

Daily Record of Food Intake | *Your diet may be the key to better health.*



Each day, record all the items you eat and drink. Be sure to include the approximate amount of each item. When you have completed this form, return it to your health care professional for evaluation.

Name: _____

Day 1 - Date:

BREAKFAST Time: _____

Meat & Dairy: _____

Vegetables & Fruits: _____

Breads, Cereals, & Grains: _____

Fats (butter, margarine, oils, etc.): _____

Candy, Sweets, & Junk Food: _____

Water Intake (fl. oz.): _____

Other Drinks: _____

MID-MORNING SNACK Time: _____

Snack: _____

Bowel Movements(# and consistency): _____

LUNCH Time: _____

MID-DAY SNACK Time: _____

Hours of Sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Quality of Sleep: (good) **1 2 3 4 5** (poor)

Day 2 - Date:

BREAKFAST Time: _____

Meat & Dairy: _____

Vegetables & Fruits: _____

Breads, Cereals, & Grains: _____

Fats (butter, margarine, oils, etc.): _____

Candy, Sweets, & Junk Food: _____

Water Intake (fl. oz.): _____

Other Drinks: _____

MID-MORNING SNACK Time: _____

Snack: _____

Bowel Movements(# and consistency): _____

LUNCH Time: _____

MID-DAY SNACK Time: _____

Hours of Sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Quality of Sleep: (good) **1 2 3 4 5** (poor)

Day 3 - Date:

BREAKFAST Time: _____

Meat & Dairy: _____

Vegetables & Fruits: _____

Breads, Cereals, & Grains: _____

Fats (butter, margarine, oils, etc.): _____

Candy, Sweets, & Junk Food: _____

Water Intake (fl. oz.): _____

Other Drinks: _____

MID-MORNING SNACK Time: _____

Snack: _____

Bowel Movements(# and consistency): _____

LUNCH Time: _____

MID-DAY SNACK Time: _____

Hours of Sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Quality of Sleep: (good) **1 2 3 4 5** (poor)

Notes: _____

Day 4 - Date:

BREAKFAST Time: _____
Meat & Dairy: _____
Vegetables & Fruits: _____
Breads, Cereals, & Grains: _____
Fats (butter, margarine, oils, etc.): _____
Candy, Sweets, & Junk Food: _____
Water Intake (fl. oz.): _____
Other Drinks: _____

LUNCH Time: _____

DINNER Time: _____

MID-MORNING SNACK Time: _____
Snack: _____
Bowel Movements(# and consistency): _____

MID-DAY SNACK Time: _____

Hours of Sleep: _____

NIGHTTIME SNACK Time: _____

Quality of Sleep: (good) **1 2 3 4 5** (poor)

Day 5 - Date:

BREAKFAST Time: _____
Meat & Dairy: _____
Vegetables & Fruits: _____
Breads, Cereals, & Grains: _____
Fats (butter, margarine, oils, etc.): _____
Candy, Sweets, & Junk Food: _____
Water Intake (fl. oz.): _____
Other Drinks: _____

LUNCH Time: _____

DINNER Time: _____

MID-MORNING SNACK Time: _____
Snack: _____
Bowel Movements(# and consistency): _____

MID-DAY SNACK Time: _____

Hours of Sleep: _____

NIGHTTIME SNACK Time: _____

Quality of Sleep: (good) **1 2 3 4 5** (poor)

Day 6 - Date:

BREAKFAST Time: _____
Meat & Dairy: _____
Vegetables & Fruits: _____
Breads, Cereals, & Grains: _____
Fats (butter, margarine, oils, etc.): _____
Candy, Sweets, & Junk Food: _____
Water Intake (fl. oz.): _____
Other Drinks: _____

LUNCH Time: _____

DINNER Time: _____

MID-MORNING SNACK Time: _____
Snack: _____
Bowel Movements(# and consistency): _____

