

Please indicate which symptoms you have experienced DURING THE LAST 4-6 weeks.
 Mark with an "x" ***all items that are applicable to you.***

I. HEAT, COLD, SWEATING

1. HEAT

- 1a. Feeling of heat or flushing: especially in the afternoon throughout the day
- 1b. Worst : in the evening after eating after drinking alcohol at night
 after drinking coffee in Summer in Winter
- 1c. Experience: aversion to heat desire for coolness hot flushes but internally cold
 feeling of heat in the palms and soles feeling of heat and restlessness in the chest
- 1d. Feels as radiating heat body hot to touch visible flushing fidgety or restless
- 1g. Other heat sensations _____

2. COLD

- 2a. Nature: feeling frequently cold pronounced sensitivity to cold
 desire for warmth aversion to cold
- 2b. Location: cold extremities especially hands
 especially feet extremities that warm up when relaxed

3. SWEATING

- 3a. Nature: Profuse spontaneous upon exertion
- 3b. Location: head chest extremities hands feet generalized
- 3c. Climate: feel worse in humid environment extreme sensitivity to wind

II. SLEEP

4. INSOMNIA Type:

- Difficulty getting to sleep Wake up frequently throughout the night
 Wake up after falling asleep Wake up too early in the morning

5. **DREAMS**: vivid excessive disturbing nightmares

6. **NEED FOR SLEEP**: excessive desire to sleep somnolence difficulty getting up

III. ENERGY

- 7a. Low energy: Lethargy / fatigue/ weakness
- 7b. Excessive energy: I often feel: restless jittery
- 7c. Mixed: Although I am tired I am unable to sleep or rest

IV. MEMORY AND CONCENTRATION

- 8a. Memory: poor memory trouble finding the right words
- 8b. Thoughts: easily confused or disoriented dullness of thought difficult focusing
- 8c. Rumination: obsessive thinking / rumination



V. APPETITE, DIGESTION, THIRST					
9a. <u>Appetite:</u>	good	poor	excessive	overeating	
9b. <u>Preference:</u>	sweet	sour	spicy	bitter	bland
10a. <u>Digestion:</u>	abdominal distension (visible) worst after eating lingering hunger after meals		abdominal fullness (not-visible) relieved by passing gas or bowel movement		
10b.	hiccups	belching	burping	acid regurgitation	flatulence
10c.	nausea	vomiting			
10d.	abdominal pain				
10f. <u>Thirst</u>	excessive thirst	desire to drink but no thirst		lack of thirst	
<u>Thirsty for</u>	cold	warm		hot drinks	
11. Other issues regarding appetite, digestion, thirst :					
VI. URINATION					
12a. <u>Nature</u>	frequent urination		leakage upon sneezing or coughing		during night
12b. <u>Characteristics:</u>	copious	clear	pale yellow	dark	scanty cloudy bloody
VII. ELIMINATION					
13a. <u>Characteristics:</u>	loose but not runny		frequent stools	diarrhea	
	induced by emotional stress		difficult elimination	constipation	
	round and small		dry	thin and long	other: _____
13b. <u>Presence of:</u>	blood	mucous	pus in stools		
VIII. AFFECT					
14a. <u>Irritability:</u>	frustration	mood swings		irritability	snapping easily
	feeling wound up	irascibility		explosiveness	
	easy anger	aggression		violent outbursts of anger	
14b. <u>Low mood:</u>	sadness	grief sense of loss		melancholic	nostalgic for past
	weep easily	easily disappointed		offended	hopeless
	helpless	despair		low of self esteem	
14c. <u>I often feel</u>	worried	fearful	guilty	anxious	withdrawn
14d. <u>Lack of:</u>	enjoyment	pleasure	interest	motivation	
14e. <u>Lack of</u>	sense of direction	meaning	purpose in life		will power
	drive	initiative			



23. EYES / VISION				
blurred vision	difficulty seeing at night	vision problems	impaired / diminished vision	
dry itchy eyes	itchy eyes	teary eyes	other eye problems _____	
24. EARS / HEARING				
pressure	pain /	infections /	ringing	
impaired diminished hearing/		disequilibrium or lack of coordination		
other hearing or ear problems _____				
25. MOUTH, THROAT, TEETH				
25a. <u>Mouth</u> :	dry mouth /	dry lips / frequent	dry	sore throat
25b. <u>Throat</u> :	obstructive sensation in the throat /		difficulty swallowing	
25c. <u>Gums</u> :	swollen gums	bleeding gums		
25d. <u>Teeth</u> :	brittle teeth	painful teeth /	loosening or increased loss of teeth	
XI. RESPIRATION				
26a. <u>Breathing</u> :	shortness of breath /	feeling of tightness or oppression in the chest /		
	frequent sighing /	breathlessness		
26b. <u>Nose</u> :	frequent colds or coughs /	frequent runny nose /	stuffy sinuses /	
	post-nasal drip	frequent mucous congestion in nose or throat /	history of asthma	
XII. MISCELLANEOUS				
27. LIMBS				
numbness / weakness / heaviness of limbs				
swollen feet / overall edema water retention / puffy eyes or face / puffy, swollen hands				
28. BODY PAIN				
overall aching /		soreness of muscles /	cramping of muscles	
vague or migratory pains /		sharp, sudden, persistent stabbing or throbbing pain		
low back /	knee	ankles /	feet soreness	
chronic neck and shoulder tension				
28a. <u>Pain aggravated</u> :	at night or from inactivity /		by touch or pressure /	
	by cold	heat	humidity	
28b. <u>Pain improved</u> :	w/ movement and exercise /		w/ touch or pressure /	
	w/ rest /	cold /	heat/	humidity
29. SKIN , HAIR, NAILS				
29a. <u>Skin</u> :	overall itchiness /	feeling of insects crawling on skin /		acne/
	skin eruptions or rashes /	with oozing and discharge		dry
	cracked	parched /	easy bruising /	poor skin healing
29b. <u>Hair</u> :	limp	dry	premature graying	loss
29c. <u>Nails</u> :	dry	weak	brittle	



1. What is most stressful to you in your life at the moment?
2. What emotion are you experiencing primarily at this time? (Anger, frustration, worry, fear, sorrow, lack of joy, others)
3. With what emotion do you handle yourself outwardly? Do you think people perceive you as you feel?
4. How do you feel about yourself? About your relationships? About your job?
About myself:

About my relationships:

About my job:

5. What do you like the most about yourself?

What do you dislike the most about yourself?

6. What is it about your day to day life that is most satisfying, most frustrating, most difficult, most easy?

most satisfying:

most difficult:

most frustrating:

most easy:

7. What concept, principle or metaphor has been the motivating force in your life that has propelled you and inspired you ?

8. List the 3 main physical symptoms and the 3 main emotional/mental symptoms which characterize your condition at this time:

PHYSICAL:

MENTAL/EMOTIONAL:

1.

1.

2.

2.

3.

3.

