



Healing Hands Nutrition Response Testing®
Symptom Survey Form

Patient: \_\_\_\_\_ Doctor: \_\_\_\_\_ Date: \_\_\_\_\_
Birth Date: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Sex: Male [ ] Female [ ] Pulse: Recumbent \_\_\_\_\_
Standing: \_\_\_\_\_ Vegetarian: Yes [ ] No [ ]

INSTRUCTIONS: Fill in only the circles which apply to you.

- [ ] [ ] [ ] MILD symptoms (occurred once or twice last month).
[ ] [ ] [ ] MODERATE symptoms (occurred once or twice last 6 months).
[ ] [ ] [ ] SEVERE symptoms (chronic, occurred once or twice last week).
[ ] [ ] [ ] Leave circle BLANK if they don't apply to you!

- 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 reduce
16. [ ] [ ] [ ] Cold sweats often
17. [ ] [ ] [ ] Fever easily raised
18. [ ] [ ] [ ] Neuralgia-like pains
19. [ ] [ ] [ ] Staring, blinks little
20. [ ] [ ] [ ] Sour stomach often
GROUP 2
21. [ ] [ ] [ ] Joint stiffness on 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
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 sweet upsets
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. [ ] [ ] [ ] 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" frequent
71. [ ] [ ] [ ] Noises in head, or "ringing in ears"
72. [ ] [ ] [ ] Tension under the breastbone, or feeling of "tightness" worse on exertion
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. [ ] [ ] [ ] Felling queasy; headache over eyes
84. [ ] [ ] [ ] Greasy foods 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
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. [ ] [ ] [ ] Mucous colitis or "irritable bowel"



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- 105.    Gas shortly after eating
- 106.    Stomach "bloating" after eating

**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

**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

**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 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

**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)

**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 disorder

**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 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.    Lose joints

**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 missed
- 211.    Acne, worse at menses
- 212.    Depression of long standing

**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.    Migrating aches and pains
- 221.    Tire too easily
- 222.    Avoids activity
- 223.    Leg 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. \_\_\_\_\_