



Check	No.	Name:
		Chief complaint:
	1	I have chest discomfort/ congestion.
	2	I have a heart palpitation.
	3	I have pain between the nipples if I press with my finger.
	4	I usually have difficulty breathing.
	5	I have a squeezing pain in chest/heart.
	6	I have shoulder/arm discomfort.
	7	I get cramps in my back for what seems like no reason.
	8	I get chills down my back suddenly.
	9	I don't always drink when I'm thirsty.
	10	I get sticky/cotton mouth often.
	11	I usually have to get up in the night to get a drink.
	12	I normally drink cold water due to thirst.
	13	I get dry throat often.
	14	I prefer hot water over cold water.
	15	My teeth chatter often.
	16	I usually get a bitter taste in my mouth.
	17	I get cold sores often.
	18	I have swollen gums.
	19	I have bad breath.
	20	I don't get a normal morning erection.
	21	My testicles are usually moist.
	22	My eyesight is blurry.
	23	I get red or bloodshot eyes often.
	24	I have get eye fatigue often.
	25	I get eye discharge in the morning.
	26	Cold air makes my eyes water.
	27	I have eye spasms/twitching often.
	28	I am usually sensitive to sunlight.
	29	I get dry eyes often.
	31	I have phlegm often.
	30	I have yellow mucus often.
	32	I get hemorrhoids often.
	33	My stool is not usually normal/brown color.
	34	I have pain around my anus when I have a bowel movement.
	35	I have pain when I have a bowel movement.
	36	I experience an unusual foul odor when I have a bowel movement.



37	I normally have a hard time pushing out bowl movements.
38	I have a hard time cleaning after bowl movement due to stickiness of my stool.
39	I don't feel refreshed or relived after I have a bowel movement.
40	I have skin boils around my anus/buttocks.
41	When under stress my bowel movements change.
42	I experience chronic constipation.
43	I feel pain when I have a bowl movement due to hardness of my stool.
44	I experience chronic diarrhea.
45	I experience sudden diarrhea early in the morning.
46	I find undigested food in my stool when I have diarrhea.
47	I usually have itching in my ears.
48	I feel that my hearing is fading.
49	I usually have a high or low pitched ringing in my ears.
50	I experience dizzy spells often.
51	I experience tingling on my head.
52	When tired I feel stiffness in my neck or back of my head.
53	I have problems with my pimples.
54	I take medication when I have a headache.
55	I get foggy brain (confused) often.
56	I have itching/pimples/dandruff on my scalp.
57	I find parts of my scalp to be soft or spongy.
58	I recently have lots of hair loss.
59	I find parts of my scalp to be numb.
60	I hear sounds and/or feel stiffness from rotating my neck.
61	I feel pain when I press on my occipital ridge (where the base of skull meets spine).
63	I recently have lots of sweat due to hot weather and/or movement (more than usual)
64	I recently have lots of day sweat.
67	I sweat a lot from my feet.
65	I want to sweat more due to lack of sweating.
62	I sweat a lot from my hands.
66	My excessive sweating interfere s with my job.
68	I suffer from hot flashes.
69	I recently have lots of night sweat.
70	I suffer from gas or bloating in my stomach.
71	I hear growling sounds from stomach (besides normal hunger growls).
72	I feel that my upper stomach is cold.
73	I feel that my lower abdomen is cold.
74	I suffer from stomach aches often.



