

Robert Lloyd McDonald R.TCMP R.Ac.. & Associates  
308 – 18 Crown Steel Drive  
Markham, ON L3R 9X8  
905 294 1990 clinic  
905 947 1705 fax  
Email [rlmcd@rogers.com](mailto:rlmcd@rogers.com)

Chinese Medicine detailed questionnaire

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

- | Yes                      | No                       | <b>Both Male and Female (Kid Yin Vacuity)</b>                      |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you hair loss or thinning of your hair?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have loose teeth?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a loss of hearing?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have soreness or weakness of the lower back?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have soreness or weakness of the knees?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get ringing in the ears (tinnitus)?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get light headed or dizzy easily?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get dark circles under your eyes?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you prone to hot flashes?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get a surge of heat during the afternoon or evening?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get a sore throat often or easily?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get a dry mouth often? Or are you thirsty often?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the palms of your hands or soles of your feet get red easily? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you consider yourself hyper sensitive?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have low libido?  |

- | Yes                      | No                       | <b>Women Only – Answer the following female questions</b>          |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get vaginal dryness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have painful intercourse due to lack of vaginal secretions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your mid-cycle cervical mucous scanty or missing?               |

- | Yes                      | No                       | <b>Men Only – Answer the following Male questions</b>              |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get spontaneous sexual emissions or premature ejaculations? |

- | Yes                      | No                       | <b>Both Male and Female (Kid Yang Vacuity)</b>                              |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Would you describe yourself as being afraid, frightened or startled easily? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get cold hands or feet often?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get cold easily?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an adversity (strong dislike) for cold weather?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you urinate frequently?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get a lot of clear urine that is in a large volume?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wake up at night to urinate? If so how many times: _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have urgent bowels movements first thing in the morning?             |

- Yes No **Women Only – Answer the following female questions**
- Do you have pre-menstrual lower back pain?
- Do you have profuse white or clear vaginal secretions (discharge)?
- Does your menstrual blood tend to be dull (not bright) in colour?
- Do you feel cold cramps during your period that respond well to heat?

- Yes No **Both Male and Female (Spleen Vacuity)**
- Are you often tired?
- Do you have a poor appetite?
- After a meal do you feel tired or want to sleep?
- Do you feel bloated after eating a meal?
- Do you crave sweets?
- Do you get loose stool or diarrhea often?
- Do you get abdominal pain often?
- Do you have difficulty digesting certain foods? If so what: \_\_\_\_\_
- Do you get a cold nose easily?
- Are you prone to feeling heaviness of your body? Is so where: \_\_\_\_\_
- Are you prone to feeling as if your brain is in a fog?
- Do you bruise easily?
- Do you think you have poor circulation?
- Do you have varicose veins?
- Are you lacking strength in your arms or legs?
- Are you lacking in exercise?
- Are you prone to worry or over thinking / analyzing?
- Have you been diagnosed with low blood pressure?
- Do you sweat a lot without exerting yourself?
- When you stand up quickly do you get dizzy, light headed or see spots?
- Do you get sick often?
- Have you been diagnosed with a low thyroid? (hypothyroid)
- Have you been diagnosed with anemia?
- Do you think your complexion is pale? Or Pale yellowish?
- Do you have hemorrhoids? Any history of polyps?

- Yes No **Women Only – Answer the following female questions**
- Is your menstruation thin, watery, profuse, or pinkish in colour?
- Are you more tired around ovulation or menstruation?
- Do you ever spot a few days or more before your period comes?
- Have you ever been diagnosed with uterine prolapse?
- During your period do you get a bearing down sensation in your uterus?

- Yes No **Both Male and Female (Blood Vacuity)**
- Do you have dry skin?
- Are you prone to getting chapped lips?
- Are your fingernails or toenails brittle?

- Are you losing hair on your head?
- Is your hair dry, brittle or with split ends?
- Do you have diminished night time vision?
- Are your lips or the inner side of your eye lids pale in colour?

Yes No **Women Only – Answer the following female questions**

- Do you get dizzy or light headed around your period?
- Do you get night sweats before your period?
- Are your menses scanty and or late?

Yes No **Both Male and Female (Blood Stagnation)**

- Do you experience periodic numbness of your hands and feet?
- Do you have varicose or spider veins?
- Do you have red hemangiomas (cherry red spots) on your skin?
- Does your complexion appear dark or “sooty”?
- Do you have dark spots in your eyes?
- Have you been diagnosed with any vascular problems or blood clotting?
- Do you get cramps or pain at night or in the evening in the same location?

