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Survey of Symptoms

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, don't circle anything for that symptom.

CIRCLE THE CORRESPONDING NUMBER.

1 = MILD symptoms (occurs rarely)

2 = MODERATE symptoms (occurs several times in a month)

3 = SEVERE symptoms (occurs almost constantly)

GROUP 1 (SYMPATHETIC DOMINANCE)

1.	1	2	3	Acid Foods Upset	12.	1	2	3	Heart Pounds After Retiring
2.	1	2	3	Get Chilled Often	13.	1	2	3	"Nervous" Stomach
3.	1	2	3	"Lump" In Throat	14.	1	2	3	Appetite Reduced Occasionally
4.	1	2	3	Dry Mouth, Eyes, Nose	15.	1	2	3	Cold Sweats Often
5.	1	2	3	Pulse Speeds After Meals	16.	1	2	3	Get Heated Easily
6.	1	2	3	Keyed Up, Fail To Calm	17.	1	2	3	Nerve Discomfort
7.	1	2	3	Gag Occasionally	18.	1	2	3	Staring, Blink Little
8.	1	2	3	Unable To Relax, Startle Easily	19.	1	2	3	Sour Stomach Frequent
9.	1	2	3	Extremities Cold, Clammy					
10.	1	2	3	Strong Light Irritates					TOTAL
11.	1	2	3	Occasionally Weak Urine Flow		1	2	3	

GROUP 2 (SYMPATHETIC DOMINANCE)

20.	1	2	3	Joint Stiffness, After Arising	32.	1	2	3	Pulse Slow
21.	1	2	3	Muscle, Leg, Toe, Cramps At Night	33.	1	2	3	Gagging Reflex Slow
22.	1	2	3	"Butterfly" Stomach Cramps	34.	1	2	3	Difficulty Swallowing
23.	1	2	3	Eyes Or Nose Watery	35.	1	2	3	Temporary Constipation Or Diarrhea
24.	1	2	3	Eyes Blink Often	36.	1	2	3	"Slow Starter"
25.	1	2	3	Eyelids Swollen, Puffy	37.	1	2	3	Get "Chilled"
26.	1	2	3	Indigestion Soon After Meals	38.	1	2	3	Perspire Easily
27.	1	2	3	Always Seem Hungry, Feeling	39.	1	2	3	Sensitive To Cold
				"Lightheaded" Often	40.	1	2	3	Upper Respiratory Challenges
28.	1	2	3	Digestion Rapid					TOTAL
29.	1	2	3	Vomit Occasionally		1	2	3	
30.	1	2	3	Hoarseness Frequent					
31.	1	2	3	Uneven Breathing					

GROUP 3 (SUGAR HANDLING)

41.	1	2	3	Eat When Nervous	50.	1	2	3	Overeating Sweets Upsets
42.	1	2	3	Excessive Appetite	51.	1	2	3	Awaken After Few Hours' Sleep, Hard
43.	1	2	3	Hungry Between Meals					To Get Back To Sleep
44.	1	2	3	Irritable Before Meals	52.	1	2	3	Crave Candy Or Coffee In Afternoon
45.	1	2	3	Get "Shaky" If Hungry	53.	1	2	3	Moods Of "Blues" Or Melancholy
46.	1	2	3	Fatigue, Eating Relieves	54.	1	2	3	Craving For Sweets Or Snacks
47.	1	2	3	"Lightheaded" If Meals Delayed					TOTAL
48.	1	2	3	Heart Palpitates If Meals Missed Or		1	2	3	
				Delayed					
49.	1	2	3	Fatigue In Afternoon					

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Back To Wellness

GROUP 4 (CARDIOVASCULAR)

55.	1	2	3	Hands And Feet Go To Sleep Easily, Numbness
56.	1	2	3	Sigh Frequently, "Air Hunger"
57.	1	2	3	Aware Of "Breathing Heavily"
58.	1	2	3	High-Altitude Discomfort
59.	1	2	3	Open Windows In Closed Room
60.	1	2	3	Immune System Challenges
61.	1	2	3	Afternoon Yawner
62.	1	2	3	Get "Drowsy" Often
63.	1	2	3	Swollen Ankles Worse At Night
64.	1	2	3	Muscle Cramps, Worse During Exercise;

Get "Charley Horse"

GROUP 5 (LIVER/GALLBLADDER)

71.	1	2	3	Dizziness
72.	1	2	3	Dry Skin
73.	1	2	3	Burning Feet
74.	1	2	3	Blurred Vision
75.	1	2	3	Itching Skin And Feet
76.	1	2	3	Hair Loss
77.	1	2	3	Occasional Skin Rashes
78.	1	2	3	Bitter, Metallic Taste In Mouth In Morning
79.	1	2	3	Occasional Constipation
80.	1	2	3	Worrier, Feels Insecure
81.	1	2	3	Nausea Occasionally After Eating
82.	1	2	3	Greasy Foods Upset
83.	1	2	3	Stools Light-Colored
84.	1	2	3	Skin Peels On Foot Soles

