Traditional Chinese Medicine (TCM) Assessment Instructions

This assessment form is designed to determine your current health condition according to Traditional Chinese Medicine (TCM). Each patient must complete pages 1-3 of the questionnaire. Page 4 is specifically designed for females, so males can disregard it. Page 5 is for the doctor or trained observer to complete.

Each section is designed to gather specific information about that particular body system or function. Please check any box that applies to you, even if the question appears to be redundant. If your answer is “sometimes”, please check the box. Example: If a question asks “is your voice high or low?”, and your answer is “sometimes it’s high, and other times, it’s low”, please check both boxes. If none of the suggested answers apply to you, don’t check any.

in some cases, you may feel that the questionnaire is “missing” your specific symptoms; don’t worry about it. TCM looks for a few simple, yet significant tell-tale signs which help to assess your condition. This form is only one tool being used by your doctor.

If you are unsure about how to answer a question, please ask.

Traditional Chinese Medicine (TCM) Evaluation Form

Patient: _____ File #: _____ Date: _____

Chills & Fever

Chills:

☐ Chills only ☐ Chills > Fever ☐ Fever > Chills

Fever:

☐ Fever without aversion to cold.
☐ Low-grade fever that gets worse in the afternoon, or fever occurring in the afternoon or night.
☐ Constant low-grade temperature.
☐ Alternating chills & fever.

Sweating

Areas:

☐ Whole Body ☐ Only on Head ☐ Only Forehead
☐ Only on Hands ☐ Only on 4 Limbs ☐ On 5 Palms (hands, feet, chest)

Time:

☐ Day ☐ Night

Head

Headache (onset):

☐ Recent ☐ Gradual

Headache (time):

☐ Day ☐ Evening

Headache (location):

☐ Whole Head ☐ Forehead ☐ Top of Head
☐ Temples & Sides ☐ Nape & Neck

Dizziness:

☐ A sudden onset
☐ A gradual onset
☐ Slight dizziness accompanied by a feeling of heaviness and mental fog.
☐ Slight dizziness aggravated when tired.
☐ Severe “giddiness” when everything seems to sway, and the patient looses balance.

Body

Whole Body Pain:

☐ Sudden onset + Chills and Fever
☐ Pail all over + feeling of tiredness
☐ Postpartum dull pain
☐ Postpartum Sharp Pain
☐ Pain in Arms & Shoulders, experienced only when walking.
☐ Pain in ALL muscles + Hot sensation of the flesh.
☐ Pain + feeling of Heaviness.

Joint Pain:

☐ Wandering from joint to joint.
☐ Fixed, and very painful.
☐ Fixed, with swelling and numbness.

Backache:

☐ Recent onset by Sprain (severe, stiff).
☐ Continuous, dull pain.
☐ Severe pain, aggravated by cold and damp weather, alleviated by heat.
☐ Boring pain, with inability to turn the waist.
☐ Pain in the back, extending up to the shoulders.

Numbness:

☐ 4 limbs, or only Hands & Feet on both sides.
☐ Fingers, elbow, and arm on one side only.

Thorax & Abdomen

Chest Pain:
☐ Accompanied by cough with profuse yellow sputum

Epigastric (above stomach) Pain:
☐ Food Retention ☐ Very dull, and not very severe
☐ Alleviated by eating ☐ Aggravated by eating
☐ Feeling of fullness in the epigastric region.

Hypogastric (below stomach) Pain:
☐ Pain in Hypogastric region

Lower Abdominal Pain:
☐ Relieved by bowel movements ☐ Aggravated by bowel movements

Food & Taste

Food:
☐ Condition is relieved by eating ☐ Condition is aggravated by eating
☐ Lack of appetite ☐ Always Hungry
☐ Fullness & Distention after eating. ☐ Preference for Hot food
☐ Preference for Cold food

Taste (in mouth):
☐ Bitter ☐ Salty ☐ Sweet
☐ Sour ☐ Pungent ☐ Lack of Taste

Vomit:
☐ Sour ☐ Bitter
☐ Clear & Watery ☐ Vomit right after eating.

Stools

General:
☐ Aggravation of condition after a bowel movement.
☐ Amelioration or Improvement of a condition after a bowel movement.

Constipation:
☐ Acute constipation with thirst (dry yellow tongue coating).
☐ Small, “bitty” stools, like goat or rabbit stools (pellets).
☐ The stools are not dry, but difficult in performing a bowel movement.
☐ With abdominal pain.
☐ Dry stools, without thirst.
☐ Alternation of constipation and diarrhea.

Diarrhea:
☐ Presence of foul smell ☐ Absence of smell
☐ Chromic Diarrhea ☐ Daybreak Diarrhea
☐ With mucus & blood in the stools ☐ Loose stools with undigested food
☐ A burning sensation in the anus while passing stools.
☐ Black or very dark stools.
☐ Blood comes first ☐ The stool comes first, then the blood.

