



Questionnaire

Bowel movement			
Frequency			
<input type="checkbox"/> once a day	<input type="checkbox"/> multiple times a day	<input type="checkbox"/> once every 2~3 days	<input type="checkbox"/> once every 4+ days
Stool			
<input type="checkbox"/> firm	<input type="checkbox"/> dry and hard to get out	<input type="checkbox"/> like pills	<input type="checkbox"/> thin like thread
<input type="checkbox"/> loose	<input type="checkbox"/> diarrhea	<input type="checkbox"/> firm first then loose	<input type="checkbox"/> visible not digested food
Pass gas			
<input type="checkbox"/> pass gas frequently	<input type="checkbox"/> very stink		
If with diarrhea			
<input type="checkbox"/> stool shoots out	<input type="checkbox"/> very stink	<input type="checkbox"/> anus pain and hot	<input type="checkbox"/> tenesmus
Other symptoms			
<input type="checkbox"/> with blood	<input type="checkbox"/> internal hemorrhoids	<input type="checkbox"/> external hemorrhoids	<input type="checkbox"/> dark color
Additional description:			
Urine			
Urine symptoms			
<input type="checkbox"/> around 6 times a day	<input type="checkbox"/> suppression of urine	<input type="checkbox"/> frequent urine	<input type="checkbox"/> urine urgency
<input type="checkbox"/> urine right after drinking	<input type="checkbox"/> urine at night	<input type="checkbox"/> bed-wetting	<input type="checkbox"/> enuresis at day time
<input type="checkbox"/> weak shooting out	<input type="checkbox"/> pain	<input type="checkbox"/> white liquid after urine	
Color of urine			
<input type="checkbox"/> light yellow	<input type="checkbox"/> clear like water	<input type="checkbox"/> yellow	<input type="checkbox"/> dark yellow
<input type="checkbox"/> dark brown	<input type="checkbox"/> with blood	<input type="checkbox"/> with bubbles	<input type="checkbox"/> turbid
Additional description:			
Appetite			
<input type="checkbox"/> no appetite	<input type="checkbox"/> eat small	<input type="checkbox"/> eat a lot	<input type="checkbox"/> discomfort after meal
<input type="checkbox"/> get hungry easily and need to eat right away		<input type="checkbox"/> stomach pain	<input type="checkbox"/> stomach congestion
<input type="checkbox"/> burps especially after meal	<input type="checkbox"/> hiccup	<input type="checkbox"/> vomit (with food)	<input type="checkbox"/> vomit (water only)
<input type="checkbox"/> nauseous	<input type="checkbox"/> acid flux	<input type="checkbox"/> heart burn	<input type="checkbox"/> very good
Additional description:			



Questionnaire

Thirsty			
Desire			
<input type="checkbox"/> no desire to drink all day	<input type="checkbox"/> drink lots of water	<input type="checkbox"/> mouth dry	<input type="checkbox"/> throat dry
<input type="checkbox"/> tongue dry	<input type="checkbox"/> dry lips		
Preferred temperature to drink			
<input type="checkbox"/> room temperature	<input type="checkbox"/> cold	<input type="checkbox"/> warm	<input type="checkbox"/> hot
Other symptoms			
<input type="checkbox"/> bitter taste in the morning	<input type="checkbox"/> sweet taste	<input type="checkbox"/> stink taste	<input type="checkbox"/> other taste in mouth
<input type="checkbox"/> vomit right after drink	<input type="checkbox"/> dribble	<input type="checkbox"/> watery in mouth	<input type="checkbox"/> thick liquid in mouth
Additional description:			
Sweating			
Usually			
<input type="checkbox"/> sweat easily	<input type="checkbox"/> no sweating	<input type="checkbox"/> left side body sweating	<input type="checkbox"/> right side body sweating
Lately (in past one week)			
<input type="checkbox"/> no sweating	<input type="checkbox"/> lots of sweating	<input type="checkbox"/> night sweat	<input type="checkbox"/> sweat suddenly at day time
<input type="checkbox"/> hands sweat	<input type="checkbox"/> feed sweat	<input type="checkbox"/> head sweat only	<input type="checkbox"/> normal
Additional description:			
Emotion			
<input type="checkbox"/> fidget at night	<input type="checkbox"/> fidget at day time	<input type="checkbox"/> easily irritable	<input type="checkbox"/> mania
<input type="checkbox"/> delirium	<input type="checkbox"/> murmuring all the time	<input type="checkbox"/> depressed	<input type="checkbox"/> anxiety
<input type="checkbox"/> sad and tears for no reason	<input type="checkbox"/> extreme grief		
Additional description:			
Chest, stomach and abdomen			
<input type="checkbox"/> palpitation	<input type="checkbox"/> feel hard to breath	<input type="checkbox"/> feel push down up	<input type="checkbox"/> chest ache
<input type="checkbox"/> chest congestion	<input type="checkbox"/> stomach ache	<input type="checkbox"/> stomach distension	<input type="checkbox"/> abdomen distension
<input type="checkbox"/> side chest distention	<input type="checkbox"/> no problem		
Additional description:			



Questionnaire

Cough, breath difficulty and mucus

- cough
- no mucus
- mucus out easily
- throat hot
- breath in difficulty
- white mucus
- mucus hard to get out
- throat pain
- breath out difficulty
- yellow mucus
- blood in mucus
- no problems
- asthma
- white "rice" in mucus
- can hear mucus noise

Additional description:

Energy

- cannot sleep enough
- tired in the evening
- body feel heavy
- fatigue all the time
- muscle weakness
- legs feel heavy
- tired in the morning
- cannot grab stuff tight
- good energy
- tired at noon
- tired when walking

Additional description:

For women only

Menses

- not developed yet
- menopause
- pregnant
- postpartum

If you should have menses

- on period now
- off period now
- cycle days: _____ (28 days is normal)
- menorrhagia
- cannot stop
- color is very light
- blood clots
- cycle is not stable
- color is dark
- next start date: _____
- period days: _____ (around 6 days is normal)
- too much menstruation
- menses stopped
- color is yellow
- too little menstruation
- blood coming out of nose

Other symptoms

- white or clear leukorrhea
- yellowish leukorrhea
- vaginal secretions
- itching of vagina

Additional description:

Men's problems

Other problems (If any, please describe the detail problems)