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RESEARCH ARTICLE

Development of a Novel Questionnaire for the Traditional Chinese Medicine Pattern Diagnosis of Stress

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Abstract
Currently, there is no definitive diagnosis or list of signs and symptoms for "stress" in either modern biomedicine or Chinese medicine (CM). While modern theories on stress relate to the neurological interaction of a stressor or stimuli on the autonomic nervous system, it is generally regarded as subjective in nature and as such each individual will likely present varying somatic or cognitive signs and symptoms. A questionnaire was therefore developed, based on textual research, that incorporated both general as well as gender specific signs and symptom responses to determine the most common CM patterns associated with individuals who report as feeling stressed. For the 45 females who completed the questionnaire, the mean percentage of symptoms per CM pattern showed that the pattern with the highest average percentage was heart qi deficiency (61.88%) followed by liver blood deficiency (60.23%) and then heart blood deficiency (60.12%). For males (n = 16), heart qi deficiency was also the highest scoring CM pattern with a scoring percentage of 54.81%. In males, however, heart blood deficiency was second with 53.29% followed by liver blood deficiency with 51.10%. Of the general non gender-specific symptoms collected (n = 65 symptoms), the symptom most commonly reported by both men and women was "anxious or racing thoughts", followed by "constant worrying" and "inability to concentrate". The CM diagnostic pattern

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results may prove useful for clinicians as the change in diagnostic understanding will also modify the treatment principle and subsequent treatment with acupuncture or herbal medicine. Future CM research studies should consider including the questionnaire either as a diagnostic aid or as an outcome measure for acupuncture or herbal medicine studies related to stress.

1. Introduction

Currently, there is no definitive diagnosis or list of signs and symptoms for "stress" in either modern biomedicine [1,2] or Chinese medicine (CM) [3]. While modern theories on stress relate to the neurological interaction of a stressor or stimuli on the autonomic nervous system [4–6], it is generally regarded as subjective in nature and as such each individual will likely present varying somatic or cognitive signs and symptoms [7].

Within the CM framework, stress is often associated with the liver organ (Ch: *gan zang*) and this may be due to the liver's function of purging emotions [8]. Furthermore, according to Maciocia [9], the symptom "feels stressed" is often attributed as an indication for liver disharmony in zangfu diagnosis. However, "stress" is not a singular identifiable sign or symptom but rather a more generalized cluster of signs and symptoms that individuals report as stress.

While authors often use the term stress [10], few have offered to provide a clear operational definition or an explanation for the supposed CM patterns to be used as the basis for the CM treatment of stress. Other issues regarding the use of this term come from translational errors, with a recent article by Santee [11] investigating the stress management approaches described by the ancient Chinese philosopher *Zhuang Zi* (Ch: 庄子). While this manuscript implies the existence of the term "stress" in premodern China, the actual character used for the translation of stress was *you* 忧, which is conventionally translated as worry or anxiety [12]. The concept of worry is very different from the actual term stress, as the term stress was only first coined by Hans Selye approximately 50 years ago [13]. Although some authors may argue that worry or anxiety is often an associated stress response, it is by no means a definition for the term stress. As the nature of stress is subjective, it cannot be simply defined as a single psychological symptom but may present as various psychosomatic signs and symptoms. This raises the concern that many studies that aim to investigate stress are in actuality not investigating stress but only a facet of an associated stress presentation. This further emphasizes the need for a clear operational definition of stress and its associated symptoms.

The subjective nature and nonspecific nature of stress in both biomedicine and CM presented the two biggest challenges in the process of creating an instrument to identify the CM patterns associated with stress, but concurrently justifies the necessity for the development of such an instrument.

2. Materials and methods

The development of the questionnaire can be split into two separate stages: (1) selection of the initial symptoms and (2) a two-step cross-referencing and integration of CM patterns and symptoms (Fig. 1).