75	My hands/face gets puffy often.
76	My feet swell.
77	I have cloudy urine and/or bubbles.
78	My urine amount is too little and/or I urinate too often.
79	I notice an unusual foul odor coming from my urine.
80	I experience the urgency to urinate more often than usual.
81	I feel un-refreshed after I urinate.
82	I wake up at night to urinate/ how often.
83	I can control my urine stream.
84	The color of my first morning urine is too dark.
85	I feel pain when I urinate.
86	My urine amount is too much and I urinate too often.
87	I have digestion issues.
88	I suffer from vomiting or nausea often.
89	I feel when food gets stuck in my upper stomach.
90	I burp too often.
91	I have a poor appetite.
92	I eat small amounts of food.
93	When I drink or eat cold foods, it causes a stomach ache.
94	I feel I am always hungry.
95	I do not want to eat even if I feel hungry.
96	I get mountain [altitude] sickness often.
97	I am usually a light sleeper.
98	I do not want to cover myself with a blanket due to being hot/ uncomfortable.
99	I suddenly wake up in the middle of night often.
100	I have nightmares so bad that I feel like I cannot move when I wake up.
101	I have trouble sleeping due to too many bad dreams.
102	I have nightmares often.
103	I have a hard time falling asleep at night.
104	I have pain or chills on my wrist.
105	I feel numbness in my wrist.
106	My hands get shaky often.
107	I feel cold sensations in my hands often.
108	I feel my hands get hot suddenly.
109	My fingernails grow rough/weak.
110	I have pain in my toes.
111	I have stiffness or discomfort in my ankles.
112	I have cracked feet.



113	I have heel pain.
114	I have discoloration or a deformity in my feet/foot.
115	I have discoloration or a deformity in my toe nails.
116	I feel cold sensations in my feet often.
117	I uncover my feet at night due to it being too hot.
118	I feel numbness in my feet.
119	I have a type of tick syndrome.
120	I usually feel hot.
122	I have had spotting when I wasn't expecting my period.
123	The amount of my flow increased recently.
124	I have breast pain during your period.
125	My cycle has come early.
126	I have an itch in my genital region.
127	I have a heat sensation in my genital region.
128	I suffer from pain during my cycle.
129	I have infertility issues.
121	I have had a miscarriage(s).
130	I suffer from dryness in my genitals.
131	I suffer from pain before my cycle.
132	I feel pain after my period.
133	The amount of my flow has decreased recently.
134	My period has had a few delays.
135	I have any knee pain.
136	I get chills in my knees or lower legs often.
137	I feel some sciatic pulling.
138	I can not bend over and touch the ground/my toes due to lower back issue.
139	I have lower back pain.
140	I have weakness in my back due to back pain.
141	I have vericous veins on my arm(s).
142	I have vericous veins on my abdomen.
143	I get irritable or have mood swings often.
144	I have vericous veins on my chest wall.
145	I have vericous veins on my lower back and legs.
146	I get depressed often.
147	I usually have a bad temper.
148	I have recently suddenly become deaf or blind.
149	I suffer from anxiety.
150	I tend to get suddenly worried or concerned.



151	I have had a sudden phobia recently.
152	I suffer from memory loss.
153	My worries last for a long time.
154	Minor touches surprise me.
155	I feel hyper / unstable often.
156	I get body cramps often.
157	I get nose bleeds often.
158	I get colds/the flu often.
159	It is easy for me to become fatigued.
160	I am anemic.
161	My body usually takes long to heal a scar.
162	I can hear my pulsation.
163	My blood vessels pop.
164	I feel my libido has decreased recently.
165	I suffer from asthma.
166	I suffer from thyroid problems.
167	I have an irregular pulse.
168	I get hiccups often.
169	How often do you get cramps?
170	I get bruised easily.
171	I usually have a dry cough.
172	I have yellowish mucus from my nose.
173	I have a dry or stuffy nose.
174	I have extra flesh growing in my nose.
175	I have a runny nose (allergies).
176	I have a lung condition.
177	I have problems with eczema.
178	I suffer from Rosacea (redness of face).
179	My skin gets rough or warts.
180	My skin easily gets rashes and/or boils.
181	I usually wake up early without an alarm.
182	I usually don't want to get up in the morning.
183	I feel like I want to keep sleeping even after plenty of rest.
184	I find myself yawning often.
185	I sigh often.
186	My body normally runs cold.