Urine

Function Disorder:
☐ Enuresis or Incontinence ☐ Retention of urine
☐ Frequent & Scanty urination ☐ Difficulty in urination
☐ Very frequent & copious urination

Pain:
☐ Before urination ☐ After urination ☐ During urination

Color:
☐ Pale urine ☐ Dark urine
☐ Turbid or Cloudy urine ☐ Copious clear and pale urination

Amount:
☐ Large amount of urine ☐ Scanty amount of urine

Sleep

Insomnia:
- ☐ Not being able to fall asleep, but sleeping well after falling asleep.
- ☐ Waking up many times during the night.
- ☐ Dream-disturbed sleep.
- ☐ Restless sleep with dreams.
- ☐ Waking up early in the morning, and unable to fall asleep again.

Lethargy (lack of energy):
- ☐ Falling asleep after eating.
- ☐ A general feeling of lethargy and heaviness of the body.
- ☐ Lethargy and dizziness.
- ☐ Extreme Lethargy and Lassitude (mental weariness) with a feeling of cold.
- ☐ Lethargic stupor with manifestations of heat.

Ears & Eyes

Tinnitus:
- ☐ Sudden onset ☐ Gradual onset
- ☐ Aggravated by pressing with one's hands on the ears.
- ☐ Alleviated by pressing with one's hands on the ears.
- ☐ High Pitch ☐ Low Pitch

Deafness:
- ☐ Sudden onset ☐ Gradual onset ☐ Chronic

Eyes:
- ☐ Pain like a needle, and with "red eye" associated with headache.
- ☐ Pain, swelling, and redness of the eyes.
- ☐ Blurred vision and "floaters" in the eyes.
- ☐ Photophobia (sensitive to light)
- ☐ Feeling of pressure in the eyes.
- ☐ Dryness

Thirst & Drink

Thirst:
- ☐ Thirst with desire to drink large amount of cold water.
- ☐ Absence of thirst.
- ☐ Thirst with desire to sip liquids slowly, or sip warm liquids.
- ☐ Thirst, but with no desire to drink.

Drink:
- ☐ Desire to drink cold liquids ☐ Desire to drink warm liquids

Primary Problem & Additional Info.

Primary Problem: _____

_____

_____

_____

_____

_____

_____

This section is for Females only, Males may skip.

Menstruation

Cycle:
☐ Always comes early ☐ Always comes late ☐ Irregular
Amount:
☐ Heavy ☐ Scanty
Color:
☐ Dark-red or Bright-red color ☐ Pale Blood
☐ Purple or Blackish Blood ☐ Fresh Red Blood
Quality:
☐ Congealed blood with clots ☐ Watery Blood ☐ Turbid Blood
Pain:
☐ Before Period ☐ After Period ☐ During Period

Leukorrhea

Color:
☐ White ☐ Yellow ☐ Greenish
☐ Red & White ☐ Yellow + pus with blood
Consistency:
☐ Watery ☐ Thick
Smell:
☐ Fishy ☐ Leathery

Pregnancy

Vomiting:
☐ Morning Sickness
Miscarriage:
☐ Before 3 months ☐ After 3 months
Childbirth:
☐ Nausea and heavy bleeding after delivery.
☐ Sweating and fever after delivery.
☐ Post-natal depression

Additional Information

This section to be completed by Doctor

Tongue

Body Color:
□ Pale □ Red □ Deep Red □ Purple

Body Form:
□ Swollen □ Thin □ Cracked □ Thorny
□ Deviated □ Rigid □ Flaccid

Coating Color:
□ Thin & White □ Thick & White □ Yellow □ Gray
□ Gray, Yellowish & Dry □ Gray, Whitish & Moist
□ Grayish & Black □ Black

Coating Quality:
□ Thin □ Thick □ Dry
□ Excessive moisture; saliva dribbles (slippery).
□ Sticky (hard to scrub, greasy).
□ Granular (coarse, “soybean curds”, easily scrubbed, pasty).
□ Geographic (partially peeled).
□ Mirror, glossy (entirely peeled).

Complexion

□ Red □ Pale □ Yellow □ Blue □ Dark Gray

Voice

□ Sudden Loss □ Gradual Loss □ Loud, coarse
□ Weak & Thin □ Reluctance to Talk □ Incessant Talk
□ Shouting Voice □ Laughing Voice □ Singing Voice
□ Whimpering Voice □ Groaning Voice

Hearing

Breathing:
□ Loud & Coarse □ Weak & Thin

Cough:
□ Loud & Explosive □ Weak □ Dry

Smelling

□ Rancid □ Burned □ Sweetish
□ Rank □ Putrid □ Strong, foul
□ Bod Breath □ Absence of Smell
□ Strong, foul smell of stools and/or urine.

Doctor’s Notes

C/C: _____

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