GROUP 6 (DIGESTION)

95.	1	2	3	Loos Of Taste For Meat
96.	1	2	3	Lower Bowel Gas Several Hours After Eating
97.	1	2	3	Burning Stomach Sensations, Eating Relieves
98.	1	2	3	Coated Tongue
99.	1	2	3	Pass Large Amounts Of Foul-Smelling Gas

GROUP 7 (ENDOCRINE, THYROID, PITUARY, ADRENALS)

GROUP 7A

104.	1	2	3	Difficulty Sleeping
105.	1	2	3	On Edge
106.	1	2	3	Can't Gain Weight
107.	1	2	3	Intolerance To Heat
108.	1	2	3	Highly Emotional
109.	1	2	3	Flush Easily
110.	1	2	3	Night Sweats
111.	1	2	3	Thin, Moist Skin
112.	1	2	3	Inward Trembling
113.	1	2	3	Heart Races

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65.	1	2	3	Difficulty Catching Breathe, Especially During Exercise
66.	1	2	3	Tightness Or Pressure In Chest, Worse On Exertion
67.	1	2	3	Skin Discolors Easily After Impact
68.	1	2	3	Tendency To Anemia
69.	1	2	3	Noises In Head Or "Ringing In Ears"
70.	1	2	3	Fatigue Upon Exertion

-----TOTAL		
1	2	3

85.	1	2	3	Discomfort Between Shoulder Blades
86.	1	2	3	Occasional Laxative Use
87.	1	2	3	Stools Alternate From Soft To Watery
88.	1	2	3	Sneezing Attacks
89.	1	2	3	Dreaming, Nightmare-Type Bad Dreams
90.	1	2	3	Bad Breathe (Halitosis)
91.	1	2	3	Milk Products Cause Upset
92.	1	2	3	Sensitive To Hot Weather
93.	1	2	3	Burning Or Itching Anus
94.	1	2	3	Crave Sweets

-----TOTAL		
1	2	3

100.	1	2	3	Indigestion ½-1 Hour After Eating May Be Up To 3-4 Hours After
101.	1	2	3	Watery Or Loose Stool
102.	1	2	3	Gas Shortly After Eating
103.	1	2	3	Stomach Bloating

-----TOTAL		
1	2	3

114.	1	2	3	Increased Appetite Without Weight Gain
115.	1	2	3	Pulse Fast At Rest
116.	1	2	3	Eyelids And Face Twitch
117.	1	2	3	Irritable And Restless
118.	1	2	3	Can't Work Under Pressure

-----TOTAL		
1	2	3

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GROUP 7B									
119.	1	2	3	Increase In Weight	129.	1	2	3	Tension In Head Upon Rising Wear Off
120.	1	2	3	Decrease In Appetite					During Day
121.	1	2	3	Fatigue Easily	130.	1	2	3	Slow Pulse Below 65
122.	1	2	3	ringing In Ears	131.	1	2	3	Changing Urinary Function
123.	1	2	3	Sleepy During Day	132.	1	2	3	Sounds Appear Diminished
124.	1	2	3	Sensitive To Cold	133.	1	2	3	Reduced Initiative
125.	1	2	3	Dry Or Scaly Skin					
126.	1	2	3	Temporary Constipation					TOTAL
127.	1	2	3	Mental Sluggishness		1	2	3	
128.	1	2	3	Hair Coarse, Falls Out					
GROUP 7C									
134.	1	2	3	Failing Memory With Age					TOTAL
135.	1	2	3	Increased Sex Drive		1	2	3	
136.	1	2	3	Episodes Of Tension In Head					
137.	1	2	3	Decreased Sugar Tolerance					
GROUP 7D									
138.	1	2	3	Abnormal Thirst	144.	1	2	3	Menstrual Disorders
139.	1	2	3	Bloating Of Abdomen					
140.	1	2	3	Weight Gain Around Hips Or Waist					TOTAL
141.	1	2	3	Sex Drive Reduced Or Lacking		1	2	3	
142.	1	2	3	Tendency For Stomach Issue					
143.	1	2	3	Immune System Challenges					
GROUP 7E									
145.	1	2	3	Dizziness	150.	1	2	3	Masculine Tendencies (Females)
146.	1	2	3	Headaches					
147.	1	2	3	Hot Flashes					TOTAL
148.	1	2	3	Hair Growth On Face Or Body (Female)		1	2	3	
149.	1	2	3	Sugar In Urine (Not Diabetes)					
GROUP 7F									
151.	1	2	3	Weakness Dizziness	160.	1	2	3	Crave Salt
152.	1	2	3	Tired Through Day	161.	1	2	3	Areas Of Skin Darkening
153.	1	2	3	Nails Weak, Ridged	162.	1	2	3	Upper Respiratory Sensitivity
154.	1	2	3	Sensitive Skin	163.	1	2	3	Tiredness
155.	1	2	3	Stiff Joints	164.	1	2	3	Breathing Challenges
156.	1	2	3	Perspiration Increase					
157.	1	2	3	Bowel Discomfort					TOTAL
158.	1	2	3	Poor Circulation		1	2	3	
159.	1	2	3	Swollen Ankles					