2.1. Stage 1: Initial symptoms

While there is no definitive diagnosis of stress in modern psychological health, the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Mental Disorders [1] does list a condition known as generalized anxiety disorder (GAD), which is defined as "excessive anxiety and worry (apprehensive expectation) occurring for a majority of days during at least a 6-month period, about a number of events or activities (such as work or school performance)" (p. 946). Withholding the timeframe of 6 months, this definition fits well with the common understanding of stress. As a result, the somatic diagnostic criteria for GAD were implemented as a basis for likely signs and symptoms associated with stress. In general, sufferers of GAD tend to have at least three of the following six specific somatic symptoms: (1) restlessness or feeling keyed up or on edge; (2) being easily fatigued; (3) difficulty concentrating or mind going blank; (4) irritability; (5) muscle tension; and (6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep) [1]. Additional signs and symptoms were added to these initial six symptoms based on commonly reported signs/symptoms thought to be associated with individuals reporting being stressed [2,14].

2.2. Stage 2: CM diagnostic pattern differentiation and sign and symptom integration

The signs and symptoms for GAD and the commonly associated stress signs and symptoms were cross-referenced with three CM diagnostic textbooks [9,15,16] to discern which CM patterns listed each sign or symptom. For example, the symptom of "poor memory" was present in nine patterns, namely, spleen blood deficiency, spleen qi deficiency, heart yin deficiency, heart blood deficiency, heart qi deficiency, heart blood stasis, phlegm misting the heart, kidney deficiency (general), and kidney yin deficiency [9,15,16]. From this first cross-referencing process, 43 CM diagnostic patterns were identified, consisting of involvement from all five *zang* (liver, spleen, heart, kidney, and lung) and two *fu*

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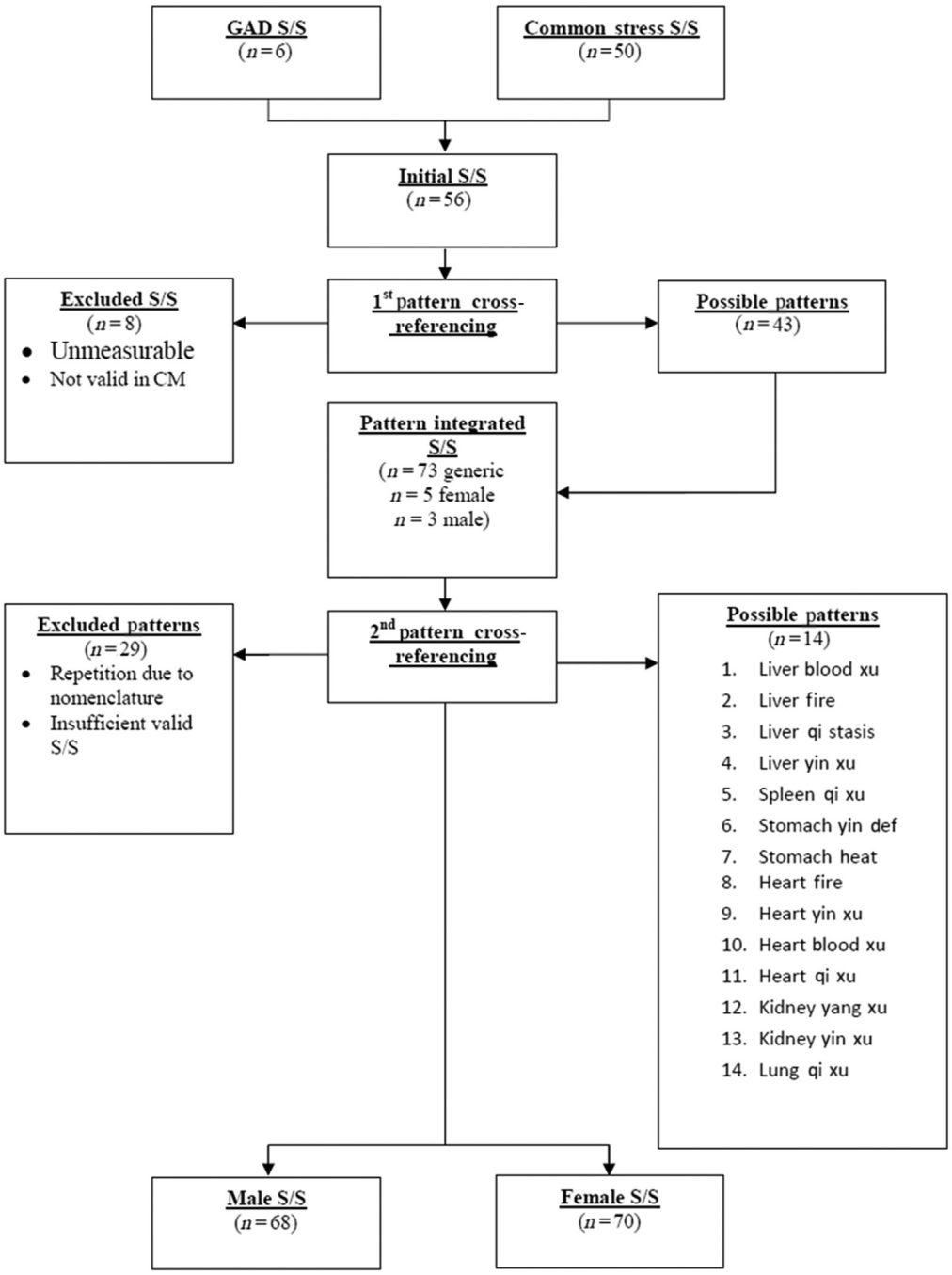

