PATIENT INSTRUCTIONS
ENDOCRINE SYMPTOM SURVEY

This survey is a valuable tool for us to establish what the status of your hormonal system is. There are a lot of questions, so it is recommended that you take your time filling this Survey out. It is very important that you understand the guidelines in answering the questions as 1, 2 or 3 so that we may be able to evaluate the most important problems first. You may find that some of the questions are repeated in different areas of the Survey; this is not a mistake and you should reanswer the question whenever it appears. The following is how you should consider answering the questions:

YOU SHOULD FILL IN THE BOX WITH THE NUMBER 3 IF:

This is a condition that you are feeling most of the time or it is one of the main reasons you are seeking medical help. You would also mark a ‘3’ if you come across a condition such as “Osteoarthritis” or “Low Blood Pressure” or “Menopause”; and you have been diagnosed with that condition or had it in the past. In other words, the number three is the strongest possible answer you can give.

YOU SHOULD FILL IN THE BOX WITH THE NUMBER 2 IF:

This is for symptoms that occur several times a year. You could call this a “moderate” type of problem.

YOU SHOULD FILL IN THE BOX WITH A NUMBER 1 IF:

This is for symptoms that occur several times a year but the symptoms are “mild”. This is the kind of symptom that you notice but that nothing comes of it.
GROUP INDICATIONS

1A  HYPERADRENAL (30)
1B  HYPOADRENAL (42)
2A  HYPERTHYROID (75)
2B  HYPOTHYROID (69)
3A  HYPERPITUITARY (42)
3B  HYPOPITUITARY (54)
4   HYPOTHALAMUS (69)
5   HYPOOVARY (48)
5A  HYPEROVARY (21)
6   HYPOGONAD-MALE (66)
    149-162-Orchic (42)
    163-170-Prostate (24)
6A  HYPERGONAD-MALE (24)
7A  HYPOPARATHYROID (48)
7B  HYPERPARATHYROID (33)
8   HYPOPANCREAS (75)
9   MAMMARY (24)
10  UTERUS (15)

Numbers in Parenthesis are the total number possible in each group. To arrive at percentage: Add all numbers in each group and divide by number possible, this gives you the percentage.

Example:
Group 1A – Patient response total is 15. Divide 15 by the 30 possible points which equals 50%. This is the percentage of involvement of this group.
## ENDOCRINE SYMPTOM SURVEY

### GROUP 1-A
1. Do you get severe emotional swings
2. Dilated pupils
3. Low backache
4. Excessive hair growth (women)
5. Increased or High blood pressure
6. Menstrual related depression
7. Moon face
8. Fat buildup where neck and back meet
9. Osteoporosis
10. Wounds heal poorly

### GROUP 1-B
12. Low blood pressure
13. Osteoarthritis
14. Fatigue
15. Weakness
16. Intolerant to cold
17. Skin color changes
18. Depressed
19. Use diet pills
20. Dizziness when quickly rising
21. Brown spots or bronzing of skin
22. Allergies-tendency to asthma
23. Respiratory disorders
24. Poor circulation
25. Arthritic tendencies

### GROUP 2-A
26. Brittle fingernails
27. Prone to cavities
28. Protruding eyes
29. Dilated pupils
30. Irritable and restless
31. Body temperature higher
32. Sweating hands and feet
33. Increased sweating
34. Tension headaches

### GROUP 2-B
35. Increased blood pressure
36. Reduced tearing
37. Gag easily
38. Dry mouth, thick ropy saliva
39. Get colds, bronchitis
40. Burning stomach
41. Insomnia
42. Sensitive to light
43. Can’t gain weight
44. Highly emotional
45. Flush easily
46. Night sweats
47. Thin moist skin
48. Inward trembling
49. Heart palpitates
50. Can’t work under pressure

### GROUP 2-A cont.
51. Increase in weight
52. Decrease in appetite
53. Fatigue easily
54. Ringing in ears
55. Sleepy during day
56. Sensitive to cold
57. Dry or scaly skin
58. Constipation
59. Mentally sluggish
60. Hair coarse, falls out
61. Dull headaches in A.M., taper off
62. Slow pulse
63. Urinate frequently
64. Hearing impaired
65. Reduced initiative
66. Losing outer eyebrow hair
67. Stiff or ‘cracking’ joints
68. Always chilly
69. Fingers feel ‘dead’
70. Dry mouth
71. No period
72. Heavy menstrual flow
73. Little or no perspiration