MID-DAY SNACK Time: _____

Hours of Sleep: _____

NIGHTTIME SNACK Time: _____

Quality of Sleep: (good) **1 2 3 4 5** (poor)

Day 7 - Date:

BREAKFAST Time: _____
Meat & Dairy: _____
Vegetables & Fruits: _____
Breads, Cereals, & Grains: _____
Fats (butter, margarine, oils, etc.): _____
Candy, Sweets, & Junk Food: _____
Water Intake (fl. oz.): _____
Other Drinks: _____

LUNCH Time: _____

DINNER Time: _____

MID-MORNING SNACK Time: _____
Snack: _____
Bowel Movements(# and consistency): _____

MID-DAY SNACK Time: _____

Hours of Sleep: _____

NIGHTTIME SNACK Time: _____

Quality of Sleep: (good) **1 2 3 4 5** (poor)

SYSTEMS SURVEY FORM



Patient _____ Doctor _____ Date _____

Birth Date ____ / ____ / ____ Approx Weight _____ Vegetarian Gluten-free

INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.

- Fill in the circle marked 1 for MILD symptoms (occurs rarely).
- Fill in the circle marked 2 for MODERATE symptoms (occurs several times a month).
- Fill in the circle marked 3 for SEVERE symptoms (occurs almost constantly).
- **Leave circles BLANK if they don't apply to you!**

GROUP 1

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

GROUP 2

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

GROUP 3

- | | | |
|---------------------------------------|---|--|
| 41 ○○○ Eat when nervous | 48 ○○○ Heart palpitates if meals missed or delayed | 52 ○○○ Crave candy or coffee in afternoons |
| 42 ○○○ Excessive appetite | 49 ○○○ Fatigue in afternoons | 53 ○○○ Moods of "blues" or melancholy |
| 43 ○○○ Hungry between meals | 50 ○○○ Overeating sweets upsets | 54 ○○○ Craving for sweets or snacks |
| 44 ○○○ Irritable before meals | 51 ○○○ Awaken after few hours sleep - hard to get back to sleep | |
| 45 ○○○ Get "shaky" if hungry | | |
| 46 ○○○ Fatigue, eating relieves | | |
| 47 ○○○ "Lightheaded" if meals delayed | | |

GROUP 4

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

SYSTEMS SURVEY FORM - PAGE 2

GROUP 5

- | | | |
|--|---|--|
| 71 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Dizziness | 80 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Worrier, feels insecure | 88 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Sneezing attacks |
| 72 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dry skin | 81 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nausea occasionally after eating | 89 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dreaming, nightmare type bad dreams |
| 73 <input type="radio"/> <input type="radio"/> <input type="radio"/> Burning feet | 82 <input type="radio"/> <input type="radio"/> <input type="radio"/> Greasy foods upset | 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bad breath (halitosis) |
| 74 <input type="radio"/> <input type="radio"/> <input type="radio"/> Blurred vision | 83 <input type="radio"/> <input type="radio"/> <input type="radio"/> Stools light colored | 91 <input type="radio"/> <input type="radio"/> <input type="radio"/> Milk products cause upset |
| 75 <input type="radio"/> <input type="radio"/> <input type="radio"/> Itching skin and feet | 84 <input type="radio"/> <input type="radio"/> <input type="radio"/> Skin peels on foot soles | 92 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sensitive to hot weather |
| 76 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hair loss | 85 <input type="radio"/> <input type="radio"/> <input type="radio"/> Discomfort between shoulder blades | 93 <input type="radio"/> <input type="radio"/> <input type="radio"/> Burning or itching anus |
| 77 <input type="radio"/> <input type="radio"/> <input type="radio"/> Occasional skin rashes | 86 <input type="radio"/> <input type="radio"/> <input type="radio"/> Occasional laxative use | 94 <input type="radio"/> <input type="radio"/> <input type="radio"/> Crave sweets |
| 78 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bitter, metallic taste in mouth in mornings | 87 <input type="radio"/> <input type="radio"/> <input type="radio"/> Stools alternate from soft to watery | |
| 79 <input type="radio"/> <input type="radio"/> <input type="radio"/> Occasional constipation | | |

