



Name: _____ Date: _____

HEALTH HISTORY QUESTIONNAIRE ACCORDING TO PATTERN DIFFERENTIATION

Please make a check mark next to each question if you have experienced this in the last six months.

1. Heart Qi, Blood Vacuity & Yin Vacuity

- ☐ Hard to go to sleep?
- ☐ Wake up often or trouble going back to sleep?
- ☐ Heart palpitations when anxious or nervous?
- ☐ Prone to agitation or restlessness?
- ☐ Easily startled or frightened?
- ☐ Prone to mood changes (e.g., laughs easily, cries easily)?

2. LIVER QI STAGNATION & DEPRESSIVE HEAT

- ☐ Abdominal, rib or breast distention and/or pain?
- ☐ Irritability?
- ☐ Frustration or pent-up feelings?
- ☐ Prone to emotional depression?
- ☐ Prone to anger?
- ☐ Lump in throat when upset?
- ☐ Tendency to sigh a lot?
- ☐ Digestive disturbances, such as nausea, heartburn, hiccups?
- ☐ Wake up with bitter taste in mouth?
- ☐ Irritable bowel (constipation alternating with diarrhea)?

3. LIVER YIN VACUITY & LIVER WIND

- ☐ Tendency toward constipation?
- ☐ Splitting headaches or migraines?
- ☐ Eye strain when fatigued?
- ☐ Dry eyes?
- ☐ Poor nighttime vision?
- ☐ Hazy vision, objects lose sharp focus?
- ☐ Facial twitching, trembling or shaking of hands, feet, head?
- ☐ Migrating pains?
- ☐ Seizures?
- ☐ Numbness or weakness in muscles?
- ☐ Dizziness or vertigo
- ☐ Sudden loud tinnitus (ringing in ears)?
- ☐ High blood pressure?

4. SPLEEN V QI VACUITY

- ☐ Fatigue (especially after eating)?
- ☐ Abdominal bloating after eating?
- ☐ Tendency to loose stools but possibly constipation?
- ☐ Cold hands and feet?
- ☐ Heavy sluggish feeling? Especially in extremities?
- ☐ Dizzy or light-headed when stand up too fast?
- ☐ Easy bruising?
- ☐ Hemorrhoids?
- ☐ Craves sweets?
- ☐ Varicose veins?
- ☐ Prone to worry a lot?
- ☐ Water retention or puffiness in body?

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5. STOMACH HEAT

- ☐ Excessive appetite?
- ☐ Mouth and/or sores?
- ☐ Bleeding gums?
- ☐ Sour taste in mouth?

6. KIDNEY QI VACUITY

Kidney yin vacuity with vacuity heat:

- ☐ Night sweats?
- ☐ Hot flashes?
- ☐ Tinnitus and/or dizziness?
- ☐ Low back soreness?
- ☐ Thirst or a dry mouth?
- ☐ Lack of sexual secretions?
- ☐ Sore throat, especially when fatigued?

7. KIDNEY YANG VACUITY:

- ☐ Low back and/or knee soreness, or pain
- ☐ Frequent urination, especially at night?
- ☐ Cold feet, especially at night?
- ☐ Decreased sexual desire?
- ☐ Poor memory?

8. LUNG QI VACUITY:

- ☐ Frequent colds/cough?
- ☐ Frequent runny nose or stuffy sinuses?
- ☐ Shortness of breath, chest pains or wheezing in chest from fatigue or exertion?
- ☐ Weak voice or no desire to talk?
- ☐ Perspires easily with exertion?

9. FOR WOMEN ONLY

☐ MENSES. Circle when appropriate.

Heavy Flow Light Flow

Early Menses Late Menses

Short Cycle Long Cycle

Menstrual blood thick, or dark, or purplish in color, or pale?

Menstrual blood contains clots?

Menstrual cramps

Vaginal discharge- clear, or colored, excess odor

Premenstrual breast distention or generalized bloating.

Premenstrual nipple pain.