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GROUP 3-A
74. Failing memory
75. Low blood pressure
76. Increased sex drive
77. Headaches-‘Splitting’ type
78. Reactions from eating sugar
79. Restless
80. Heavy hair growth-Legs and Chest
81. Sex drive-very strong, overexcited
82. Digestive upsets often
83. Mind races
84. Temperamental
85. Very sensitive hearing
86. Allergic skin diseases
87. History of mononucleosis

GROUP 3-B
88. Abnormal thirst
89. Bloating of abdomen
90. Weight gain around hips and/or breasts
91. Sex drive reduced or lacking
92. History/Tendency to ulcers
93. Young girls-Lack of menstruation
94. Low blood pressure
95. Weak, fatigued muscles
96. Poor circulation
97. Constipation
98. Epileptic attacks
99. Often feel passive
100. Tend to be inactive
101. Lethargic
102. High threshold of pain
103. Crave sugar
104. Headaches start above the ears
105. Headaches before or during periods

GROUP 4 (cont.)
111. Breasts produce too much milk or produce milk when not breast feeding
112. Depression
113. Recreational drug abuse
114. Fits of rage
115. No thirst
116. High blood pressure
117. Sleep long hours
118. Anorexia
119. Obesity
120. Bulimia
121. Blank spots in vision
122. Headaches
123. Vomiting
124. Women-Puberty started before age 8
125. Men-Puberty started before age 10
126. Thirsty often
127. Body temperature-hard to control
128. Anxiety

GROUP 5- FEMALE ONLY
129. Ovaries removed
130. Menopause
131. Premature menopause
132. Hot flashes
133. Digestive problems
134. Get colds at periods
135. Depressed at periods
136. Nervous
137. Little or no breast development
138. Period stopped (not menopause)
139. Painful period
140. Increased weight in thigh area
141. Light ‘Flow’ during period
142. Temperamental
143. Acne
144. Ovarian cysts

GROUP 5A FEMALE ONLY
145. Prolonged period
146. Digestive problems
147. Temperamental
148. Periods started early (before 12)
### GROUP 5A FEMALE ONLY (cont.)

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>149.</td>
<td>History of ovarian tumors</td>
</tr>
<tr>
<td>150.</td>
<td>Genitals enlarged</td>
</tr>
<tr>
<td>151.</td>
<td>History of pelvic inflammatory disease</td>
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</tbody>
</table>

### GROUP 6- MALE ONLY

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>152.</td>
<td>Soft, pale, delicate skin</td>
</tr>
<tr>
<td>153.</td>
<td>Light or no beard</td>
</tr>
<tr>
<td>154.</td>
<td>Hands, feet-cold and clammy</td>
</tr>
<tr>
<td>155.</td>
<td>High pitch voice</td>
</tr>
<tr>
<td>156.</td>
<td>Testicles not descending</td>
</tr>
<tr>
<td>157.</td>
<td>Lack of interest in sex</td>
</tr>
<tr>
<td>158.</td>
<td>Fat-mainly of butt, breasts, abdomen</td>
</tr>
<tr>
<td>159.</td>
<td>Low or no sperm count</td>
</tr>
<tr>
<td>160.</td>
<td>Male menopause</td>
</tr>
<tr>
<td>161.</td>
<td>Breast area enlarged</td>
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<tr>
<td>162.</td>
<td>Irritable</td>
</tr>
<tr>
<td>163.</td>
<td>Depressed</td>
</tr>
<tr>
<td>164.</td>
<td>High blood pressure</td>
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<tr>
<td>165.</td>
<td>Lack of appetite</td>
</tr>
<tr>
<td>166.</td>
<td>Low back pain</td>
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<tr>
<td>167.</td>
<td>Urine ‘dribbling’</td>
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<tr>
<td>168.</td>
<td>Leg pains</td>
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<td>169.</td>
<td>Constipation</td>
</tr>
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<td>170.</td>
<td>Have to urinate at night</td>
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<tr>
<td>171.</td>
<td>Stiff joints</td>
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<tr>
<td>172.</td>
<td>Painful sex</td>
</tr>
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<td>173.</td>
<td>Arthritis</td>
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</tbody>
</table>

### GROUP 5A- MALE ONLY

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>174.</td>
<td>Testicle(s) enlarged</td>
</tr>
<tr>
<td>175.</td>
<td>History of allergic skin problems</td>
</tr>
<tr>
<td>176.</td>
<td>Puberty before age 10</td>
</tr>
<tr>
<td>177.</td>
<td>Hungry most of the time</td>
</tr>
<tr>
<td>178.</td>
<td>Excessive growth of hair</td>
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<tr>
<td>179.</td>
<td>Strong sex drive</td>
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<tr>
<td>180.</td>
<td>Emotions aren’t stable</td>
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<tr>
<td>181.</td>
<td>Irritable</td>
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</tbody>
</table>