Yes No **Women Only – Answer the following female questions**

- Is your menstrual flow ever dark red, brown or black in colour?
- Do you experience mid cycle pain around your ovaries?
- Do you have painful, unmovable breast lumps?
- Do you have piercing or stabbing menstrual cramps?
- Does your menstrual blood contain clots?
- Have you ever been diagnosed with endometriosis or uterine fibroids?
- Is your lower abdomen tender to palpation (resists touch)?
- Can you feel any abnormal lumps in your lower abdomen?

Yes No **Both Male and Female (Liver Depression Qi Stagnation)**

- Are you prone to emotional depression?
- Are you prone to irritability, anger and or rage?
- Do you suffer from moodiness / mood swings / feelings of frustration?
- Do you have difficulty falling asleep at night?
- Do you experience heart burn?
- Do you wake up with a bitter taste in your mouth?
- Do you get distension or fullness in your abdomen?
- Do you suffer from excess tension?
- Do you get muscle spasms, cramps or twitches?
- Do you get pain / tightness / aching of the diaphragm or lower rib cage?
- Do you get gas pains, tension in the stomach or intestines (bowls)?
- Do you get brittle or ridged nails?
- Do you get a lot of rectal gas?
- Do you feel unfinished after taking a bowl movement?
- Do you lack a sense of direction in your life?

Yes No

**Women Only – Answer the following female questions**

When pre-menstrual do you get irritable?

Do you feel irritable around ovulation?

Does it feel like your ovulation lasts longer than it should?

Are your breasts sensitive, sore, or tender at ovulation?

Do you experience nipple pain or discharge?

Do you have a lot of pre-menstrual breast distension or pain?

When pre-menstrual, do you become bloated?

Are your menses painful?

Do you feel your menstrual cramps in the external genitalia?

Is the menstrual blood thick and dark, or purplish in colour?

Yes No

**Both Male and Female (Shen Disturbance)**

Do you have difficulty falling asleep?

Do you wake up frequently at night?

Do you wake up and trouble falling back to sleep?

Do you feel your heart beating in your chest, especially when anxious?

Do you have nightmares?

Do you seem low in spirit or lacking vitality?

Are you prone to agitation or restlessness?

Do you get fidgety?

Do you get easily moved to tears?

Do you always feel like you need more sleep?

During sleep do you get vivid or active dreams?

Do you get anxious a lot?

Do you have poor memory?

Do you get easily confused or disoriented?

Do you have trouble finding the right words?

Do you find that you laugh too easy or laugh for no reason?

Do you get dullness of thought?

Do you perspire or get flushed easily when excited?

When nervous do you get frequent urination or bowel movements?

Yes No

**Both Male and Female (Internal Heat)**

Are your mouth and throat usually dry?

Are you thirsty for cold drinks most of the time?

Do you often feel warmer than those around you?

Do you wake up sweating or have hot flashes?

Do you get sores on your tongue or mouth?

Do your gums bleed easily?

Do you get red eyes?

Yes No

**Women Only – Answer the following female questions**

Do you break out with red acne? Is it worse pre-menstrual: Yes/No

Do you have a short menstrual cycle?

Is your menstrual flow heavy?

Do you have vaginal irritation or rashes?

Yes No **Both Male and Female (Internal Dampness)**

Do you feel tired and sluggish after a meal?

Do you have cystic or pustular acne?

Do you have urgent, bright, or foul smelling stools?

Do your joints ache and feel heavy, especially with movement?

Yes No **Women Only – Answer the following female questions**

Do you have fibrocystic breasts?

Does your menstrual blood contain stringy tissue or mucous?

Are you prone to yeast infections and or vaginal itching?

Yes No **Both Male and Female (Damp Heat)**

Do you have red sores around your genitalia?

Do you often find your bowel movements are offensive smelling?

Do you get boils or carbuncles?

Do you suffer from rectal itching?

Do you get weeping in your rectal area?

Do you get itching and lesions on your skin? Do they weep: Yes/No

Yes No **Women Only – Answer the following female questions**

Do you have foul smelling vaginal discharge?

Do you get yellow or greenish vaginal discharge?

Are you prone to vaginal or rectal pre-menstrual itching?