Figure 1 Flowchart of stress questionnaire instrument design. GAD = general anxiety disorder; CM = Chinese Medicine; s/s = signs and symptoms.

(gallbladder and stomach); besides, eight signs and symptoms were rejected for inclusion in the instrument because they were either unmeasurable due to poor operational definition (i.e., "poor judgment") or invalid according to CM concepts.

From the 43 patterns, every sign and symptom associated with each CM diagnostic pattern was added to the list of signs and symptoms to arrive at a total of 73 nongender-specific signs and symptoms and eight gender-specific signs and symptoms (8 female and 3 male). This new set of signs and symptoms was then cross-referenced against the 43 already identified CM diagnostic patterns to determine the frequency of sign and symptom occurrence within the patterns and cross-referenced with the World Health Organization standard terminology to check for repetition of patterns due to inconsistent nomenclature (i.e., stomach heat and stomach fire). As a result, only 14 patterns were selected that satisfied frequency

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(each pattern had 10 or greater signs and symptoms). The final instrument consists of two gender-specific questionnaires (male and female) with 68 possible male signs and symptoms and 70 possible female signs, with results reflecting 14 different patterns. See Appendix 1 for the final instrument.

Measurement was based on percentage of signs and symptoms present against possible number of signs and symptom per pattern per gender (i.e., for "liver blood deficiency," the maximum possible signs and symptoms are 17 in males and 19 in females; see Fig. 2 and Tables 1 and 2).

2.3. Ethical considerations

This study was deemed Nil/Negligible risk and was approved by the Faculty of Science UTS with an HREC application number (UTS HREC 2013000564).

2.4. Data collection and analysis

The questionnaire was disseminated at the reception area of the University of Technology Sydney Chinese Medicine Clinic. Self-reporting stressed individuals attending the clinic were given the opportunity to complete the questionnaire and deposit the completed questionnaire in a sealed box. Questionnaires from the box were collected periodically.

The questionnaires were used to determine symptom frequency and to calculate the most common CM diagnostic patterns. The response to each question was tabulated in MS Excel (Microsoft, Redmond, WA, USA), and then transferred into a statistical package for analysis. Internal consistency (Cronbach alpha) was also calculated. Cronbach alpha was obtained using a multivariate item analysis for each individual question in the questionnaire (Minitab version 16 statistical software, Coventry, UK).

Intra-rater reliability for the questionnaire was also was established using a test—retest approach with 33 participants (20 female and 13 male) who self-reported as stressed and matched data were analyzed using Pearson correlation.

Table 1 Mean percentage of symptoms per pattern in males and females.

Pattern	Female ($n = 45$), %	Male ($n = 16$), %
Heart qi deficiency	61.88	54.81
Liver blood deficiency	60.23	51.10
Heart blood deficiency	60.12	53.29
Heart yin deficiency	56.26	47.50
Spleen qi deficiency	55.15	48.30
Liver qi depression	51.01	48.13
Liver fire	50.91	43.44
Heart fire	50.06	45.07
Liver yin deficiency	49.80	38.69
Stomach heat	47.72	41.78
Kidney yin deficiency	47.39	40.12
Kidney yang deficiency	44.19	35.05
Lung qi deficiency	43.76	37.02
Stomach yin deficiency	43.41	33.33

3. Results

3.1. Intrarater reliability

A total of 13 male participants and 20 female participants completed their respective questionnaires through the test and retest model. The results show that the intrarater reliability was "very strong" [17], with the male questionnaire scoring a Pearson correlation of 0.846 ($p < 0.001$) and the female questionnaire scoring a Pearson correlation of 0.844 ($p < 0.001$).

