

# HRISMIMT

## SYSTEMS SURVEY FORM

Restricted to Professional Use

ADL Aff Ch #2355 HRI/ HRISMIMT

Circle the corresponding number.

name: \_\_\_\_\_

age: \_\_\_\_\_

research professional: \_\_\_\_\_

date: \_\_\_\_\_

**1** MILD symptom (occurs rarely)   **2** MODERATE symptom (occurs several times a month)   **3** SEVERE symptom (occurs almost constantly)

### GROUP 1

- 1. 1 2 3 Acid foods upset
- 2. 1 2 3 Get chilled often
- 3. 1 2 3 "Lump" in throat
- 4. 1 2 3 Dry mouth, eyes, nose
- 5. 1 2 3 Pulse speeds after meal
- 6. 1 2 3 Keyed up, fail to calm
- 7. 1 2 3 Gag occasionally
- 8. 1 2 3 Unable to relax, startle easily
- 9. 1 2 3 Extremities cold, clammy
- 10. 1 2 3 Strong light irritates
- 11. 1 2 3 Occasionally weak urine flow
- 12. 1 2 3 Heart pounds after retiring
- 13. 1 2 3 "Nervous" stomach
- 14. 1 2 3 Appetite reduced occasionally
- 15. 1 2 3 Cold sweats often
- 16. 1 2 3 Get heated easily
- 17. 1 2 3 Nerve discomfort
- 18. 1 2 3 Staring, blink little
- 19. 1 2 3 Sour stomach frequent

\_\_\_\_\_ TOTAL  
1      2      3

### GROUP 2

- 20. 1 2 3 Joint stiffness after arising
- 21. 1 2 3 Muscle, leg, toe cramps at night
- 22. 1 2 3 "Butterfly" stomach, cramps
- 23. 1 2 3 Eyes or nose watery
- 24. 1 2 3 Eyes blink often
- 25. 1 2 3 Eyelids swollen, puffy
- 26. 1 2 3 Indigestion soon after meals
- 27. 1 2 3 Always seem hungry, feel "lightheaded" often
- 28. 1 2 3 Digestion rapid
- 29. 1 2 3 Vomit occasionally
- 30. 1 2 3 Hoarseness frequent
- 31. 1 2 3 Uneven breathing
- 32. 1 2 3 Pulse slow
- 33. 1 2 3 Gagging reflex slow
- 34. 1 2 3 Difficulty swallowing
- 35. 1 2 3 Temporary constipation or diarrhea
- 36. 1 2 3 "Slow starter"
- 37. 1 2 3 Get "chilled"
- 38. 1 2 3 Perspire easily
- 39. 1 2 3 Sensitive to cold
- 40. 1 2 3 Upper respiratory challenges

\_\_\_\_\_ TOTAL  
1      2      3

### GROUP 3

- 41. 1 2 3 Eat when nervous
- 42. 1 2 3 Excessive appetite
- 43. 1 2 3 Hungry between meals
- 44. 1 2 3 Irritable before meals

- 45. 1 2 3 Get "shaky" if hungry
- 46. 1 2 3 Fatigue, eating relieves
- 47. 1 2 3 "Lightheaded" if meals delayed
- 48. 1 2 3 Heart palpitates if meals missed or delayed
- 49. 1 2 3 Fatigue in afternoon
- 50. 1 2 3 Overeating sweets upsets
- 51. 1 2 3 Awaken after few hours sleep, hard to get back to sleep
- 52. 1 2 3 Crave candy or coffee in afternoon
- 53. 1 2 3 Moods of "blues" or melancholy
- 54. 1 2 3 Craving for sweets or snacks

\_\_\_\_\_ TOTAL  
1      2      3

### GROUP 4

- 55. 1 2 3 Hands and feet go to sleep easily, numbness
- 56. 1 2 3 Sigh frequently, "air hunger"
- 57. 1 2 3 Aware of "breathing heavily"
- 58. 1 2 3 High-altitude discomfort
- 59. 1 2 3 Open windows in closed room
- 60. 1 2 3 Immune system challenges
- 61. 1 2 3 Afternoon "yawner"
- 62. 1 2 3 Get "drowsy" often
- 63. 1 2 3 Swollen ankles worse at night
- 64. 1 2 3 Muscle cramps, worse during exercise; get "charley horse"
- 65. 1 2 3 Difficulty catching breath, especially during exercise
- 66. 1 2 3 Tightness or pressure in chest, worse on exertion
- 67. 1 2 3 Skin discolors easily after impact
- 68. 1 2 3 Tendency to anemia
- 69. 1 2 3 Noises in head or "ringing in ears"
- 70. 1 2 3 Fatigue upon exertion

