Digestion rapid | 37 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Slow starter" |
| 22 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle-leg-toe cramps at night | 30 <input type="radio"/> <input type="radio"/> <input type="radio"/> Vomiting frequent | 38 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get "chilled" infrequently |
| 23 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Butterfly" stomach, cramps | 31 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hoarseness frequent | 39 <input type="radio"/> <input type="radio"/> <input type="radio"/> Perspire easily |
| 24 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyes or nose watery | 32 <input type="radio"/> <input type="radio"/> <input type="radio"/> Breathing irregular | 40 <input type="radio"/> <input type="radio"/> <input type="radio"/> Circulation poor, sensitive to cold |
| 25 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyes blink often | 33 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pulse slow; feels "irregular" | 41 <input type="radio"/> <input type="radio"/> <input type="radio"/> Subject to colds, asthma, bronchitis |
| 26 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyelids swollen, puffy | 34 <input type="radio"/> <input type="radio"/> <input type="radio"/> Gagging reflex slow | |
| 27 <input type="radio"/> <input type="radio"/> <input type="radio"/> Indigestion soon after meals | 35 <input type="radio"/> <input type="radio"/> <input type="radio"/> Difficulty swallowing | |
| 28 <input type="radio"/> <input type="radio"/> <input type="radio"/> Always seems hungry; feels "lightheaded" often | 36 <input type="radio"/> <input type="radio"/> <input type="radio"/> Constipation, diarrhea alternating | |

GROUP THREE

- | | | |
|---|---|--|
| 42 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eat when nervous | 49 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart palpitates if meals missed or delayed | 53 <input type="radio"/> <input type="radio"/> <input type="radio"/> Crave candy or coffee in afternoons |
| 43 <input type="radio"/> <input type="radio"/> <input type="radio"/> Excessive appetite | 50 <input type="radio"/> <input type="radio"/> <input type="radio"/> Afternoon headaches | 54 <input type="radio"/> <input type="radio"/> <input type="radio"/> Moods of depression - "blues" or melancholy |
| 44 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hungry between meals | 51 <input type="radio"/> <input type="radio"/> <input type="radio"/> Overeating sweets upsets | 55 <input type="radio"/> <input type="radio"/> <input type="radio"/> Abnormal craving for sweets or snacks |
| 45 <input type="radio"/> <input type="radio"/> <input type="radio"/> Irritable before meals | 52 <input type="radio"/> <input type="radio"/> <input type="radio"/> Awaken after few hours sleep - hard to get back to sleep | |
| 46 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get "shaky" if hungry | | |
| 47 <input type="radio"/> <input type="radio"/> <input type="radio"/> Fatigue, eating relieves | | |
| 48 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|--|---|---|
| 56 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hands and feet go to sleep easily, numbness | 63 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get "drowsy" often | 68 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bruise easily, "black and blue" spots |
| 57 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sigh frequently, "air hunger" | 64 <input type="radio"/> <input type="radio"/> <input type="radio"/> Swollen ankles, worse at night | 69 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to anemia |
| 58 <input type="radio"/> <input type="radio"/> <input type="radio"/> Aware of "breathing heavily" | 65 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle cramps, worse during exercise; get "charley horses" | 70 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Nose bleeds" frequent |
| 59 <input type="radio"/> <input type="radio"/> <input type="radio"/> High altitude discomfort | 66 <input type="radio"/> <input type="radio"/> <input type="radio"/> Shortness of breath on exertion | 71 <input type="radio"/> <input type="radio"/> <input type="radio"/> Noises in head, or "ringing in ears" |
| 60 <input type="radio"/> <input type="radio"/> <input type="radio"/> Opens windows in closed rooms | 67 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dull pain in chest or radiating into left arm, worse on exertion | 72 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 <input type="radio"/> <input type="radio"/> <input type="radio"/> Susceptible to colds and fevers | | |
| 62 <input type="radio"/> <input type="radio"/> <input type="radio"/> Afternoon "yawner" | | |