3.2. Internal consistency

Results for internal consistency also showed excellent results with a Cronbach alpha of 0.959 in male participants

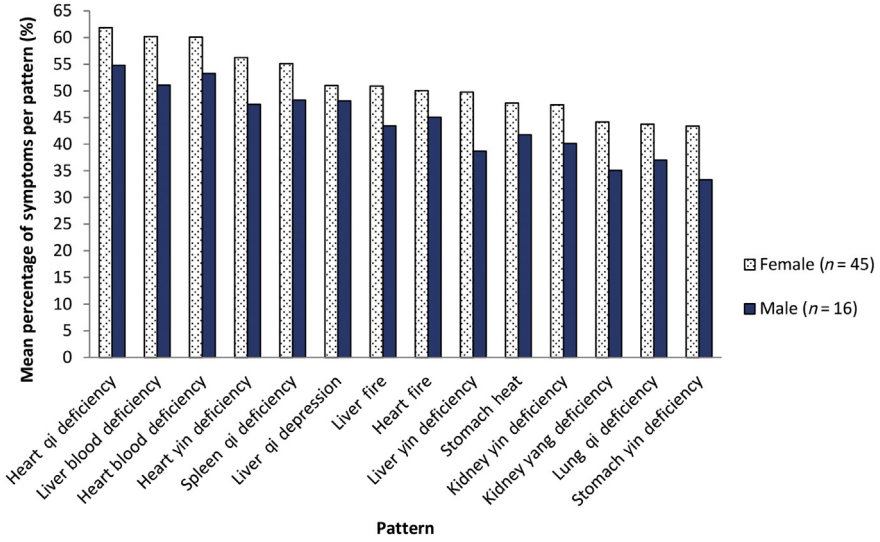

Figure 2 Mean percentage of symptoms per pattern in males and females.

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Table 2 Frequency of most common patterns.[a]

Pattern	Female			Male		
	Primary	Secondary	Tertiary	Primary	Secondary	Tertiary
Liver blood deficiency	8 (2)	12 (4)	10 (6)	2	4	0
Liver fire	2 (1)	1	5 (1)	0	0	0
Liver qi depression	0	2	4	2	2	2
Liver yin deficiency	1 (1)	2	1 (1)	0	0	1
Spleen qi deficiency	5 (1)	6	6 (1)	0	1	2
Stomach yin deficiency	1	1	1	0	0	1
Stomach heat	4 (1)	1	2 (1)	0	1	1 (1)
Heart fire	3 (1)	1 (1)	3 (3)	1	1	2
Heart yin deficiency	4 (1)	5 (2)	9 (4)	1	1	1
Heart blood deficiency	10 (3)	10 (3)	9 (4)	3	5	2 (1)
Heart qi deficiency	12	10	6	7 (1)	0	2
Kidney yang deficiency	0	1	2 (1)	0	0	0
Kidney yin deficiency	0	0	1 (1)	0	0	1
Lung qi deficiency	2	0	1	1 (1)	1	1

[a] Values depict frequency of each pattern scores as primary, secondary, or tertiary per individual participant questionnaire. Values in () indicate shared rankings.

($n = 16$) and a Cronbach alpha of 0.829 in female participants ($n = 45$).

3.3. Pattern differentiation

A total of 45 female participants and 16 male participants ($n = 61$) completed their respective stress questionnaire. The mean $\pm$ standard deviation age for females was 36.05 $\pm$ 2.29 years, whereas for men this was 40.7 $\pm$ 3.32. For the 45 females who completed the questionnaire, the mean percentage of symptoms per CM pattern showed that the pattern with the highest average percentage was heart qi deficiency (61.88%) followed by liver blood deficiency (60.23%) and then heart blood deficiency (60.12%). The remaining pattern percentages were as follows: heart yin deficiency (56.26%), spleen qi deficiency (55.15%), liver qi depression (51.01%), liver fire (50.91%), heart fire (50.06%), liver yin deficiency (49.80%), stomach heat (47.72%), kidney yin deficiency (47.39%), kidney yang deficiency (44.19%), lung qi deficiency (43.76%), and stomach yin deficiency (43.41%).