GROUP 6

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

GROUP 7

- | | | |
|--|--|--|
| <p>(A)</p> <p>104 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Difficulty sleeping</p> <p>105 <input type="radio"/> <input type="radio"/> <input type="radio"/> On edge</p> <p>106 <input type="radio"/> <input type="radio"/> <input type="radio"/> Can't gain weight</p> <p>107 <input type="radio"/> <input type="radio"/> <input type="radio"/> Intolerance to heat</p> <p>108 <input type="radio"/> <input type="radio"/> <input type="radio"/> Highly emotional</p> <p>109 <input type="radio"/> <input type="radio"/> <input type="radio"/> Flush easily</p> <p>110 <input type="radio"/> <input type="radio"/> <input type="radio"/> Night sweats</p> <p>111 <input type="radio"/> <input type="radio"/> <input type="radio"/> Thin, moist skin</p> <p>112 <input type="radio"/> <input type="radio"/> <input type="radio"/> Inward trembling</p> <p>113 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart races</p> <p>114 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased appetite without weight gain</p> <p>115 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pulse fast at rest</p> <p>116 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyelids and face twitch</p> <p>117 <input type="radio"/> <input type="radio"/> <input type="radio"/> Irritable and restless</p> <p>118 <input type="radio"/> <input type="radio"/> <input type="radio"/> Can't work under pressure</p> | <p>(C)</p> <p>134 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Failing memory with age</p> <p>135 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased sex drive</p> <p>136 <input type="radio"/> <input type="radio"/> <input type="radio"/> Episodes of tension in head</p> <p>137 <input type="radio"/> <input type="radio"/> <input type="radio"/> Decreased sugar tolerance</p> | <p>(E)</p> <p>145 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Dizziness</p> <p>146 <input type="radio"/> <input type="radio"/> <input type="radio"/> Headaches</p> <p>147 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hot flashes</p> <p>148 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hair growth on face or body (female)</p> <p>149 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sugar in urine (not diabetes)</p> <p>150 <input type="radio"/> <input type="radio"/> <input type="radio"/> Masculine tendencies (female)</p> |
| <p>(B)</p> <p>119 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Increase in weight</p> <p>120 <input type="radio"/> <input type="radio"/> <input type="radio"/> Decrease in appetite</p> <p>121 <input type="radio"/> <input type="radio"/> <input type="radio"/> Fatigue easily</p> <p>122 <input type="radio"/> <input type="radio"/> <input type="radio"/> Ringing in ears</p> <p>123 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sleepy during day</p> <p>124 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sensitive to cold</p> <p>125 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dry or scaly skin</p> <p>126 <input type="radio"/> <input type="radio"/> <input type="radio"/> Temporary constipation</p> <p>127 <input type="radio"/> <input type="radio"/> <input type="radio"/> Mental sluggishness</p> <p>128 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hair coarse, falls out</p> <p>129 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tension in head upon arising wears off during day</p> <p>130 <input type="radio"/> <input type="radio"/> <input type="radio"/> Slow pulse, below 65</p> <p>131 <input type="radio"/> <input type="radio"/> <input type="radio"/> Changing urinary function</p> <p>132 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sounds appear diminished</p> <p>133 <input type="radio"/> <input type="radio"/> <input type="radio"/> Reduced initiative</p> | <p>(D)</p> <p>138 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Abnormal thirst</p> <p>139 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bloating of abdomen</p> <p>140 <input type="radio"/> <input type="radio"/> <input type="radio"/> Weight gain around hips or waist</p> <p>141 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sex drive reduced or lacking</p> <p>142 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency for stomach issues</p> <p>143 <input type="radio"/> <input type="radio"/> <input type="radio"/> Increased sugar tolerance</p> <p>144 <input type="radio"/> <input type="radio"/> <input type="radio"/> Menstrual disorders</p> | <p>(F)</p> <p>151 <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 Weakness, dizziness</p> <p>152 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tired throughout day</p> <p>153 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nails weak, ridged</p> <p>154 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sensitive skin</p> <p>155 <input type="radio"/> <input type="radio"/> <input type="radio"/> Stiff joints</p> <p>156 <input type="radio"/> <input type="radio"/> <input type="radio"/> Perspiration increase</p> <p>157 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bowel discomfort</p> <p>158 <input type="radio"/> <input type="radio"/> <input type="radio"/> Poor circulation</p> <p>159 <input type="radio"/> <input type="radio"/> <input type="radio"/> Swollen ankles</p> <p>160 <input type="radio"/> <input type="radio"/> <input type="radio"/> Crave salt</p> <p>161 <input type="radio"/> <input type="radio"/> <input type="radio"/> Areas of skin darkening</p> <p>162 <input type="radio"/> <input type="radio"/> <input type="radio"/> Upper respiratory sensitivity</p> <p>163 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tiredness</p> <p>164 <input type="radio"/> <input type="radio"/> <input type="radio"/> Breathing challenges</p> |

GROUP 8

<p>1 2 3</p> <p>165 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle weakness</p> <p>166 <input type="radio"/> <input type="radio"/> <input type="radio"/> Lack of Stamina</p> <p>167 <input type="radio"/> <input type="radio"/> <input type="radio"/> Drowsiness after eating</p> <p>168 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscular soreness</p> <p>169 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart races</p> <p>170 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hyper-irritable</p> <p>171 <input type="radio"/> <input type="radio"/> <input type="radio"/> Feeling of a band around your head</p> <p>172 <input type="radio"/> <input type="radio"/> <input type="radio"/> Melancholia (feeling of sadness)</p> <p>173 <input type="radio"/> <input type="radio"/> <input type="radio"/> Swelling of ankles</p> <p>174 <input type="radio"/> <input type="radio"/> <input type="radio"/> Change in urinary function</p>	<p>1 2 3</p> <p>175 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to consume sweets or carbohydrates</p> <p>176 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle spasms</p> <p>177 <input type="radio"/> <input type="radio"/> <input type="radio"/> Blurred vision</p> <p>178 <input type="radio"/> <input type="radio"/> <input type="radio"/> Involuntary muscle action</p> <p>179 <input type="radio"/> <input type="radio"/> <input type="radio"/> Numbness</p> <p>180 <input type="radio"/> <input type="radio"/> <input type="radio"/> Night sweats</p> <p>181 <input type="radio"/> <input type="radio"/> <input type="radio"/> Rapid digestion</p> <p>182 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sensitivity to noise</p> <p>183 <input type="radio"/> <input type="radio"/> <input type="radio"/> Redness of palms of hands and bottom of feet</p>	<p>1 2 3</p> <p>184 <input type="radio"/> <input type="radio"/> <input type="radio"/> Visible veins on chest and abdomen</p> <p>185 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hemorrhoids</p> <p>186 <input type="radio"/> <input type="radio"/> <input type="radio"/> Apprehension (feeling that something bad will happen)</p> <p>187 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nervousness causing loss of appetite</p> <p>188 <input type="radio"/> <input type="radio"/> <input type="radio"/> Nervousness with indigestion</p> <p>189 <input type="radio"/> <input type="radio"/> <input type="radio"/> Gastritis</p> <p>190 <input type="radio"/> <input type="radio"/> <input type="radio"/> Forgetfulness</p> <p>191 <input type="radio"/> <input type="radio"/> <input type="radio"/> Thinning hair</p>
--	--	---

FEMALE ONLY

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

MALE ONLY

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

IMPORTANT

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

1. _____

2. _____

3. _____

4. _____

5. _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. 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 - 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.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row

MALES

Any 2 days during the month

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.