\_\_\_\_\_ TOTAL  
1      2      3

### GROUP 5

- 71. 1 2 3 Dizziness
- 72. 1 2 3 Dry skin
- 73. 1 2 3 Burning feet
- 74. 1 2 3 Blurred vision
- 75. 1 2 3 Itching skin and feet
- 76. 1 2 3 Hair loss
- 77. 1 2 3 Occasional skin rashes
- 78. 1 2 3 Bitter, metallic taste in mouth in morning
- 79. 1 2 3 Occasional constipation
- 80. 1 2 3 Worrier, feels insecure
- 81. 1 2 3 Nausea occasionally after eating
- 82. 1 2 3 Greasy foods upset
- 83. 1 2 3 Stools light-colored

- 84. 1 2 3 Skin peels on foot soles
- 85. 1 2 3 Discomfort between shoulder blades
- 86. 1 2 3 Occasional laxative use
- 87. 1 2 3 Stools alternate from soft to watery
- 88. 1 2 3 Sneezing attacks
- 89. 1 2 3 Dreaming, nightmare-type bad dreams
- 90. 1 2 3 Bad breath (halitosis)
- 91. 1 2 3 Milk products cause upset
- 92. 1 2 3 Sensitive to hot weather
- 93. 1 2 3 Burning or itching anus
- 94. 1 2 3 Crave sweets

\_\_\_\_\_ TOTAL  
1      2      3

### GROUP 6

- 95. 1 2 3 Loss of taste for meat
- 96. 1 2 3 Lower bowel gas several hours after eating
- 97. 1 2 3 Burning stomach sensations, eating relieves
- 98. 1 2 3 Coated tongue
- 99. 1 2 3 Pass large amounts of foul-smelling gas
- 100. 1 2 3 Indigestion 1/2-1 hour after eating; may be up to 3-4 hours after
- 101. 1 2 3 Watery or loose stool
- 102. 1 2 3 Gas shortly after eating
- 103. 1 2 3 Stomach "bloating"

\_\_\_\_\_ TOTAL  
1      2      3

### GROUP 7A

- 104. 1 2 3 Difficulty sleeping
- 105. 1 2 3 On edge
- 106. 1 2 3 Can't gain weight
- 107. 1 2 3 Intolerance to heat
- 108. 1 2 3 Highly emotional
- 109. 1 2 3 Flush easily
- 110. 1 2 3 Night sweats
- 111. 1 2 3 Thin, moist skin
- 112. 1 2 3 Inward trembling
- 113. 1 2 3 Heart races
- 114. 1 2 3 Increased appetite without weight gain
- 115. 1 2 3 Pulse fast at rest
- 116. 1 2 3 Eyelids and face twitch
- 117. 1 2 3 Irritable and restless
- 118. 1 2 3 Can't work under pressure

\_\_\_\_\_ TOTAL  
1      2      3

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## GROUP 7B

119. 1 2 3 Increase in weight  
 120. 1 2 3 Decrease in appetite  
 121. 1 2 3 Fatigue easily  
 122. 1 2 3 Ringing in ears  
 123. 1 2 3 Sleepy during day  
 124. 1 2 3 Sensitive to cold  
 125. 1 2 3 Dry or scaly skin  
 126. 1 2 3 Temporary constipation  
 127. 1 2 3 Mental sluggishness  
 128. 1 2 3 Hair coarse, falls out  
 129. 1 2 3 Tension in head upon arising wears off during day  
 130. 1 2 3 Slow pulse below 65  
 131. 1 2 3 Changing urinary function  
 132. 1 2 3 Sounds appear diminished  
 133. 1 2 3 Reduced initiative
- 1 2 3 TOTAL

## GROUP 7C

134. 1 2 3 Failing memory with age  
 135. 1 2 3 Increased sex drive  
 136. 1 2 3 Episodes of tension in head  
 137. 1 2 3 Decreased sugar tolerance
- 1 2 3 TOTAL

## GROUP 7D

138. 1 2 3 Abnormal thirst  
 139. 1 2 3 Bloating of abdomen  
 140. 1 2 3 Weight gain around hips or waist  
 141. 1 2 3 Sex drive reduced or lacking  
 142. 1 2 3 Tendency for stomach issues  
 143. 1 2 3 Immune system challenges  
 144. 1 2 3 Menstrual disorders
- 1 2 3 TOTAL

## GROUP 7E

145. 1 2 3 Dizziness  
 146. 1 2 3 Headaches  
 147. 1 2 3 Hot flashes  
 148. 1 2 3 Hair growth on face or body (female)

149. 1 2 3 Sugar in urine (not diabetes)  
 150. 1 2 3 Masculine tendencies (female)
- 1 2 3 TOTAL