SYMPTOM SURVEY FORM - PAGE 2

GROUP FIVE

- | | | |
|---|---|--|
| <p>1 2 3 73 ○○○ Dizziness</p> <p>74 ○○○ Dry skin</p> <p>75 ○○○ Burning feet</p> <p>76 ○○○ Blurred vision</p> <p>77 ○○○ Itching skin and feet</p> <p>78 ○○○ Excessive falling hair</p> <p>79 ○○○ Frequent skin rashes</p> <p>80 ○○○ Bitter, metallic taste in mouth in mornings</p> <p>81 ○○○ Bowel movements painful or difficult</p> <p>82 ○○○ Worrier, feels insecure</p> | <p>1 2 3 83 ○○○ Feeling queasy; headache over</p> <p>84 ○○○ Greasy foods upset</p> <p>85 ○○○ Stools light colored</p> <p>86 ○○○ Skin peels on foot soles</p> <p>87 ○○○ Pain between shoulder blades</p> <p>88 ○○○ Use laxatives</p> <p>89 ○○○ Stools alternate from soft to watery</p> <p>90 ○○○ History of gallbladder attacks or gallstones</p> | <p>1 2 3 91 ○○○ Sneezing attacks</p> <p>92 ○○○ Dreaming, nightmare type bad dreams</p> <p>93 ○○○ Bad breath (halitosis)</p> <p>94 ○○○ Milk products cause distress</p> <p>95 ○○○ Sensitive to hot weather</p> <p>96 ○○○ Burning or itching anus</p> <p>97 ○○○ Crave sweets</p> |
|---|---|--|

GROUP SIX

- | | | |
|--|---|---|
| <p>1 2 3 98 ○○○ Loss of taste for meat</p> <p>99 ○○○ Lower bowel gas several hours after eating</p> <p>100 ○○○ Burning stomach sensations, eating relieves</p> | <p>1 2 3 101 ○○○ Coated tongue</p> <p>102 ○○○ Pass large amounts of foul-smelling gas</p> <p>103 ○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.</p> | <p>1 2 3 104 ○○○ Mucous colitis or "irritable bowel"</p> <p>105 ○○○ Gas shortly after eating</p> <p>106 ○○○ Stomach "bloating" after eating</p> |
|--|---|---|

GROUP SEVEN

- | | | |
|---|--|--|
| <p style="text-align: center;">(A)</p> <p>1 2 3 107 ○○○ Insomnia</p> <p>108 ○○○ Nervousness</p> <p>109 ○○○ Can't gain weight</p> <p>110 ○○○ Intolerance to heat</p> <p>111 ○○○ Highly emotional</p> <p>112 ○○○ Flush easily</p> <p>113 ○○○ Night sweats</p> <p>114 ○○○ Thin, moist skin</p> <p>115 ○○○ Inward trembling</p> <p>116 ○○○ Heart palpitates</p> <p>117 ○○○ Increased appetite without weight gain</p> <p>118 ○○○ Pulse fast at rest</p> <p>119 ○○○ Eyelids and face twitch</p> <p>120 ○○○ Irritable and restless</p> <p>121 ○○○ Can't work under pressure</p> | <p style="text-align: center;">(C)</p> <p>1 2 3 137 ○○○ Failing memory</p> <p>138 ○○○ Low blood pressure</p> <p>139 ○○○ Increased sex drive</p> <p>140 ○○○ Headaches, "splitting or rending" type</p> <p>141 ○○○ Decreased sugar tolerance</p> | <p style="text-align: center;">(E)</p> <p>1 2 3 150 ○○○ Dizziness</p> <p>151 ○○○ Headaches</p> <p>152 ○○○ Hot flashes</p> <p>153 ○○○ Increased blood pressure</p> <p>154 ○○○ Hair growth on face or body (female)</p> <p>155 ○○○ Sugar in urine (not diabetes)</p> <p>156 ○○○ Masculine tendencies (female)</p> |
| <p style="text-align: center;">(B)</p> <p>1 2 3 122 ○○○ Increase in weight</p> <p>123 ○○○ Decrease in appetite</p> <p>124 ○○○ Fatigue easily</p> <p>125 ○○○ Ringing in ears</p> <p>126 ○○○ Sleepy during day</p> <p>127 ○○○ Sensitive to cold</p> <p>128 ○○○ Dry or scaly skin</p> <p>129 ○○○ Constipation</p> <p>130 ○○○ Mental sluggishness</p> <p>131 ○○○ Hair coarse, falls out</p> <p>132 ○○○ Headaches upon arising, wear off during day</p> <p>133 ○○○ Slow pulse, below 65</p> <p>134 ○○○ Frequency of urination</p> <p>135 ○○○ Impaired hearing</p> <p>136 ○○○ Reduced initiative</p> | <p style="text-align: center;">(D)</p> <p>1 2 3 142 ○○○ Abnormal thirst</p> <p>143 ○○○ Bloating of abdomen</p> <p>144 ○○○ Weight gain around hips or waist</p> <p>145 ○○○ Sex drive reduced or lacking</p> <p>146 ○○○ Tendency to ulcers, colitis</p> <p>147 ○○○ Increased sugar tolerance</p> <p>148 ○○○ Women: menstrual disorders</p> <p>149 ○○○ Young girls: lack of menstrual function</p> | <p style="text-align: center;">(F)</p> <p>1 2 3 157 ○○○ Weakness, dizziness</p> <p>158 ○○○ Chronic fatigue</p> <p>159 ○○○ Low blood pressure</p> <p>160 ○○○ Nails weak, ridged</p> <p>161 ○○○ Tendency to hives</p> <p>162 ○○○ Arthritic tendencies</p> <p>163 ○○○ Perspiration increase</p> <p>164 ○○○ Bowel disorders</p> <p>165 ○○○ Poor circulation</p> <p>166 ○○○ Swollen ankles</p> <p>167 ○○○ Crave salt</p> <p>168 ○○○ Brown spots or bronzing of skin</p> <p>169 ○○○ Allergies - tendency to asthma</p> <p>170 ○○○ Weakness after colds, influenza</p> <p>171 ○○○ Exhaustion - muscular and nervous</p> <p>172 ○○○ Respiratory disorders</p> |

