

Acute Illness Questionnaire

Please answer the following questions so that I can best assist you with Chinese herbs.
Circle ALL that apply.

Today's Date:

Name:

Date when illness first began:

Fever, Chills, Sweating

I feel slightly warm or flushed.

I feel really hot and feverish.

My temperature on a thermometer is elevated.

I feel chilled all the time.

I switch between feeling hot and cold.

I only feel hot later in the day or at night.

I am sensitive to wind or cold.

I feel slightly sweaty at times.

I am sweating profusely.

I am not sweaty at all.

Other _____

Head and Body Aches

I have a headache.

My neck and/or upper back and shoulders ache.

My whole body aches or feels stiff.

I have eye pain, irritation, or discharge.

None of these

Other _____

Throat

My throat is scratchy or itchy.

My throat is sore or swollen.

I have swollen glands that I can feel.

I am thirsty, but only for small, frequent sips.

I am thirsty no matter how much I drink.

I have lost my voice.

I have strong bad breath.

I have lost my sense of taste.

I have an unpleasant taste in my mouth.

None of these

Other _____

Nose

I am sneezing a lot.

My nose is congested with thick discharge.

My nose is runny with clear, thin discharge.

I have lost my sense of smell.

None of these

Other _____

Cough

I do not have a cough.

I have a dry cough.

I have a barking cough.

I have a wet cough but nothing comes up/out.

I have a cough and I bring up phlegm.

The phlegm is white/clear: a lot? a little?

The phlegm is yellow/green: a lot? a little?

My cough is worse at certain times, or when I lay down.

Other _____

Chest & Lungs

My chest and lungs feel fine.

I have shortness of breath.

It feels like I can't get enough air.

I hear wheezing when I am breathing.

My chest feels tight or heavy.

I have pain in my chest or ribs.

I have palpitations or can feel my heart beating.

Other _____

Appetite, Digestion & Elimination

I have a good appetite and my digestion is normal.

I have lost my appetite.

I have nausea and/or vomiting.

I have loose stool or diarrhea.

I have constipation.

I have fullness, bloating, and/or discomfort in my belly.

My urine is darker than usual, painful, or feels hot.

Other _____

Energy, Mood, Skin

My energy level feels normal.

I am somewhat tired.

I am absolutely exhausted — it is hard to stand.

I feel lightheaded or dizzy.

My head feels foggy, difficult to focus, or confused.

My mood is normal for me.

I am agitated/ scared/ anxious/ sad/ irritable/ angry.

I am experiencing a lot of itching.

I have a new rash, skin redness, or swelling(s).

My skin or eyes seem yellow(er).

Other _____