

Health Profile

Check all of the symptoms you have experienced during the last six months, or characteristics which describe you. Additionally, circle those symptoms that have been most troublesome.

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| <input type="checkbox"/> Numbness /tingling of hands and feet (night) | <input type="checkbox"/> Burning, sensitivity or irritation of mouth, tongue, urethra, vagina or anus | <input type="checkbox"/> Issues around food (bulimia, anorexia) |
| <input type="checkbox"/> Irritable: "things get on my nerves" | <input type="checkbox"/> Dry mouth or throat | <hr/> |
| <input type="checkbox"/> Touchiness from heat, wind, noise | <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Frequent colds or coughs / allergies |
| <input type="checkbox"/> Muscle cramps: lower abdomen, hips, calves, feet | <input type="checkbox"/> Restlessness and fatigue | <input type="checkbox"/> Frequent runny nose or stuffy sinuses |
| <input type="checkbox"/> Pain from tension in shoulders/neck, or in hips | <input type="checkbox"/> Frequent urination and bowel movements from nervousness | <input type="checkbox"/> Frequent throat clearing or laryngitis |
| <input type="checkbox"/> Stitching pains under diaphragm, in ribs, groin or pelvic region | <input type="checkbox"/> Palpitations when nervous, upset or exhausted | <input type="checkbox"/> Morning attacks of coughing or sneezing with clear phlegm or mucus discharge |
| <input type="checkbox"/> Easy chilling of arms, hands, legs feet | <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Shortness of breath, chest pain, or sneezing in chest from fatigue or exertion |
| <input type="checkbox"/> Coarse, brittle nails or hair | <input type="checkbox"/> Slow digestion or indigestion | <input type="checkbox"/> Dryness of mucous membranes |
| <input type="checkbox"/> Dry eyes, weak or blurred vision | <input type="checkbox"/> Frequent abdominal gas or bloating | <input type="checkbox"/> Dry skin |
| <input type="checkbox"/> Difficult elimination, dry or hard stool, tense colon | <input type="checkbox"/> Loose stool from raw or cold foods, cold liquids | <input type="checkbox"/> Itchiness or rashes of skin |
| <input type="checkbox"/> Whistling or loud ringing in the ears (tinnitus) | <input type="checkbox"/> Excess or deficient appetite | <input type="checkbox"/> Easily disappointed or offended |
| <input type="checkbox"/> Weak, dizzy, flushed when hungry, tense or angry | <input type="checkbox"/> Lingering hunger after meals | <input type="checkbox"/> Sensitive to wind, cold and dryness |
| <input type="checkbox"/> Nausea or queasiness from hunger or fatigue | <input type="checkbox"/> Hard to gain, lose or regulate weight | <input type="checkbox"/> Daily routine is important |
| <input type="checkbox"/> Genital organ hypersensitivity | <input type="checkbox"/> Easily worried | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Difficulty focusing, jumps from one thing to another | <input type="checkbox"/> Holds onto things you don't need |
| <input type="checkbox"/> Inflexible | <input type="checkbox"/> Overwhelmed by details | <input type="checkbox"/> Difficulty conceiving or carrying to term |
| <input type="checkbox"/> Timid | <input type="checkbox"/> Upset by changes | <input type="checkbox"/> Diminished libido |
| <input type="checkbox"/> Easily startled | <input type="checkbox"/> Lethargy and inertia | <input type="checkbox"/> Lack of sexual secretions |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Prolapse of stomach, intestines, uterus, vagina or bladder or Hemorrhoids | <input type="checkbox"/> Loss or thinning of hair / pubic hair |
| <input type="checkbox"/> Mood swings (laughs easily, cries easily) | <input type="checkbox"/> Lack of muscle tone or strength, especially of abdomen, back or neck | <input type="checkbox"/> Amenorrhea (no menstruation) |
| <input type="checkbox"/> Insomnia when nervous, worried or overtired | <input type="checkbox"/> Water retention and puffiness | <input type="checkbox"/> Excess or scanty urination |
| <input type="checkbox"/> Excitement, anxiety and fatigue cause light, restless sleep and vivid dreams or nightmares | <input type="checkbox"/> Heaviness of head and limbs | <input type="checkbox"/> Frequent or difficult urination |
| <input type="checkbox"/> Craving for cool drinks and juicy foods | <input type="checkbox"/> Tender muscles | <input type="checkbox"/> Pain in low back, sacrum or hips |
| <input type="checkbox"/> Slight exertion or excitement causes heat, perspiration | <input type="checkbox"/> Frequent but scanty urination | <input type="checkbox"/> Weakness or soreness of hips, knees, ankles or feet |
| <input type="checkbox"/> Easily overheats and over chills | <input type="checkbox"/> Easy or frequent bruising | <input type="checkbox"/> Lack of stamina, runs out of steam quickly |
| <input type="checkbox"/> Easy blushing of face and ears | <input type="checkbox"/> Strong desire to tend to others or be tended to | <input type="checkbox"/> Needs to sleep a lot |
| | <input type="checkbox"/> Rejects being nurtured / tended to | <input type="checkbox"/> Diminished motivation |
| | | <input type="checkbox"/> Forgetfulness and dull-minded |
| | | <input type="checkbox"/> Puffiness or swelling of feet and ankles |
| | | <input type="checkbox"/> Puffiness around eyes |

- Dull hearing/low humming in ears (tinnitus)
- Sore throat from fatigue
- Easily defeated and disgruntled
- Fearful / Fearless
- Tends to push when exhausted
- Difficulty being still/ relaxing