### GROUP 7-A (cont.)

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>185.</td>
<td>Ashen, colorless skin</td>
</tr>
<tr>
<td>186.</td>
<td>Puffy face</td>
</tr>
<tr>
<td>187.</td>
<td>Fingernails-brittle, ridged</td>
</tr>
<tr>
<td>188.</td>
<td>Muscle cramps, spasms</td>
</tr>
<tr>
<td>189.</td>
<td>Feel ‘chilly’ most of the time</td>
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<tr>
<td>190.</td>
<td>Shortness of breath</td>
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<tr>
<td>191.</td>
<td>Get digestive upsets</td>
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<tr>
<td>192.</td>
<td>A lot of cavities</td>
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<tr>
<td>193.</td>
<td>Deep breathing causes choking</td>
</tr>
<tr>
<td>194.</td>
<td>Hands and feet ‘go to sleep’</td>
</tr>
<tr>
<td>195.</td>
<td>Ringing in ears</td>
</tr>
<tr>
<td>196.</td>
<td>Muscles of stomach feel tight</td>
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<td>197.</td>
<td>Frequent diarrhea</td>
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</tbody>
</table>

### GROUP 7-B

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>198.</td>
<td>History of bone disease</td>
</tr>
<tr>
<td>199.</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>200.</td>
<td>Pain in area of stomach</td>
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<tr>
<td>201.</td>
<td>Vomiting</td>
</tr>
<tr>
<td>202.</td>
<td>Thirsty all the time</td>
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<tr>
<td>203.</td>
<td>Pain in bones</td>
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<tr>
<td>204.</td>
<td>No muscle tone</td>
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<tr>
<td>205.</td>
<td>Urinate large amounts</td>
</tr>
<tr>
<td>206.</td>
<td>Bones break easily</td>
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<tr>
<td>207.</td>
<td>Kidney problems</td>
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<td>208.</td>
<td>History of cancer</td>
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</tbody>
</table>

### GROUP 8

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<tbody>
<tr>
<td>209.</td>
<td>Diabetes or family history of</td>
</tr>
<tr>
<td>210.</td>
<td>Dry skin</td>
</tr>
<tr>
<td>211.</td>
<td>Boils or skin eruptions</td>
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<tr>
<td>212.</td>
<td>Carbuncles</td>
</tr>
<tr>
<td>213.</td>
<td>Pains in joints</td>
</tr>
<tr>
<td>214.</td>
<td>Muscle cramps</td>
</tr>
<tr>
<td>215.</td>
<td>Long-standing lower back pain</td>
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<tr>
<td>216.</td>
<td>Calf pain when walking-resting relieves</td>
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<tr>
<td>217.</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>218.</td>
<td>Light (Clay) colored stools</td>
</tr>
<tr>
<td>219.</td>
<td>Hungry often</td>
</tr>
<tr>
<td>220.</td>
<td>Thirsty often</td>
</tr>
<tr>
<td>221.</td>
<td>Gum and teeth problems</td>
</tr>
</tbody>
</table>
GROUP 8 (cont.)
222. □ Can't hold breath for more than 10-15 seconds
223. □ Breath smells 'Fruity'
224. □ History of Tuberculosis
225. □ Cough up yellow or green mucous
226. □ Fatigue
227. □ Losing weight
228. □ History of cataracts
229. □ Obesity
230. □ Slow healing of wounds
231. □ Pain around left shoulder blade
232. □ Pain on left side of abdomen
233. □ Allergic to some foods

GROUP 9 FEMALE ONLY
234. □ Nipple pain
235. □ Lymph nodes under arms painful
236. □ Menstrual pain
237. □ Difficult or no lactating
238. □ Sore breasts-specially during periods
239. □ Discharge from breasts
240. □ Breast(s) removed
241. □ History of Mastitis

GROUP 10- FEMALE ONLY
242. □ Cannot bring pregnancy to term (Miscarriage)
243. □ No period or has stopped
244. □ Can't get pregnant
245. □ Excessive flow during menses
246. □ Heavy cramping during menses

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

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________

Date __________________
Name ___________________
Age _______ Sex _______

TO BE COMPLETED BY DOCTOR
B.P. Recumbent ________ Standing ________
Pulse __________________
Salivary pH ____________
Urinary pH ______________

RECOMMENDATIONS AND SUMMARY

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