In males ($n = 16$), heart qi deficiency was also the highest scoring CM pattern with a percentage of 54.81%. In males, however, heart blood deficiency was second with 53.29% followed by liver blood deficiency with 51.10%. The remaining patterns are ranked as follows: spleen qi deficiency (48.30%), liver qi depression (48.13%), heart yin deficiency (47.50%), heart fire (45.07%), liver fire (43.44%), stomach heat (41.78%), kidney yin deficiency (40.12%), liver yin deficiency (38.69%), lung qi deficiency (37.02%), kidney yang deficiency (35.05%), and stomach yin deficiency (33.33%).

Based on individual pattern differentiation, 12 of the 45 female participants had heart qi deficiency as the primary CM pattern. Ten of the 45 female participants reported heart blood deficiency as their primary pattern (1 shared equal primary pattern with stomach heat, heart fire, and heart yin deficiency, and another shared primary pattern with liver blood deficiency). Liver blood deficiency was the highest scoring pattern for 10/45 participants (1 shared first with liver blood deficiency). Heart qi deficiency was the secondary pattern for 10 participants, whilst heart blood deficiency was also the secondary pattern in 10 participants (shared secondary pattern three times) and 12 occasions had liver blood deficiency (shared secondary pattern four times). Heart qi deficiency was also the tertiary pattern for six individuals, whilst heart blood deficiency was the tertiary pattern nine times (shared four times) and liver blood deficiency 10 times (shared tertiary pattern six times). This equates to 28/45 female participants having heart qi deficiency as the primary, secondary, or tertiary pattern. Heart blood deficiency had 29/45 (with 10 shared) and liver blood deficiency had 30/45 participants (with 12 shared).

For males, the most prevalent patterns seen based on individual pattern differentiation were heart qi deficiency, heart blood deficiency, liver blood deficiency, and liver qi depression. Heart qi deficiency was the primary pattern in seven of 16 participants (1 shared), whilst heart blood deficiency was the primary pattern in three of 16. Both liver blood deficiency and liver qi depression were primary patterns in two of 16 participants. Heart qi deficiency was not a secondary pattern in any of the male participants; however, heart blood deficiency was the secondary pattern in five of 16, liver blood deficiency in four of 16, and liver qi depression two of 16. Heart qi deficiency was also the tertiary pattern in two of 16 participants. Similarly, heart blood deficiency was also the tertiary pattern in two of 16 participants (shared 1) as with liver qi depression (2/16). No participants had liver blood deficiency as the tertiary pattern. Overall, of the 16 male participants, nine (1 shared) had heart qi deficiency as primary, secondary, or tertiary pattern; 10 (1 shared) had heart blood deficiency; and six had both liver blood deficiency and liver qi depression.

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3.4. Symptoms

From the general nongender-specific symptoms collected ($n = 65$ symptoms), the symptom most commonly reported by both men and women was "anxious or racing thoughts" (S4) with 59 of the 61 participants reporting this symptom. The next most frequent was "constant worrying" (S5) with 58 participants reporting this as a symptom they experience. "Inability to concentrate" (S1) was ranked 3rd with 57/61 participants reporting this as a symptom they experienced while feeling stressed. Symptoms of "irritability or short temper" (S7), "agitation, inability to relax" (S8), and "insomnia or sleep disturbances" (S8) were equally ranked 4th with 54/61 participants reporting this symptom when stressed. Symptoms of "moodiness" (S6) were reported by 52/61 participants, "easily fatigued" (S17) by 51/61 participants, "poor memory" (S1) and "listlessness" (S3) by 45/61 participants, and "depression" (S9) by 44/61 participants.

Of the symptoms reported by the 45 females ($n = 70$ symptoms), the most commonly reported ones were "anxious or racing thoughts" (S4) and "constant worrying" (S5) with 43/45 participants reporting that they associate this with stress. "Easily fatigued" (S17) was the next most frequent with 42/45 participants reporting this, followed by "inability to concentrate" (S2) with 41/45, and then "irritability or short tempered" (S7) with 40/45. Symptoms of "agitation, inability to relax" (S8) were reported by 39/45, "insomnia or sleep disturbances" (S60) by 39/45, "moodiness" (S6) by 38/45, "thirst" (S35) by 36, and "poor memory" (S1) by 34 of 45.

