

Name _____ Date _____

Please check the symptoms or conditions you experience frequently.

- | Sp/St | Ht/P | Lu/LI | Ki/UB | Liv/GB |
|---|--|---|---|---|
| <input type="checkbox"/> excessive appetite | <input type="checkbox"/> insomnia | <input type="checkbox"/> cough | <input type="checkbox"/> low back pain | <input type="checkbox"/> eye problems |
| <input type="checkbox"/> loose stool/diarrhea | <input type="checkbox"/> palpitations | <input type="checkbox"/> shortness of breath | <input type="checkbox"/> knee problems | <input type="checkbox"/> jaundice |
| <input type="checkbox"/> digestive problems | <input type="checkbox"/> cold hands/feet | <input type="checkbox"/> decreased sense of smell | <input type="checkbox"/> hearing impairment | <input type="checkbox"/> gall stones |
| <input type="checkbox"/> vomiting | <input type="checkbox"/> nightmares | <input type="checkbox"/> nasal problems | <input type="checkbox"/> ear ringing | <input type="checkbox"/> light-colored stool |
| <input type="checkbox"/> belching, burping | <input type="checkbox"/> mentally restless | <input type="checkbox"/> skin problems | <input type="checkbox"/> kidney stones | <input type="checkbox"/> soft/brittle nails |
| <input type="checkbox"/> heartburn/reflux | <input type="checkbox"/> laughing w/no cause | <input type="checkbox"/> claustrophobia | <input type="checkbox"/> decreased libido | <input type="checkbox"/> easily angered |
| <input type="checkbox"/> stomach bloating | <input type="checkbox"/> chest pains | <input type="checkbox"/> colitis/diverticulitis | <input type="checkbox"/> hair loss | <input type="checkbox"/> difficult relations |
| <input type="checkbox"/> obsession in work | <input type="checkbox"/> poor memory | <input type="checkbox"/> constipation | <input type="checkbox"/> urinary problems | <input type="checkbox"/> difficultly making decisions |
| <input type="checkbox"/> blood in stool | <input type="checkbox"/> sadness | <input type="checkbox"/> allergies | <input type="checkbox"/> dental problems | |
| <input type="checkbox"/> lack of appetite | <input type="checkbox"/> depression | <input type="checkbox"/> asthma | <input type="checkbox"/> fatigue | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> hemorrhoids | <input type="checkbox"/> anxiety | <input type="checkbox"/> get sick easily | <input type="checkbox"/> edema | <input type="checkbox"/> headaches |
| <input type="checkbox"/> easily bruised | | | | |
| <input type="checkbox"/> usually feel warm | | | | |
| <input type="checkbox"/> usually feel chilled | | | | |

Please indicate if the following pertain to you.

Kidney Yin Deficiency

- lower back weakness, soreness or pain
- ringing in the ears
- prematurely graying hair
- dark circles under eyes
- night sweats
- prone to hot flashes
- "afraid" frequently
- dizziness
- knee problems
- vaginal dryness
- midcycle cervical mucus scanty/missing

Blood Deficiency

- dry, flaky skin
- prone to chapped lips
- fingernails/toenails brittle
- hair brittle or dry
- poor night-time vision
- pale lips, inner lower eyelid or tongue
- menstrual dizziness
- hair loss on head
- menses scant or late

Kidney Yang Deficiency

- sore or weak back
- cold feet especially at night
- usually colder than others
- low libido
- often fearful
- wake up in night to urinate
- urinate frequently
- early morning loose urgent stools
- premenstrual low back pain
- profuse vaginal discharge
- menstrual cramps relieved by heat

Spleen: Qi, Blood, and/or Yang Deficiency

- often fatigued
- poor appetite
- low energy after a meal
- bloated after meal
- crave sweets
- loose stools, abdominal pain or digestive ills
- cold hands and/or feet
- prone to feeling sluggish
- prone to grogginess ggish
- varicose veins
- prone to worry
- diagnosed w/ low blood pressure
- sweat easily w/o exertion
- light-headed upon standing quickly
- often sick or allergies
- hypothyroid or anemia
- hemorrhoids or polyps
- menstrual flow thin/watery/pink
- uterine prolapse diagnosis
- more tired at ovulation or menstruation
- menstrual cramps w/ bearing down feeling

Blood Stasis

- ___ periodic numbness in hands/feet especially at night
- ___ varicose or spider veins
- ___ red cherry spots (raised) on skin
- ___ chronic hemorrhoids
- ___ dark spots in eyes
- ___ vascular problems or blood clotting disorder
- ___ menstrual blood clots
- ___ endometriosis or uterine fibroids
- ___ menstrual cramps, piercing or stabbing
- ___ brown or black menstrual flow
- ___ mid-cycle ovary pain
- ___ breast lumps, painful and unmovable

Excess Heat

- ___ mouth/throat usually dry
- ___ often thirsty for cold drinks
- ___ warmer than others near you
- ___ wake up sweating or hot flashes
- ___ pre-menstrual red acne breakouts
- ___ short menstrual cycle
- ___ vaginal irritation

Liver Qi Stagnation

- ___ prone to emotional depression
- ___ prone to anger/rage
- ___ pupils usually large and dilated
- ___ difficulty falling asleep at night
- ___ heartburn or bitter taste in morning
- ___ pre-menstrual irritability
- ___ pre-menstrual breast pain/swelling
- ___ nipple pain/discharge
- ___ pre-menstrual bloating
- ___ painful menses
- ___ dark/thick menstrual flow
- ___ menstrual cramps in genital area

Dampness

- ___ tired/sluggish after meal
- ___ cystic or pustular acne
- ___ foul-smelling urgent stools
- ___ overweight
- ___ wet, slimy tongue
- ___ sensitive to barometric pressure changes
- ___ prone to yeast infection/vaginal itching
- ___ fibrocystic breasts

Heart

- ___ wake up too early
- ___ difficulty falling back asleep
- ___ heart palpitations when anxious
- ___ nightmares
- ___ low spirits/lack of vitality
- ___ easily agitated or restless
- ___ fidgety
- ___ sweat excessively especially chest