SYMPTOM SURVEY FORM - PAGE 3

GROUP EIGHT

- | | |
|-------|---|
| 1 2 3 | |
| 173 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Apprehension |
| 174 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Irritability |
| 175 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Morbid fears |
| 176 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Never seems to get well |
| 177 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Forgetfulness |
| 178 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Indigestion |
| 179 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Poor appetite |
| 180 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Craving for sweets |
| 181 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscular soreness |
| 182 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Depression; feelings of dread |

- | | |
|-------|--|
| 1 2 3 | |
| 183 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Noise sensitivity |
| 184 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Acoustic hallucinations |
| 185 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to cry without reason |
| 186 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Hair is coarse and/or thinning |
| 187 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Weakness |
| 188 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Fatigue |
| 189 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Skin sensitive to touch |
| 190 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency toward hives |
| 191 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Nervousness |
| 192 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Headache |

- | | |
|-------|---|
| 1 2 3 | |
| 193 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Insomnia |
| 194 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Anxiety |
| 195 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Anorexia |
| 196 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Inability to concentrate; confusion |
| 197 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Frequent stuffy nose; sinus infections |
| 198 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Allergy to some foods |
| 199 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Loose joints |

FEMALE ONLY

- | | |
|-------|---|
| 1 2 3 | |
| 200 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Very easily fatigued |
| 201 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Premenstrual tension |
| 202 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Painful menses |
| 203 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Depressed feelings before menstruation |
| 204 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Menstruation excessive and prolonged |
| 205 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Painful breasts |

- | | |
|-------|---|
| 1 2 3 | |
| 206 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Menstruate too frequently |
| 207 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Vaginal discharge |
| 208 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Hysterectomy/ovaries removed |
| 209 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Menopausal hot flashes |
| 210 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Menses scanty or missed |
| 211 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Acne, worse at menses |
| 212 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Depression of long standing |

MALE ONLY

- | | |
|-------|---|
| 1 2 3 | |
| 213 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Prostate trouble |
| 214 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Urination difficult or dribbling |
| 215 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Night urination frequent |
| 216 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Depression |
| 217 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Pain on inside of legs or heels |
| 218 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Feeling of incomplete bowel evacuation |
| 219 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Lack of energy |
| 220 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Migrating aches and pains |
| 221 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Tire too easily |
| 222 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Avoids activity |
| 223 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Leg nervousness at night |
| 224 | <input type="radio"/> <input type="radio"/> <input type="radio"/> Diminished sex drive |

IMPORTANT

Please list the five main complaints you have in the order of their importance:

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

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row

MALES

Any 2 days during the month

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

| | |
|------------|-------------------|
| Date _____ | Temperature _____ |
| Date _____ | Temperature _____ |
| Date _____ | Temperature _____ |
| Date _____ | Temperature _____ |
| Date _____ | Temperature _____ |
| Date _____ | Temperature _____ |

Please mail completed form to: **Core Care Center, Attention: Todd Barrett, 1634 Union Street, San Francisco, CA 94123**

or fax to: 415/928.0452

Questions? Call: 415/928.5423

www.CoreCareCenter.com