For the symptoms reported by the 16 males ($n = 68$ symptoms), the most frequently reported were "anxious or racing thoughts" (S4) and "inability to concentrate" (S2) with all 16/16 participants reporting that they associate this with stress. Symptoms of "constant worrying" (S5), "agitation, inability to relax" (S8), and "insomnia or sleep disturbances" (S60) were the next most frequent with each symptom (15 participants). "Irritability or short temper" (S7) and "moodiness" (S6) were reported by 14 participants, and "listlessness" (S3), "depression or general unhappiness" (S9), and "frequent sighing" (S13) were reported by 12/16 participants.

4. Discussion

4.1. Pattern and symptoms

The results from the collective male and female questionnaires show that the three highest scoring patterns based on mean percentage were heart qi deficiency, heart blood deficiency, and liver blood deficiency. This was similar when pattern differentiation was applied individually for each respondent with heart qi deficiency, heart blood deficiency, and liver blood deficiency being the most frequent patterns to be ranked first, second or third in females. For males, this was also the case with heart qi deficiency and heart blood deficiency, but with the inclusion of liver qi stasis, which was equally frequent as liver blood deficiency.

These results indicate that the most likely pattern for stress is heart qi deficiency, which is reflected in the symptoms of poor memory (S1), listlessness (S3), constant worrying (S5), depression or general unhappiness (S9), frequent sighing (S13), sweating in both daytime and night time (S14 and S15), easily fatigued (S17), loss of sex drive (S19), tinnitus or deafness (S33), palpitation (S46), difficulty breathing or shortness of breath (S48), and timidity (S65). Of these symptoms, five are within the 10 most frequently presented symptoms [poor memory (S1), listlessness (S3), constant worrying (S5), depression or general unhappiness (S9), and easily fatigued (S17)]. The CM pathomechanism (Ch: *bing ji* 病机) underlying this finding is supported by the Chinese medical concept of the heart's ability to house and nourish the spirit (Ch: *shen* 神) within the body [8,9,15]. Chinese medical theory establishes that the function of the *shen* is to control cognitive function, mood and emotion, memory, and sleep—wake patterns. This will account for the 10 most frequent symptoms for both genders with the exception of frequent sighing (S13) and thirst (S35).

The results from the study challenge the textual and populist perception that "stress" is usually associated with the CM diagnostic pattern of liver qi stasis. One often cited example of this is the association of stress with a wiry pulse (Ch: *xian* 弦), and therefore a connection to a liver disharmony [9]. Further connection of stress to the CM diagnostic pattern of liver qi stasis may also be due to liver's function as the mediator for the free flow of qi within the body and its function to purge emotions [8]. However, once the most frequent symptoms associated with stress were identified, there are more aspects of heart involvement and shen-disturbed symptoms. This appears the same with both genders with heart qi deficiency and heart blood deficiency appearing as the most common primary, secondary, or tertiary patterns, and highest scoring average. Despite this, the liver still plays an important role as in both CM and Western biomedicine in that the heart and liver share a very close connection (the CM relationship of emperor and the general [8] and the connections via the hepatic portal vein). Liver blood deficiency was consistently one of the three highest scoring patterns in both genders, but placed higher in females (often second behind heart blood deficiency). This may be due to the liver's connection to the female menstrual cycle in CM through connections with penetrating vessel channel (Ch: *Chong Mai* 冲 脉) [8]. Whilst *liver qi stasis* was not highly placed in female respondents, it appears much higher in male respondents, sharing a similar position with liver blood deficiency when patterns are compared individually. This may reflect the CM theory that men are more qi orientated, whereas women are blood orientated and their illness reflects this yin—yang dichotomy. Symptomatically, this may be due to the presence of "frequent sighing" (S13), a classical symptom associated with liver qi stasis, in the 10 most frequent symptoms in men, with 12 of 16 (75%) participants reporting this, but only 29 of 45 females (64%) reported this in their respective

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questionnaires. The symptom of "frequent sighing" is only associated with liver qi stasis, spleen qi deficiency, and heart qi deficiency. It is also interesting to note that the highest scoring patterns, with the exception of liver qi stasis in males, are all deficient in nature. This may change the clinical outlook and overall treatment principles to treat stress disorders. Rather than focusing on treatments aimed to "reduce excess" or "move stagnation," perhaps treatments should focus more on supplementing and strengthening the deficiency to improve the ability to overcome and cope with stress. This reflects negatively with some modern psychological views of stress and stress management, whereby stress hormones are seen to be in excess and pharmaceutical medications are administered to sedate patients suffering from stress to re-establish a homeostatic balance [18]. The CM concept of supplementation does reflect positively when the goal for treatment of stress may be perceived to improve a patient's coping mechanisms; that is rather than decreasing the stressor, which often may not be possible, the patient is taught through cognitive therapy to better cope with the pressures of stress before any psychosomatic symptoms develop [19]. This does in some facets reflect the CM concept of supplementation.

