



Functional Medicine Systems Survey

Systems Survey Form

Patient _____ Date _____

Instructions: Circle the number that applies to you. If a symptom does not apply, leave it blank. Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month) or (3) for **SEVERE** symptoms (occurs almost constantly).

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|--|--|
| 1 2 3 Get chilled, often | 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion |
| 1 2 3 Pulse speeds after meal | 1 2 3 Dizziness |
| 1 2 3 Keyed up – fail to calm | 1 2 3 Dry skin |
| 1 2 3 Unable to relax, startles easily | 1 2 3 Itchy skin and feet |
| 1 2 3 Nervous stomach | 1 2 3 Excessive falling hair |
| 1 2 3 Appetite reduced | 1 2 3 Frequent skin rashes |
| 1 2 3 Sour stomach frequent | 1 2 3 Bowel movements painful or difficult |
| 1 2 3 Butterfly stomach, cramps | 1 2 3 Greasy foods upset |
| 1 2 3 Indigestion soon after meals | 1 2 3 Stools light-colored |
| 1 2 3 Always seem hungry; feels lightheaded often | 1 2 3 Use laxatives |
| 1 2 3 Digestion rapid | 1 2 3 Stools alternate from soft to watery |
| 1 2 3 Vomiting frequent | 1 2 3 History of gallbladder attacks or gallstones |
| 1 2 3 Difficulty swallowing | 1 2 3 Milk products cause distress |
| 1 2 3 Constipation, diarrhea alternating | 1 2 3 Lower bowel gas several hours after eating |
| 1 2 3 Subject to colds, asthma, bronchitis | 1 2 3 Burning stomach sensations, eating relieves |
| 1 2 3 Eat when nervous | 1 2 3 Pass large amounts of foul-smelling gas |
| 1 2 3 Excessive appetite | 1 2 3 Indigestion ½ - 1 hour after |
| 1 2 3 Hungry between meals | 1 2 3 Mucous colitis or irritable bowel |
| 1 2 3 Irritable before meals | 1 2 3 Gas shortly after eating |
| 1 2 3 Get shaky if hungry | 1 2 3 Stomach bloating |
| 1 2 3 Lightheaded if meals delayed | 1 2 3 Highly emotional |
| 1 2 3 Afternoon headaches | 1 2 3 Night sweats |
| 1 2 3 Awaken after few hours sleep – hard to get back to sleep | 1 2 3 Inward trembling |
| 1 2 3 Crave candy or coffee in afternoons | 1 2 3 Increased appetite without weight gain |
| 1 2 3 Moods of depression – blues or melancholy | 1 2 3 Pulse fast at rest |
| 1 2 3 Abnormal craving for sweets or snacks | 1 2 3 Irritable and restless |
| 1 2 3 Sigh frequently, air hunger | 1 2 3 Can't work under pressure |
| 1 2 3 Susceptible to colds and fevers | 1 2 3 Increase in weight |
| 1 2 3 Afternoon yawner | 1 2 3 Fatigue easily |
| 1 2 3 Get drowsy often | 1 2 3 Sleepy during day |
| 1 2 3 Muscle cramps, worse during exercise; get charley horses | 1 2 3 Sensitive to cold |
| 1 2 3 Shortness of breath on exertion | 1 2 3 Mental sluggishness |

- 1 2 3 Hair coarse, falls out
- 1 2 3 Reduced initiative
- 1 2 3 High blood pressure
- 1 2 3 Weight gain around hips or waist
- 1 2 3 Sex drive reduced or lacking
- 1 2 3 Tendency to ulcers, colitis
- 1 2 3 Women: menstrual disorders
- 1 2 3 Young girls: lack of menstrual function
- 1 2 3 Dizziness
- 1 2 3 Headaches
- 1 2 3 Hair growth on face or body (female)
- 1 2 3 Masculine tendencies (female)
- 1 2 3 Weakness, dizziness
- 1 2 3 Chronic fatigue
- 1 2 3 Low blood pressure
- 1 2 3 Nails weak, ridged
- 1 2 3 Perspiration increase
- 1 2 3 Bowel disorders
- 1 2 3 Poor circulation
- 1 2 3 Swollen ankles
- 1 2 3 Crave salt
- 1 2 3 Allergies – tendency to asthma
- 1 2 3 Exhaustion – muscular and nervous
- 1 2 3 Muscle weakness
- 1 2 3 Lack of stamina
- 1 2 3 Drowsiness after eating
- 1 2 3 Muscular soreness
- 1 2 3 Rapid heart beat
- 1 2 3 Hyper-irritable
- 1 2 3 Melancholia (feeling of sadness)
- 1 2 3 Tendency to consume sweets or carbohydrates
- 1 2 3 Muscle spasms
- 1 2 3 Blurred vision
- 1 2 3 Loss of muscular control
- 1 2 3 Numbness
- 1 2 3 Night sweats
- 1 2 3 Rapid digestion
- 1 2 3 Hemorrhoids
- 1 2 3 Apprehension (feeling that something bad is going to happen)
- 1 2 3 Gastritis
- 1 2 3 Forgetfulness
- 1 2 3 Thinning hair

Female Only -

- 1 2 3 Very easily fatigued
- 1 2 3 Premenstrual tension
- 1 2 3 Painful menses
- 1 2 3 Depressed feelings before menstruation
- 1 2 3 Menstruation excessive and prolonged
- 1 2 3 Painful breasts
- 1 2 3 Menstruate too frequently
- 1 2 3 Vaginal discharge
- 1 2 3 Hysterectomy/ovaries removed
- 1 2 3 Menopausal hot flashes
- 1 2 3 Menses scanty or missed
- 1 2 3 Acne, worse at menses
- 1 2 3 Depression of long standing

Male Only -

- 1 2 3 Prostate trouble
- 1 2 3 Urination difficult or dribbling
- 1 2 3 Night urination frequent
- 1 2 3 Depression
- 1 2 3 Pain on inside of legs or heels
- 1 2 3 Feeling of incomplete bowel evacuation
- 1 2 3 Lack of energy
- 1 2 3 Migrating aches and pains
- 1 2 3 Tire too easily
- 1 2 3 Avoids activity
- 1 2 3 Leg nervousness at night
- 1 2 3 Diminished sex drive

ALL PATIENTS

History of illness and treatment:

Operations, accidents, or injuries:

Present illness or complaints:

Current medications and supplements/vitamins you are taking:
