



Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_ Circle one: Male / Female

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## Nutritional Symptom Survey

Note: We do not use nutritional products to diagnose, treat, or cure any disease. Knowing the symptoms you are experiencing may help us understand certain nutritional deficiencies or help determine products that may support your healing process.

### Step 1: Write down your primary health complaints or concerns in order of severity. (Up to five.)

Complaint #1: \_\_\_\_\_

Complaint #2: \_\_\_\_\_

Complaint #3: \_\_\_\_\_

Complaint #4: \_\_\_\_\_

Complaint #5: \_\_\_\_\_

### Step 2: Symptom Survey Question Instructions:

Circle the number for each symptom that best applies to you.  
**If the symptom doesn't apply to you, leave it blank.**  
 Certain questions only apply to one gender - see note for each.

### Value Key

1 = MILD (Occurs once or twice per month)  
 2 = MODERATE (Occurs several times per month)  
 3 = SEVERE (Occurs almost daily)

### Group 1

- 1 - **1 2 3** Acid foods upset stomach
- 2 - **1 2 3** Get chilled often
- 3 - **1 2 3** "Lump" in throat
- 4 - **1 2 3** Dry mouth-eyes-nose
- 5 - **1 2 3** Pulse speeds after meal
- 6 - **1 2 3** Keyed up - fail to calm
- 7 - **1 2 3** Cut heals slowly
- 8 - **1 2 3** Gag easily
- 9 - **1 2 3** Unable to relax; startle easily
- 10 - **1 2 3** Extremities cold, clammy
- 11 - **1 2 3** Strong light irritates
- 12 - **1 2 3** Urine amount reduced
- 13 - **1 2 3** Heart pounds after retiring
- 14 - **1 2 3** "Nervous" stomach
- 15 - **1 2 3** Appetite reduced
- 16 - **1 2 3** Cold sweats often

- 17 - **1 2 3** Fever easily raised
- 18 - **1 2 3** Neuralgia-like pains
- 19 - **1 2 3** Staring, blink little
- 20 - **1 2 3** Sour stomach often

### Group 2

- 21 - **1 2 3** Joint stiffness on arising
- 22 - **1 2 3** Muscle-leg-toe cramps at night
- 23 - **1 2 3** "Butterfly" stomach, cramps
- 24 - **1 2 3** Eyes or nose watery
- 25 - **1 2 3** Eyes blink often
- 26 - **1 2 3** Eyelids swollen, puffy
- 27 - **1 2 3** Indigestion soon after meals
- 28 - **1 2 3** Always seem hungry; feel "lightheaded" often
- 29 - **1 2 3** Digestion rapid
- 30 - **1 2 3** Vomiting frequent

- 31 - **1 2 3** Hoarseness frequent
- 32 - **1 2 3** Breathing irregular
- 33 - **1 2 3** Pulse slow; feels "irregular"
- 34 - **1 2 3** Gagging reflex slow
- 35 - **1 2 3** Difficulty swallowing
- 36 - **1 2 3** Constipation, diarrhea alternating
- 37 - **1 2 3** "Slow starter"
- 38 - **1 2 3** Get "chilled" infrequently
- 39 - **1 2 3** Perspire easily
- 40 - **1 2 3** Circulation poor, sensitive to cold
- 41 - **1 2 3** Subject to colds, asthma, bronchitis

### Group 3

- 42 - **1 2 3** Eat when nervous
- 43 - **1 2 3** Excessive appetite
- 44 - **1 2 3** Hungry between meals

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- 45 - 1 2 3 Irritable before meals
- 46 - 1 2 3 Get "shaky" if hungry
- 47 - 1 2 3 Fatigue, eating relieves
- 48 - 1 2 3 "Lightheaded" if meals delayed
- 49 - 1 2 3 Heart palpitates if meals missed or delayed
- 50 - 1 2 3 Afternoon headaches
- 51 - 1 2 3 Overeating sweets upsets stomach
- 52 - 1 2 3 Awaken after few hours sleep - hard to get back to sleep
- 53 - 1 2 3 Crave candy or coffee in afternoons
- 54 - 1 2 3 Moods of depression - "blues" or melancholy
- 55 - 1 2 3 Abnormal craving for sweets or snacks

**Group 4**

- 56 - 1 2 3 Hands and feet go to sleep easily, numbness
- 57 - 1 2 3 Sigh frequently, "air hunger"
- 58 - 1 2 3 Aware of "breathing heavily"
- 59 - 1 2 3 High altitude discomfort
- 60 - 1 2 3 Feel need to open windows in closed rooms
- 61 - 1 2 3 Susceptible to colds and fevers
- 62 - 1 2 3 Afternoon "yawner"
- 63 - 1 2 3 Get "drowsy" often
- 64 - 1 2 3 Swollen ankles, worse at night
- 65 - 1 2 3 Muscle cramps, worse during exercise; get "charley horses"
- 66 - 1 2 3 Shortness of breath on exertion
- 67 - 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion
- 68 - 1 2 3 Bruise easily, "black and blue" spots
- 69 - 1 2 3 Tendency to anemia
- 70 - 1 2 3 "Nose bleeds" frequent
- 71 - 1 2 3 Noises in head, or "ringing in ears"
- 72 - 1 2 3 Tension or "tightness" under the breastbone, worse on exertion

**Group 5**

- 73 - 1 2 3 Dizziness
- 74 - 1 2 3 Dry skin
- 75 - 1 2 3 Burning feet
- 76 - 1 2 3 Blurred vision
- 77 - 1 2 3 Itching skin and feet
- 78 - 1 2 3 Excessive falling hair
- 79 - 1 2 3 Frequent skin rashes
- 80 - 1 2 3 Bitter, metallic taste in mouth in mornings
- 81 - 1 2 3 Bowel movements painful or difficult
- 82 - 1 2 3 Worrier, feel insecure
- 83 - 1 2 3 Feeling queasy; headache over eyes
- 84 - 1 2 3 Greasy foods upset stomach
- 85 - 1 2 3 Stools light colored
- 86 - 1 2 3 Skin peels on foot soles
- 87 - 1 2 3 Pain between shoulder blades
- 88 - 1 2 3 Use laxatives
- 89 - 1 2 3 Stools alternate from soft to watery
- 90 - 1 2 3 History of gallbladder attacks or gallstones
- 91 - 1 2 3 Sneezing attacks
- 92 - 1 2 3 Dreaming, nightmare type bad dreams
- 93 - 1 2 3 Bad breath (halitosis)
- 94 - 1 2 3 Milk products cause distress
- 95 - 1 2 3 Sensitive to hot weather
- 96 - 1 2 3 Burning or itching anus
- 97 - 1 2 3 Crave sweets

**Group 6**

- 98 - 1 2 3 Loss of taste for meat
- 99 - 1 2 3 Lower bowel gas several hours after eating
- 100 - 1 2 3 Burning stomach sensations, eating relieves
- 101 - 1 2 3 Coated tongue
- 102 - 1 2 3 Pass large amounts of foul-smelling gas
- 103 - 1 2 3 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.

- 104 - 1 2 3 Mucous colitis or "irritable bowel"
- 105 - 1 2 3 Gas shortly after eating
- 106 - 1 2 3 Stomach "bloating" after eating

**Group 7A**

- 107 - 1 2 3 Insomnia
- 108 - 1 2 3 Nervousness
- 109 - 1 2 3 Can't gain weight
- 110 - 1 2 3 Intolerance to heat
- 111 - 1 2 3 Highly emotional
- 112 - 1 2 3 Flush easily
- 113 - 1 2 3 Night sweats
- 114 - 1 2 3 Thin, moist skin
- 115 - 1 2 3 Inward trembling
- 116 - 1 2 3 Heart palpitates if meals missed or delayed
- 117 - 1 2 3 Increased appetite without weight gain
- 118 - 1 2 3 Pulse fast at rest
- 119 - 1 2 3 Eyelids and face twitch
- 120 - 1 2 3 Irritable and restless
- 121 - 1 2 3 Can't work under pressure

**Group 7B**

- 122 - 1 2 3 Increase in weight
- 123 - 1 2 3 Decrease in appetite
- 124 - 1 2 3 Fatigue easily
- 125 - 1 2 3 Ringing in ears
- 126 - 1 2 3 Sleepy during day
- 127 - 1 2 3 Sensitive to cold
- 128 - 1 2 3 Dry or scaly skin
- 129 - 1 2 3 Constipation
- 130 - 1 2 3 Mental sluggishness
- 131 - 1 2 3 Hair coarse, falls out
- 132 - 1 2 3 Headaches upon arising, wear off during day
- 133 - 1 2 3 Slow pulse, below 65
- 134 - 1 2 3 Frequent urination
- 135 - 1 2 3 Impaired hearing
- 136 - 1 2 3 Reduced initiative

**Step 2: Symptom Survey Question Instructions:**

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**Group 7C**

- 137 - **1 2 3** Failing memory  
 138 - **1 2 3** Low blood pressure  
 139 - **1 2 3** Increased sex drive  
 140 - **1 2 3** Headaches, "splitting or rending" type  
 141 - **1 2 3** Decreased sugar tolerance

**Group 7D**

- 142 - **1 2 3** Abnormal thirst  
 143 - **1 2 3** Bloating of abdomen  
 144 - **1 2 3** Weight gain around hips or waist  
 145 - **1 2 3** Sex drive reduced or lacking  
 146 - **1 2 3** Tendency to ulcers, colitis  
 147 - **1 2 3** Increased sugar tolerance  
 148 - **1 2 3** Menstrual disorders (Females Only)  
 149 - **1 2 3** Lack of menstrual function (adolescent girls) (Females Only)

**Group 7E**

- 150 - **1 2 3** Dizziness  
 151 - **1 2 3** Headaches  
 152 - **1 2 3** Hot flashes  
 153 - **1 2 3** Increased blood pressure  
 154 - **1 2 3** Hair growth on face or body (Females Only)  
 155 - **1 2 3** Sugar in urine (not diabetes)  
 156 - **1 2 3** Masculine tendencies (Females Only)

**Group 7F**

- 157 - **1 2 3** Weakness, dizziness  
 158 - **1 2 3** Chronic fatigue  
 159 - **1 2 3** Low blood pressure  
 160 - **1 2 3** Nails weak, ridged  
 161 - **1 2 3** Tendency to hives  
 162 - **1 2 3** Arthritic tendencies  
 163 - **1 2 3** Perspiration (sweating) excessive  
 164 - **1 2 3** Bowel disorders  
 165 - **1 2 3** Poor circulation  
 166 - **1 2 3** Swollen ankles

- 167 - **1 2 3** Crave salt  
 168 - **1 2 3** Brown spots or bronzing of skin  
 169 - **1 2 3** Allergies - tendency to asthma  
 170 - **1 2 3** Weakness after colds, influenza  
 171 - **1 2 3** Exhaustion - muscular and nervous  
 172 - **1 2 3** Respiratory disorders

**Group 8**

- 173 - **1 2 3** Apprehension  
 174 - **1 2 3** Irritability  
 175 - **1 2 3** Morbid fears  
 176 - **1 2 3** Never seems to get well  
 177 - **1 2 3** Forgetfulness  
 178 - **1 2 3** Indigestion  
 179 - **1 2 3** Poor appetite  
 180 - **1 2 3** Craving for sweets  
 181 - **1 2 3** Muscular soreness  
 182 - **1 2 3** Depression; feelings of dread  
 183 - **1 2 3** Noise sensitivity  
 184 - **1 2 3** Acoustic hallucinations  
 185 - **1 2 3** Tendency to cry without reason  
 186 - **1 2 3** Hair is coarse and/or thinning  
 187 - **1 2 3** Weakness  
 188 - **1 2 3** Fatigue  
 189 - **1 2 3** Skin sensitive to touch  
 190 - **1 2 3** Tendency toward hives  
 191 - **1 2 3** Nervousness  
 192 - **1 2 3** Headache  
 193 - **1 2 3** Insomnia  
 194 - **1 2 3** Anxiety  
 195 - **1 2 3** Anorexia  
 196 - **1 2 3** Inability to concentrate, confusion  
 197 - **1 2 3** Frequent stuffy nose, sinus infections  
 198 - **1 2 3** Allergy to some foods  
 199 - **1 2 3** Loose joints

**Group 9F (Females Only)**

- 200 - **1 2 3** Very easily fatigued (Females Only)  
 201 - **1 2 3** Premenstrual tension (Females Only)  
 202 - **1 2 3** Painful menses (Females Only)  
 203 - **1 2 3** Depressed feelings before menstruation (Females Only)  
 204 - **1 2 3** Menstruation excessive and prolonged (Females Only)  
 205 - **1 2 3** Painful breasts (Females Only)  
 206 - **1 2 3** Menstruate too frequently (Females Only)  
 207 - **1 2 3** Vaginal discharge (Females Only)  
 208 - **1 2 3** Hysterectomy/ovaries removed (Females Only)  
 209 - **1 2 3** Menopausal hot flashes (Females Only)  
 210 - **1 2 3** Menses scanty or missed (Females Only)  
 211 - **1 2 3** Acne, worse at menses (Females Only)  
 212 - **1 2 3** Depression of long standing (Females Only)

**Group 9M (Males Only)**

- 213 - **1 2 3** Prostate trouble (Males Only)  
 214 - **1 2 3** Urination difficult or dribbling (Males Only)  
 215 - **1 2 3** Night urination frequent (Males Only)  
 216 - **1 2 3** Depression (Males Only)  
 217 - **1 2 3** Pain on inside of legs or heels (Males Only)  
 218 - **1 2 3** Feeling of incomplete bowel evacuation (Males Only)  
 219 - **1 2 3** Lack of energy (Males Only)  
 220 - **1 2 3** Migrating aches and pains (Males Only)  
 221 - **1 2 3** Tire too easily (Males Only)  
 222 - **1 2 3** Avoid activity (Males Only)  
 223 - **1 2 3** Leg nervousness at night (Males Only)  
 224 - **1 2 3** Diminished sex drive (Males Only)