4.2. Limitations

The questionnaire design has several limitations, which cannot be mitigated. First, the questionnaire was designed to collect symptoms, which when collated would be used to calculate the percentage of an expressed pattern. However, in CM diagnosis four diagnostic methods are used: observation (Ch: *wang*望), listening or smelling (Ch: *wen* 闻), inquiry (Ch: *wen*问), and palpation (Ch: *qie*切) [8]. These diagnostic methods are used to determine which CM patterns the individual is expressing. However, due to the limitation of a self-report questionnaire, only symptoms that are self-reported by the respondent can be extrapolated and other potential diagnostic signs (criteria recognized by the diagnostician through the acts of observation, e.g., tongue characteristics), listening and smelling, and palpation (e.g., the radial artery and body) had to be excluded. The failure to obtain all diagnostic information, with the information available obtained only by self-reporting of individuals, may bias the results of the study. The collective symptoms listed in the questionnaire are obviously not reflective of the complete CM diagnostic pattern, and at the same time the exclusion of signs from the original symptom cluster list for pattern identification obtained from the CM textbooks is also limited. This questionnaire was designed for logistic and pragmatic purposes, so it is easly administered to individuals who have no prior medical training as well as simple enough to be disseminated to maximize sample population. Using only self-reporting by respondents also minimizes potential bias from the practitioner, which may be present if the practitioner scored the questionnaire responses [20]. Caution is suggested if the questionnaire is to be used as a form of clinical CM diagnosis as it was not designed to a replace the experience of a practitioner but rather as an adjunctive tool to assist with the process of CM diagnosis.

A further limitation of the study is that while respondents were asked to rank the severity of symptoms they experienced, for the pattern differentiation process only whether the symptom was "present" or "absent" was used. This was due to the need to scale the symptoms to allow comparison across patterns. This concept of scaling of symptoms or the concept of "a key or a main symptom," which uniquely defines a pattern, is reflective of the current practice of CM. However, this method of diagnosis is not objective and/or works as a clear operational definition. As a result, it is very difficult to incorporate this into the questionnaire for two reasons: first, the challenge of obtaining a consensus on which symptoms are considered more important than others and second, the mathematical weighting model that should be used. Despite this, the inclusion of ranking of severity allows clinical monitoring of progress of patients with regard to whether certain symptoms have improved [20].

5. Conclusion

The CM diagnostic pattern results, however, may prove useful for clinicians as the change in diagnostic understanding will also change the treatment principle and subsequent treatment with acupuncture or herbal medicine. Future CM research studies should include this questionnaire either as a diagnostic aid or as an outcome measure for acupuncture or herbal medicine studies. While this questionnaire deals mainly with the CM paradigm, it will be equally beneficial to administer this questionnaire in the biomedical diagnosis of stress utilizing its extensive listing of symptoms associated with stress. It may also facilitate further understanding of idiopathic disorders, which may be defined as "comorbidities" to stress disorders.

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Disclosure statement

The authors declare that they have no conflicts of interest and no financial interests related to the material of this manuscript.

Appendix 1. Chinese Medicine Stress Symptoms Questionnaire.

This questionnaire collects data about your physical, psychological, and emotional changes when you feel "Stressed" and the level of severity of these signs and symptoms that you feel right now. Please mark an "X" in the appropriate box on the severity of the following signs and symptoms. Please note that Sections 9 and 10 are gender specific, so please only complete the appropriate section. Section 9 is for female participants only and Section 10 is male participants only.

