

SYSTEMS SURVEY FORM

SYSTEMS SURVEY
Maestro

Patient _____ Doctor _____ Date _____
 Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male ☐ Female ☐
 Pulse: Recumbent _____ Standing _____ Vegetarian ☐ Gluten-free ☐
 Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive ☐

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

- ☒ ☐ ☐ MILD symptoms (occurs rarely).
☐ ☒ ☐ MODERATE symptoms (occurs several times a month).
☐ ☐ ☒ SEVERE symptoms (occurs almost constantly)
☐ ☐ ☐ Leave circles **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 ☐ ☐ ☐ Gag occasionally
 8 ☐ ☐ ☐ Unable to relax; startles easily
 9 ☐ ☐ ☐ Extremities cold, clammy
 10 ☐ ☐ ☐ Strong light irritates
 11 ☐ ☐ ☐ Occasionally weak urine flow
 12 ☐ ☐ ☐ Heart pounds after retiring
 13 ☐ ☐ ☐ "Nervous" stomach
 14 ☐ ☐ ☐ Appetite reduced occasionally
 15 ☐ ☐ ☐ Cold sweats often
 16 ☐ ☐ ☐ Get heated easily
 17 ☐ ☐ ☐ Nerve discomfort
 18 ☐ ☐ ☐ Staring, blinks little
 19 ☐ ☐ ☐ Sour stomach frequent

GROUP 2

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

GROUP 3

- 41 ☐ ☐ ☐ Eat when nervous
 42 ☐ ☐ ☐ Excessive appetite
 43 ☐ ☐ ☐ Hungry between meals
 44 ☐ ☐ ☐ Irritable before meals
 45 ☐ ☐ ☐ Get "shaky" if hungry
 46 ☐ ☐ ☐ Fatigue, eating relieves
 47 ☐ ☐ ☐ "Lightheaded" if meals delayed
 48 ☐ ☐ ☐ Heart palpitates if meals missed or delayed
 49 ☐ ☐ ☐ Fatigue in afternoons
 50 ☐ ☐ ☐ Overeating sweets upsets

1 2 3

- 51 ☐ ☐ ☐ Awaken after few hours sleep - hard to get back to sleep
 52 ☐ ☐ ☐ Crave candy or coffee in afternoons
 53 ☐ ☐ ☐ Moods of "blues" or melancholy
 54 ☐ ☐ ☐ Craving for sweets or snacks

GROUP 4

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

GROUP 5

- 71 ☐ ☐ ☐ Dizziness
 72 ☐ ☐ ☐ Dry skin
 73 ☐ ☐ ☐ Burning feet
 74 ☐ ☐ ☐ Blurred vision
 75 ☐ ☐ ☐ Itching skin and feet
 76 ☐ ☐ ☐ Hair loss
 77 ☐ ☐ ☐ Occasional skin rashes
 78 ☐ ☐ ☐ Bitter, metallic taste in mouth in mornings
 79 ☐ ☐ ☐ Occasional constipation
 80 ☐ ☐ ☐ Worrier, feels insecure
 81 ☐ ☐ ☐ Nausea occasionally after eating
 82 ☐ ☐ ☐ Greasy foods upset
 83 ☐ ☐ ☐ Stools light colored
 84 ☐ ☐ ☐ Skin peels on foot soles
 85 ☐ ☐ ☐ Discomfort between shoulder blades
 86 ☐ ☐ ☐ Occasional laxative use
 87 ☐ ☐ ☐ Stools alternate from soft to watery
 88 ☐ ☐ ☐ Sneezing attacks
 89 ☐ ☐ ☐ Dreaming, nightmare type bad dreams
 90 ☐ ☐ ☐ Bad breath (halitosis)
 91 ☐ ☐ ☐ Milk products cause upset
 92 ☐ ☐ ☐ Sensitive to hot weather
 93 ☐ ☐ ☐ Burning or itching anus
 94 ☐ ☐ ☐ Crave sweets

GROUP 6

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

1 2 3 GROUP 7A

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

GROUP 7B

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

GROUP 7C

- 134 ○ ○ ○ Failing memory with age
- 135 ○ ○ ○ Increased sex drive
- 136 ○ ○ ○ Episodes of tension in head
- 137 ○ ○ ○ Decreased sugar tolerance

GROUP 7D

- 138 ○ ○ ○ Abnormal thirst
- 139 ○ ○ ○ Bloating of abdomen
- 140 ○ ○ ○ Weight gain around hips or waist
- 141 ○ ○ ○ Sex drive reduced or lacking
- 142 ○ ○ ○ Tendency for stomach issues
- 143 ○ ○ ○ Increased sugar tolerance
- 144 ○ ○ ○ Menstrual disorders

GROUP 7E

- 145 ○ ○ ○ Dizziness
- 146 ○ ○ ○ Headaches
- 147 ○ ○ ○ Hot flashes
- 148 ○ ○ ○ Hair growth on face or body (female)
- 149 ○ ○ ○ Sugar in urine (not diabetes)
- 150 ○ ○ ○ Masculine tendencies (female)

GROUP 7F

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

1 2 3 GROUP 8

- 165 ○ ○ ○ Muscle weakness
- 166 ○ ○ ○ Lack of Stamina
- 167 ○ ○ ○ Drowsiness after eating
- 168 ○ ○ ○ Muscular soreness
- 169 ○ ○ ○ Heart races
- 170 ○ ○ ○ Hyper-irritable
- 171 ○ ○ ○ Feeling of a band around your head
- 172 ○ ○ ○ Melancholia (feeling of sadness)
- 173 ○ ○ ○ Swelling of ankles
- 174 ○ ○ ○ Change in urinary function
- 175 ○ ○ ○ Tendency to consume sweets or carbohydrates
- 176 ○ ○ ○ Muscle spasms
- 177 ○ ○ ○ Blurred vision
- 178 ○ ○ ○ Involuntary muscle action
- 179 ○ ○ ○ Numbness
- 180 ○ ○ ○ Night sweats
- 181 ○ ○ ○ Rapid digestion
- 182 ○ ○ ○ Sensitivity to noise
- 183 ○ ○ ○ Redness of palms of hands and bottom of feet
- 184 ○ ○ ○ Visible veins on chest and abdomen
- 185 ○ ○ ○ Hemorrhoids
- 186 ○ ○ ○ Apprehension (feeling that something bad will happen)
- 187 ○ ○ ○ Nervousness causing loss of appetite
- 188 ○ ○ ○ Nervousness with indigestion
- 189 ○ ○ ○ Gastritis
- 190 ○ ○ ○ Forgetfulness
- 191 ○ ○ ○ Thinning hair

FEMALE ONLY

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

MALE ONLY

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

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

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

RESTRICTIONS ON USE

THE SYSTEMS SURVEY IS TO BE USED ONLY BY TRAINED HEALTH CARE PRACTITIONERS. 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 NOT INTENDED TO DIAGNOSE ANY DISEASE. 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.