



A.R.E. HEALTH CENTER AND SPA
VIRGINIA'S HISTORIC HOLISTIC HEALTH LEADER
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Dear Friend,

Thank you for your request for a Cayce-based health portfolio. We hope to provide you with information that will be helpful to your health for years to come!

To help us personalize your portfolio, please print out and complete the following Cayce Comprehensive Symptom Inventory in the comfort and convenience of your home. Simply rate (from 0-3) the intensity of all symptoms listed, as they apply to you.

Because of federal privacy regulations, we must ask that you use postal mail to return your completed forms to us at:

A.R.E. Health Center
215 67th Street
Virginia Beach, VA 23451-2061

Unless you have paid by telephone or Internet with us, please include your check for fifty-eight dollars, payable to A.R.E. Health Center. Your completed Cayce Health Portfolio will normally be in the return mail to you within two weeks!

Congratulations on your commitment to improving your health; we look forward to assisting you in doing so!

Janice Long

Health Center Manager

The Cayce Comprehensive Symptom Inventory (CCSI)

The *Cayce Comprehensive Symptom Inventory* (CCSI) is a structured assessment instrument intended for use as an adjunct to traditional and alternative assessment procedures. The CCSI consists of a wide variety of signs and symptoms of physical and emotional distress. The items are arranged in scales, each scale representing a pattern of etiology (cause and effect) used by Edgar Cayce in his system of assessment and diagnosis. Individuals taking the CCSI are asked to rate the presence of the sign or symptom during the past twelve months. Some items are retrospective, requiring information preceding the previous twelve-month period.

General Instructions For Rating Symptoms

Here are some general criteria for rating the severity of symptoms on the CCSI. For most items, choose the number which best describes your experience of the symptom during the past 12 months. For a few symptoms you will be asked for information prior to the past 12 months.

SYMPTOM RATING

Proceed with the administration by assigning a number for each symptom. Here are some criteria for rating the severity of symptoms:

0 = No or None

If the client has not had any problem with this symptom during the past 12 months, enter “0”.

1 = Mild

If the client is aware of having a problem with this symptom during the past 12 months but has not sought professional treatment it is probably a “mild” rating. The client may be using an “over the counter medication” or some form of self-treatment. Also, a mild level probably does not seriously affect quality of life or cause significant discomfort. Examples of this level would be an occasional mild headache of short duration.

2 = Moderate

The client will probably seek treatment for the moderate level of a symptom because it is likely to adversely affect quality of life or cause notable discomfort. The client may find that he/she avoids certain activities or is required to make adjustments in daily activities because of a moderate symptom. The client probably has discussed the symptom with his/her doctor and received a prescription or some form of professional treatment. An example of this level would be fairly frequent headaches or increasing pain levels that cause the client to miss work or other daily activities from time to time.

3 = Severe

The client is very likely to seek treatment when a symptom is “severe.” Severe levels of symptomatology cause significant discomfort and adversely affect quality of life. An example of this level would be chronic and debilitating headaches (such as migraine) that make it almost impossible to have a normal life.

Name: _____

Age: _____

Date: _____

Sex: _____

Print out form - then complete

Please remember – do not use checks, rate symptoms as 0 to 3

SCALE 1

Cold extremities

Itchy or dry skin

Skin blemishes (eczema, psoriasis, rash, acne, etc.)

Hands or feet are numb or fall asleep

Lumps or tumors under skin

SCALE 2

Kidney or bladder problems

Cold, clamminess over body

Cold area on abdomen

Tiredness or fatigue

Constipation

Stomach or intestinal gas

SCALE 3

Stomach or intestinal gas

Indigestion or "sour stomach"

Nausea

Headache

Bad taste in mouth

Constipation

Anemia

General weakness and lack of energy or vitality

SCALE 4

Heartburn

Belching

Indigestion

Regurgitation of food

Constipation

SCALE 5

Catches cold easily

Prone to severe colds

Prone to congestion (head, throat or lungs)

Irregular or fast pulse

Tiredness or fatigue

Abnormal appetite (increased, decreased, erratic)

Skin rash

Headaches

Indigestion

Hemorrhoids

Stomach or intestinal gas

Chronic muscle pain or diagnosis of fibromyalgia

SCALE 6

Indigestion
Constipation
Dull headaches
Pain or heaviness along right side of abdomen
Bad breath or bad taste in mouth not directly due to food or drink
General dullness or drowsiness
Gallstones or gallbladder problems
Burning or irritation to eyes
Dizziness

SCALE 7

Impaired or distorted sense of taste
Impaired or distorted sense of smell
Impaired or distorted vision
Impaired or distorted hearing or tinnitus
Feeling of fullness in throat or face
Supersensitive reactions to sounds, actions, smells, etc.

