

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

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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-A cont.

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-B

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

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

- 106. History of head injuries
- 107. Diabetes
- 108. Heavy thirst
- 109. Large amounts of water urinated
- 110. Period has stopped or never started

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.)

149. History of ovarian tumors
 150. Genitals enlarged
 151. History of pelvic inflammatory disease

GROUP 6- MALE ONLY

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

GROUP 6A- MALE ONLY

174. Testicle(s) enlarged
 175. History of allergic skin problems
 176. Puberty before age 10
 177. Hungry most of the time
 178. Excessive growth of hair
 179. Strong sex drive
 180. Emotions aren't stable
 181. Irritable

GROUP 7-A

182. Parathyroids removed
 183. Itching skin
 184. Skin eruptions

GROUP 7-A(cont.)

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

GROUP 7-B

198. History of bone disease
 199. High blood pressure
 200. Pain in area of stomach
 201. Vomiting
 202. Thirsty all the time
 203. Pain in bones
 204. No muscle tone
 205. Urinate large amounts
 206. Bones break easily
 207. Kidney problems
 208. History of cancer

GROUP 8

209. Diabetes or family history of
 210. Dry skin
 211. Boils or skin eruptions
 212. Carbuncles
 213. Pains in joints
 214. Muscle cramps
 215. Long-standing lower back pain
 216. Calf pain when walking-resting relieves
 217. High blood pressure
 218. Light (Clay) colored stools
 219. Hungry often
 220. Thirsty often
 221. Gum and teeth problems

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
