Name:________________ ________________ Date:______________ **Please check all that apply**

Temperature:

- ☐ Feel cold all over
- ☐ Hands or feet cold
- ☐ Inside body cold
- ☐ Feel Hot
- ☐ Fevers
- ☐ Lack of sweating
- ☐ Sweat easily
- ☐ Hot flashes
- ☐ Night sweats
- ☐ Aversion to heat
- ☐ Aversion to cold
- ☐ Recent change in temp

Sleep:

- Time to bed ________
- Wake up at ________
- ☐ Trouble falling asleep
- ☐ Wake at night
- ☐ Trouble falling back sleep
- ☐ Hard to get going
- ☐ Restless sleep
- ☐ Night sweats
- ☐ Rested in AM
- ☐ Recent change in sleep
- ☐ Nightmares

Energy:

- ☐ High
- ☐ Medium
- ☐ Low
- ☐ Very low
- ☐ Low in AM
- ☐ High in AM
- ☐ Low in PM
- ☐ High in PM
- ☐ Steady thoughout day
- ☐ Fatigue
- ☐ Feeling of heaviness
- ☐ Lack of strength
- ☐ Muscle cramps
- ☐ Muscle weakness
- ☐ Regular exercise
- ☐ Yoga
- ☐ Tai Chi
- ☐ Pilates
- ☐ Team sports
- ☐ Other ______________

Nutrition:

- ☐ Poor appetite
- ☐ Strong appetite
- ☐ Always hungry
- ☐ Tired after eating
- ☐ Energy after eating
- ☐ Underweight
- ☐ Overweight
- ☐ Very overweight
- ☐ Eat vegetables daily
- ☐ Eat fruit daily
- ☐ Vegetarian
- ☐ Eat fried foods
- ☐ Eat meat
- ☐ Eat sweets daily
- ☐ Cravings
- ☐ Food restrictions
- ☐ Difficulty swallowing
- ☐ Heartburn/acid reflux
- ☐ Indigestion
- ☐ Abdominal pain
- ☐ Bloating
- ☐ Belching
- ☐ Bad breath
- ☐ Nausea
- ☐ Vomiting
- ☐ Vomiting blood

Thirst:

- ☐ 2 - 4 drinks/day
- ☐ 4 - 6 drinks/day
- ☐ 6 - 8 drinks/day
- ☐ > 8 drinks/day
- ___ Ounces water/day
- ___ Ounces soda/day
- ☐ Gulp down drinks
- ☐ Sip on drinks
- ☐ Always thirsty
- ☐ Rarely thirsty
- ☐ Like iced dinks
- ☐ Like warm drinks
- ☐ Dry mouth

Urination:

- ☐ Output equal intake
- ☐ Scanty amount
- ☐ Profuce amount
- ☐ Clear
- ☐ Light yellow
- ☐ Dark yellow
- ☐ Tea colored
- ☐ Cloudy urine
- ☐ Bloody urine
- ☐ Frequent urination
- ☐ Urgency
- ☐ Burning
- ☐ Lose urine when cough or run
- ☐ Incontinence
- ☐ Dribbling after urination
- ☐ Trouble starting stream
- ☐ Trouble stopping stream
- ☐ Wake to urinate

Stools:

- ☐ 1 - 2 daily
- ☐ 3 - 4 daily
- ☐ > 4 daily
- ☐ Constipated
- ☐ Hard stools
- ☐ Soft formed
- ☐ Loose
- ☐ Watery
- ☐ Urgency
- ☐ Difficult to pass
- ☐ Painful to pass
- ☐ Hemorrhoids
- ☐ Feel complete when done
- ☐ Mucus in stool
- ☐ Blood in stool
- ☐ Black stool
- ☐ Lots of gas
- ☐ Stools smell very bad
- ☐ Undigested food in stool (except nuts or corn)
- ☐ Burning anus

Cardiovascular:

- ☐ High blood pressure
- ☐ Palpitations
- ☐ Chest pain
- ☐ High cholesterol
- ☐ Fainting
- ☐ Swollen legs and feet
- ☐ Blood clots
- ☐ Varicose veins

Skin and hair:

- ☐ Dry skin
- ☐ Itchy skin
- ☐ Acne
- ☐ Rashes
- ☐ Hives
- ☐ Eczema
- ☐ Psoriasis
- ☐ Dandruff
- ☐ Bruise easily
- ☐ Brittle nails
- ☐ Weak/ridged nails
- ☐ Dry brittle hair
- ☐ Hair falling out
- ☐ Fungal infection
- ☐ Change in appearance of skin