Scale 8

Decreased urination
Urine has strong odor
Burning sensation during urination
Puffy under eyes or burning of eyes or blurred/dimmed vision
Swelling or heaviness in lower extremities
Aching muscles and/or joints (rheumatism)

SCALE 9

High blood pressure or palpitations
Headaches
Lower back pain or sciatic pain
Tiredness or fatigue
Constipation

SCALE 10

Dental problems such as weak enamel or cavities
Dry, faded, or thinning hair
Finger nails split or break off
Poor resistance to disease
Low blood pressure or poor circulation to extremities
Weak bones, bone loss, or bone deformity
Under active thyroid
Tiredness or fatigue
Respiratory problems

SCALE 11

Excessive bleeding (lack of clotting) or wounds heal slowly
Low resistance to disease or lack of vitality
Cysts or tumors
Blotches, spots or bruises on surface of body

SCALE 12

- Swelling or heaviness in lower extremities
- Lower back pain (lumbago)
- Burning or irritation of eyes or dimness of vision
- Dizziness
- Nausea
- Headache

SCALE 13

- Abnormal appetite (increased, decreased, or erratic)
- Indigestion or high acidity in stomach, throat, or mouth
- Stomach or intestinal gas
- Abnormal heart action (low or high) or discomfort around heart
- Stomach empties too slowly or too quickly after eating
- Headaches
- Nausea
- Constipation

SCALE 14

- Skin blemishes (eczema, psoriasis, rash, acne, etc.)
- Swollen or painful joints (arthritis or rheumatism)
- Indigestion or stomach or intestinal gas
- Tender spots or painful areas over the body
- Nasal congestion (catarrh) or sinus problems
- Headache
- Depression
- Constipation

SCALE 15

- Dry or thinning hair or ends of hair split
- Nails brittle or thin, nails split or break, or peel around cuticle
- Chronic dental problems
- Dry or rough skin
- Depression
- Tiredness or fatigue
- Lack of interest in sex
- Fullness, contraction, or choking sensation in neck or throat
- Cold extremities
- Poor concentration
- Abnormal appetite (increased, decreased, or erratic)

SCALE 16

- Difficulty thinking or remembering; absentminded; slow to react
- Involuntary or uncoordinated movements (tics, twitches, tremors)
- Difficulty walking or maintaining balance
- Incontinence or drooling
- Sensory system impairment (speech, hearing, taste, or smell)
- Conscious awareness of involuntary process - digestion, blood flow, etc

SCALE 17

- History of seizures or convulsions
- Cool or cold spot on right side of abdomen

- Lapse or loss of consciousness
- Injury to tailbone or soreness of tailbone
- Constipation
- Abnormal mental and physical development
- Injury, pain or soreness on right side of abdomen below last rib

SCALE 18

- Anger or hate
- Resentment, bitterness, or jealousy
- Anxiety, worry, or fear
- Depression
- Hereditary predisposition for illness or prenatal condition

SCALE 19

- Sensory system impairment (speech, hearing, taste, or smell)
- Tiredness or fatigue
- Depression
- Constipation
- Thinning of hair or loss of body hair
- Underweight
- Spotches or blotches (white) on skin
- Dark circles under the eyes

SCALE 20

- Headache
- Abnormal blood pressure (high, low, or erratic)
- Abnormal pulse (quick, slow, or irregular)
- Fever or temperature at times without apparent cause
- Feeling of fullness in throat or face
- Hot and/or cold sensations (flushing)
- Abdominal pain or aching across lower portion of hips
- Kidney or bladder problems
- Constipation

SCALE 21

- Tiredness or fatigue
- Heart palpitations or rapid pulse
- General weakness
- Shortness of breath
- Fever or temperature at times without apparent cause
- Underweight
- Dizziness
- Indigestion

SCALE 22

- History of irritable bowel syndrome or inflammatory bowel disease
- History of intestinal flu
- Mucous in stool
- Diarrhea
- Intestinal gas

SCALE 23

Pain along right rib cage, right shoulder or arm, or upper right back
Constipation
Nausea
Headaches, especially after eating
Fever
Intolerance to fats or greasy foods
Bad breath or bad taste in mouth not directly due to food or drink
Brown, yellow, or gray colored skin or brown splotches on skin
Dizziness
Abnormal pulse (quick, slow, or irregular)
Shortness of breath

Scale 24

Shortness of breath
Cough
Feeling of heaviness, fullness or pain in lungs
Prone to congestion (head, throat or lungs)
Wheezing
Hay fever or other respiratory allergy

Scale 25

Over or under-reactive to stimuli, or slow to react
Lack of discernment or insight
Poor concentration
Poor memory
Difficulty doing analysis or calculations
Irrationality or delusional thinking
In coordination of movements or reflexes, or paralysis due to stroke
Hallucinations
Lack of self control

Scale 26

Slow pulse
Rapid pulse
Palpitation or throbbing of heart
Low blood pressure
High blood pressure
Erratic blood pressure (sometimes high, sometimes low)
Chest pain (angina) or feeling of fullness around heart
Fluttering of heart

Scale 27

Indigestion 1 to 3 hours after eating
Intestinal gas
Constipation
Diarrhea
Mucous in stools

Scale 28

Excess sugar in urine (sweet smelling urine or high urine test)

- Urination is frequent, excessive, or scant
- Wounds heal slowly
- Kidney or bladder problems
- Impaired or distorted vision

Scale 29

- Pain or discomfort on left side of abdomen
- Low blood pressure
- Rapid pulse
- Nausea
- Highly suggestible or overly imaginative
- Mood swings or emotional upsets

Scale 30

- Infertility
- Abnormal sex drive (high, low, or absent)
- Menstrual or menopausal problems (female)
- Prostate problems or impotence (male)
- Pelvic pain or discomfort