Strength Smith Training Systems LLC

Traditional Chinese Medicine (TCM) Diagnosis Questionnaire

Name: _____ Date: _____

The following is confidential. Check off all the questions that apply to conditions you CURRENTLY have OR have experiences in the past month.

Lifestyle/Habits

__Alcohol
__Drugs (non-prescrip)
__Tobacco
__Marijuana
__Cravings/Unwanted habits
__Stress Level
__Occupational Hazards
__Other therapies (massage, counseling, etc.)
__Meditation/other stress management techniques
Exercise: List _____
Hobbies: List _____

General Symptoms

__Poor appetite
__Heavy appetite
__Usually feel cold
__Usually feel hot
__Recent weight loss/gain
__Fatigue
__Lack of strength
__Heavy body sensation
__Cold hands or feet
__Hot hands or feet
__Poor circulation
__Fever
__Chills
__Night sweats
__Sweat easily
__Muscle Cramps
__Allergies
__Frequently sick
General mood: describe_____

Sleep

__Difficulty falling asleep
__Difficulty staying asleep
__Restless mind
__Restless Body
__Wake at a specific time
__Wake intermittently
__Wake dues to night sweats
__Difficulty getting back to Sleep after waking
__Difficulty getting up in morning
__Wake rested
__Heavy sleep
__Dream disturb sleep
__Recurring dreams
__Usual time of going to sleep_____
Usual time of rising_____
Total hours of sleep per night_____

Head, Eyes, Ears, Nose & Throat

__Glasses
__Eye strain
__Eye pain
__Red eyes
__Dry eyes
__Tearing eyes
__Itchy eyes
__Floaters in eyes
__Poor Vision
__Blurred Vision
__Night Blindness
__Glaucoma
__Cataracts
__Teeth problems
__Jaw problems(TMJ)
__Teeth grinding
__Cavities/fillings
__Dentures, partials etc.
__Gingivitis
__Sores inside mouth tongue, or gums
__Thrush
__Sores on lips
__Facial pain
__Dry mouth
__Excessive saliva
__Excessive phlegm
__Sinus problems
__Recurrent sore throat
__Lump in throat
__Swollen glands
__Enlarged thyroid
__Thyroid disorders
__Nose bleeds
__Nasal discharge
__Poor Hearing
__Deafness
__Ringing in ears
__high ring
__low buzz
__Hearing aids
__Earaches
__Headaches
__Migraines
__Concussions
__Other head/neck problems _____

Respiratory

__Difficulty breathing when laying down
__Difficulty inhaling
__Difficulty exhaling
__Shortness of breath
__Wheezing
__Cough
__Coughing blood
__Sputum/phlegm
__thick
__thin
colour: _____
__Asthma
__Tight chest
__Pain in chest/lungs

Cardiovascular

__High blood pressure
__Low blood pressure
__Blood clots
__Fainting
__Chest pain
__Radiating pain
__Difficulty breathing
__Heart palpations
__Tachycardia (fast heart beat – over 100beats/min)
__Bradycardia (slow heart beats less than 60beats/min)
__Irregular heart beat
__Heart disease
__Phlebitis
__Varicose veins

Musculoskeletal

__Neck pain
__Shoulder pain
__Upper back pain
__Low back pain
__Knee pain
__Joint pain
__Rib pain
__Muscle pain
__Limited range of motion
__Limited use
__Better if resting
__Better when using
What feels better?
__Hot
__Cold
__Pressure

Gastrointestinal

__Rashes
__Nausea
__Vomiting
__Acid regurgitation
__Belching
__Hiccoughing
__Bloating
__Bad breath
__Thirsty
__Prefer hot drinks
__Prefer cold drinks
__Ulcer
__Gallstones
__Diabetes
__Hypoglycemia
__Unusual taste in mouth
__Prolapsed organs
describe_____
__Laxative use
__Black stool
__Bloody stool
__Mucus in stool
__Intestinal pain or cramping; fixed or moves
__Gas
__Itchy anus
__Burning anus
__Rectal pain
__Hemorrhoids
__Anal fissures
__Constipation
__Diarrhea
Bowel movements
#___x per day/week
Texture of stool: check all that apply
__varies
__loose
__formed
__hard
__dry
__pellets
__sink
__float
__foul odor

Skin & Hair

__Rashes
__Hives
__Itching
__Ulcerations
__Eczema
__Psoriasis
__Acne
__Boils
__Dandruff
__Hair loss
__Excess hair growth
__Change in hair/skin texture
__Fungal infections
__Soft nails
__Brittle nails
__Colour of nails
describe_____
other_____

Neuropsychological

__Seizures/epilepsy
__Numbness
__Neuralgia
__Tics
__Poor memory
__Depression
__Anxiety
__Easily stressed
__Easily frightened
__Fearful
__Worry
__Grief
__Anger
__Irritability
__Frustration
__Difficulty making decisions
__Abuse survivor
__Considered/attempted suicide
__Seeing a counselor, psychologist, etc.
__other_____

Genito-Urinary

__Pain with urination
__Frequent urination
__UTI-bladder infection
__Urgent urination
__Blood in urine
__Bladder incontinence
__Bowel incontinence
__Incomplete urination
__Venereal disease
__Bed wetting
__wake to urinate
__Dribbling
__Increased sexual energy
__decrease sexual energy
__Kidney stones

Male health issues:

__Impotence/infertility
__premature ejaculation
__Nocturnal emissions
__Testicular problems
__Prostate problems
__Genital lesions
__Sexual active
__Birth control use
describe_____
__Date of last complete physical exam_____

Gynaecology

__Age menses began
__Length of cycle
__Duration of flow
__Irregular period
__Painful period
__PMS
__Vaginal discharge
__Vaginal sores, lesions
__Vaginal odor
Date of last period_____
__Clots
Color of menstrual flow_____
__Breast lumps/pain
__Breast enhancements or reduction
__Nipple discharge
__Birth complications
__Postpartum complications
__Infertility
__Birth control use
describe_____
Date of last gynaec. exam/PAP_____
__Hormone replacement
__# of pregnancies
__# of live births
__# of premature births
__# of miscarriages or abortions
__Pregnant
__Menopause
Age of onset_____

OTHER

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