## GROUP 7F

151. 1 2 3 Weakness, dizziness  
 152. 1 2 3 Tired throughout day  
 153. 1 2 3 Nails weak, ridged  
 154. 1 2 3 Sensitive skin  
 155. 1 2 3 Stiff joints  
 156. 1 2 3 Perspiration increase  
 157. 1 2 3 Bowel discomfort  
 158. 1 2 3 Poor circulation  
 159. 1 2 3 Swollen ankles  
 160. 1 2 3 Crave salt  
 161. 1 2 3 Areas of skin darkening  
 162. 1 2 3 Upper respiratory sensitivity  
 163. 1 2 3 Tiredness  
 164. 1 2 3 Breathing challenges
- 1 2 3 TOTAL

## GROUP 8

165. 1 2 3 Muscle weakness  
 166. 1 2 3 Lack of stamina  
 167. 1 2 3 Drowsiness after eating  
 168. 1 2 3 Muscular soreness  
 169. 1 2 3 Heart races  
 170. 1 2 3 Hyperirritable  
 171. 1 2 3 Feeling of a band around head  
 172. 1 2 3 Melancholia (feeling of sadness)  
 173. 1 2 3 Swelling of ankles  
 174. 1 2 3 Change in urinary function  
 175. 1 2 3 Tendency to consume sweets/carbohydrates  
 176. 1 2 3 Muscle spasms  
 177. 1 2 3 Blurred vision  
 178. 1 2 3 Involuntary muscle action  
 179. 1 2 3 Numbness  
 180. 1 2 3 Night sweats  
 181. 1 2 3 Rapid digestion  
 182. 1 2 3 Sensitivity to noise

183. 1 2 3 Redness of palms of hands and bottom of feet  
 184. 1 2 3 Visible veins on chest and abdomen  
 185. 1 2 3 Hemorrhoids  
 186. 1 2 3 Apprehension (feeling that something bad is going to happen)  
 187. 1 2 3 Nervousness causing loss of appetite  
 188. 1 2 3 Nervousness with indigestion  
 189. 1 2 3 Gastritis  
 190. 1 2 3 Forgetfulness  
 191. 1 2 3 Thinning hair
- 1 2 3 TOTAL

## FEMALE ONLY

192. 1 2 3 Very easily fatigued  
 193. 1 2 3 Premenstrual tension  
 194. 1 2 3 Menses more painful than usual  
 195. 1 2 3 Depressed feelings before menstruation  
 196. 1 2 3 Painful breasts during menses  
 197. 1 2 3 Menstruate too frequently  
 198. 1 2 3 Hysterectomy/ovaries removed  
 199. 1 2 3 Menopausal hot flashes  
 200. 1 2 3 Menses scanty or missed  
 201. 1 2 3 Acne, worse at menses
- 1 2 3 TOTAL

## MALE ONLY

202. 1 2 3 Less involved in exercise/social activities  
 203. 1 2 3 Difficult to postpone urination  
 204. 1 2 3 Weak urinary stream  
 205. 1 2 3 Feeling of "blues" or melancholy  
 206. 1 2 3 Feeling of incomplete bowel evacuation  
 207. 1 2 3 Lack of energy  
 208. 1 2 3 Muscles in arms and legs seem softer/smaller  
 209. 1 2 3 Tire too easily  
 210. 1 2 3 Avoid activity  
 211. 1 2 3 Leg nervousness at night  
 212. 1 2 3 Diminished sex drive
- 1 2 3 TOTAL

**IMPORTANT** | Please list below the five main physical complaints you have in order of their importance.

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_

### TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

<b>Digestion</b>	<b>Large Intestine (Palpate)</b>	<b>Adrenals</b>	<u>Pass/Fail</u> Zinc Taste Test
_____ Hydrochloric	_____ Ascending	<u>Pass/Fail</u> Pupil Dilation Exam	<u>Pass/Fail</u> Cuff Test
_____ Acid Point	_____ Transverse	<b>Postural Hypotension</b>	_____ Cuff Pressure
_____ Enzyme Point	_____ Descending	_____ Supine	_____ pH of Saliva
_____ Murphy's Sign		_____ Standing	_____ Pulse

### BARNES THYROID TEST

The test is conducted by the patient in the morning 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 such as 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.

Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_ Day 5 \_\_\_\_\_

**PRE-MENSES FEMALES AND MENOPAUSAL FEMALES**  
 (any two days during the month)  
**FEMALES HAVING MENSTRUAL CYCLES**  
 (the second and third days of flow or any five days in a row)  
**MALES** (any two days during the month)

### RESTRICTIONS ON USE

The systems survey is to be used only by trained health care professionals. If you are a patient, you should not use the systems survey. If you are not a trained health care practitioner, you should not use the systems survey. Health care practitioners should only use the systems survey to provide services that are within the scope of their license or professional training. The systems survey is intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.