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Age: _____ **Gender:** Male ☐ Female ☐ **Date completed:** ____/____/_____

1. Cognitive	Not present	Mild	Moderate	Severe
Poor Memory	☐	☐	☐	☐
Inability to concentrate	☐	☐	☐	☐
Listlessness/ Indifferent	☐	☐	☐	☐
Anxious or racing thoughts	☐	☐	☐	☐
Constant worrying	☐	☐	☐	☐

2. Emotional	Not present	Mild	Moderate	Severe
Moodiness	☐	☐	☐	☐
Irritability or short temper	☐	☐	☐	☐
Agitation, inability to relax	☐	☐	☐	☐
Depression or general unhappiness	☐	☐	☐	☐

3. Physical (General)	Not present	Mild	Moderate	Severe
Aches and pains	☐	☐	☐	☐
Weakness in the knees	☐	☐	☐	☐
Oedema/ swelling due to water retention	☐	☐	☐	☐
Frequent sighing	☐	☐	☐	☐
Sweating (Daytime)	☐	☐	☐	☐
Sweating (Night time)	☐	☐	☐	☐
Frequent colds	☐	☐	☐	☐
Easily fatigued	☐	☐	☐	☐
Muscle cramp	☐	☐	☐	☐
Loss of sex drive	☐	☐	☐	☐
General feeling of cold	☐	☐	☐	☐
General feeling of heat	☐	☐	☐	☐
Hot sensations in the palms and soles of foot	☐	☐	☐	☐
Frequent urination	☐	☐	☐	☐
Copious pale urine	☐	☐	☐	☐
Scanty urine	☐	☐	☐	☐
Dark Urine	☐	☐	☐	☐

4. Head, Face and Throat	Not present	Mild	Moderate	Severe
Dizziness	☐	☐	☐	☐
Headache	☐	☐	☐	☐
Dry eyes	☐	☐	☐	☐
Red eyes	☐	☐	☐	☐
Blurred vision/ floaters	☐	☐	☐	☐
Night blindness	☐	☐	☐	☐

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Tinnitus/Deafness	☐	☐	☐	☐
Flushed face	☐	☐	☐	☐
Thirst	☐	☐	☐	☐
Bitter taste in the mouth	☐	☐	☐	☐
Dry throat	☐	☐	☐	☐
Stuck sensation in the throat	☐	☐	☐	☐
Stuttering	☐	☐	☐	☐
Teeth grinding	☐	☐	☐	☐
Bad breath	☐	☐	☐	☐
Mouth Ulcers	☐	☐	☐	☐
Bleeding Gums	☐	☐	☐	☐

5. **Chest Region**	Not present	Mild	Moderate	Severe
Tightness in the chest	☐	☐	☐	☐
Chest pain	☐	☐	☐	☐
Palpitation	☐	☐	☐	☐
Cough	☐	☐	☐	☐
Difficulty Breathing/ Shortness of Breath	☐	☐	☐	☐

6. **Appetite and Digestion**	Not present	Mild	Moderate	Severe
Diarrhoea	☐	☐	☐	☐
Constipation	☐	☐	☐	☐
Nausea	☐	☐	☐	☐
Weight change	☐	☐	☐	☐
Abdominal distension	☐	☐	☐	☐
Sour regurgitation / acid reflux	☐	☐	☐	☐

7. **Limbs and Extremities**	Not present	Mild	Moderate	Severe
Numbness or Tingling in limbs	☐	☐	☐	☐
Dry hair and skin	☐	☐	☐	☐
Brittle nails	☐	☐	☐	☐

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8. Behavioural	Not present	Mild	Moderate	Severe
Increased appetite	☐	☐	☐	☐
Reduced appetite	☐	☐	☐	☐
Insomnia or sleep disturbances	☐	☐	☐	☐
Vivid dreams	☐	☐	☐	☐
Sleep talking	☐	☐	☐	☐
Speak with a louder voice	☐	☐	☐	☐
Speak with a softer voice	☐	☐	☐	☐
Feeling timid	☐	☐	☐	☐

9. Female Specific				
Irregular Menses	☐	☐	☐	☐
Premenstrual tension	☐	☐	☐	☐
Premenstrual breast distension	☐	☐	☐	☐
Amenorrhoea/Scanty periods	☐	☐	☐	☐
Oligomenorrhea/Late periods	☐	☐	☐	☐

10. Male Specific				
Impotence	☐	☐	☐	☐
Premature ejaculation	☐	☐	☐	☐
Nocturnal emissions	☐	☐	☐	☐

End

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