GROUP 8 (VITAMIN B DEFICIENCY)

- 165. 1 2 3 Muscle Weakness
- 166. 1 2 3 Lack Of Stamina
- 167. 1 2 3 Drowsiness After Eating
- 168. 1 2 3 Muscular Soreness
- 169. 1 2 3 Heart Races
- 170. 1 2 3 Hyperirritable
- 171. 1 2 3 Feeling A Band Around Head
- 172. 1 2 3 Melancholia (Feeling Of Sadness)
- 173. 1 2 3 Swelling Of Ankles
- 174. 1 2 3 Change In Urinary Functions
- 175. 1 2 3 Tendency To Consume

Sweets/Carbohydrates

- 176. 1 2 3 Muscle Spasms
- 177. 1 2 3 Blurred Vision
- 178. 1 2 3 Involuntary Muscle Spasm
- 179. 1 2 3 Numbness
- 180. 1 2 3 Night Sweats

FEMALE ONLY

- 192. 1 2 3 Very Easily Fatigued
- 193. 1 2 3 Premenstrual Tension
- 194. 1 2 3 Menses More Painful Than Usual
- 195. 1 2 3 Depressed Feelings Before

Menstruation

- 196. 1 2 3 Painful Breasts During Menses
- 197. 1 2 3 Menstruate Too Frequently
- 198. 1 2 3 Hysterectomy/Ovaries Removed

MALE ONLY

- 202. 1 2 3 Less Involved In Exercise/Social Activities
- 203. 1 2 3 Difficult To Postpone Urination
- 204. 1 2 3 Weak Urinary System
- 205. 1 2 3 Feeling Of "Blues" Or Melancholy
- 206. 1 2 3 Feeling In Complete Bowel Evacuation
- 207. 1 2 3 Lack Of Energy

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- 181. 1 2 3 Rapid Digestion
- 182. 1 2 3 Sensitivity To Noise
- 183. 1 2 3 Redness Of Palms Of Hands And Bottom Of Feet
- 184. 1 2 3 Visible Vein On Chest And Abdomen
- 185. 1 2 3 Hemorrhoids
- 186. 1 2 3 Apprehension (Feeling That Something Bad Is Going To Happen)
- 187. 1 2 3 Nervousness Causing Loss Of Appetite
- 188. 1 2 3 Nervous With Digestion
- 189. 1 2 3 Gastritis
- 190. 1 2 3 Forgetfulness
- 191. 1 2 3 Thinning Hair

____ TOTAL
1 2 3

- 199. 1 2 3 Menopausal Hot Flashes
- 200. 1 2 3 Menses Scanty Or Missed
- 201. 1 2 3 Acne, Worse At Menses

____ TOTAL
1 2 3

- 208. 1 2 3 Muscles In Arms And Legs Seem Softer/Smaller
- 209. 1 2 3 Tire Too Easily
- 210. 1 2 3 Avoid Activity
- 211. 1 2 3 Leg Nervousness At Night
- 212. 1 2 3 Diminished Sex Drive

____ TOTAL
1 2 3

IMPORTANT ---- Please list below the five (5) main physical complaints you have in order of their importance.

- 1. _____
- 2. _____
- 3. _____

- 4. _____
- 5. _____

DATE: ____/____/____ PATIENT SIGNATURE: _____



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TO BE COMPLETED BY DR. CHALFANT

Digestion _____ Hydrochloric Acid Point _____ Enzyme Point _____ Murphy's Sign	Large Intestine (palpate) _____ Ascending _____ Transverse _____ Descending	Adrenals Pass/Fail Pupil Dilation Exam Postural Hypotension _____ Supine _____ Standing	Pass/Fail Zinc Taste Test Pass/Fail Cuff Test _____ Cuff Pressure _____ pH of Salvia _____ Pulse
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BARNES THYROID TEST

RESTRICTION ON USE

The test is conducted by the patient in the morning 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 such as 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 second and third days of flow or any five days in a row) **MALES** (any two days during the month)

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____

The systems survey is to be used only by trained health care professionals. 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 intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.