Name_____
Date_____

Please answer each question or check the appropriate response.

☐ do you get up more than one time at night to urinate?
☐ memory problems
☐ ringing in ears
☐ joint pain (which one?)
_____

Urine is:
☐ clear ☐ dark yellow ☐ reddish
☐ cloudy ☐ scanty ☐ profuse
☐ has odor ☐ burning and painful
☐ difficult ☐ urgent
_____

Stools are:
☐ hard ☐ soft ☐ well-formed
☐ undigested food ☐ blood ☐ mucus
_____

Libido (sexual drive) is:
☐ low ☐ high ☐ average
_____

MEN ONLY

Please put a check mark by the symptoms that pertain to you.

☐ Feeling of coldness or numbness in external genitalia
☐ pain or swelling of testicles
☐ premature ejaculation
☐ impotence
☐ prostate problems

WOMEN ONLY

Please answer each question or check the appropriate response.

1. Date of last period _____
2. Are you pregnant now? ☐ yes ☐ no
3. Number of children _____
4. Number of pregnancies _____
5. Age of menopause _____
6. Is your menses cycle regular? ____
   a. Number of days from the start of one period to the start of the next_____
   b. Average number of days of flow _____
   c. The flow is: ☐ heavy ☐ light
   d. The color is: ☐ dark ☐ pale ☐ bright red ☐ brown ☐ normal red
   e. Are there blood clots?_____
   f. Do you have pain or cramps?_____ ☐ before period ☐ during period ☐ after period
   g. Do you have nausea or vomiting? _____
   h. Do you experience: ☐ water retention ☐ breast tenderness ☐ depression ☐ irritability ☐ food cravings ☐ migraines ☐ fatigue
   i. Do you bleed between periods?_____
   j. Do you have any vaginal discharge between periods?_____If yes, what color?_____