# Nutrition Intake Reference for Substance Disharmonies

For all of the following questions please advise your client to respond “Yes” if what is being asked is present for them at this time. The client should respond “Sometimes” if what is being asked has been present in the last 6 months, but is not present at this time. If what is being asked has never been present, the client should answer “No.” Make notes as necessary in the boxes, along the margins, or on a separate piece of paper.

If the condition is not present now, and has not been present in the last 6 months but was present significantly in the past, please explore this with your client to determine relevance. Make comments where appropriate.

**Today’s Date: Name: Age Today: Birth Place:** (City & State)

**Where you grew up:**

(or spent the majority of your childhood)

**Gender: Marital Status: Ethnic Background: Occupation:**

**Height: Weight:**

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# Health History

List the major events of your health history. Examples are significant illnesses, surgeries, accidents, toxin exposure, heavy metal exposure, antibiotics in large doses or for long periods of time). Use as much space as you need and elaborate where possible.

* Description of the Major Event(s):
* Approximate year(s) of occurrence(s)?
* How old were you at the time of the occurrence(s)?
* Did occurrence(s) coincide with any other significant life events? (e.g., divorce, death in family, bullying in school.)
* Was this “major event” a one-time thing or does it recur?
* Please elaborate where possible/relevant.
* Do you have these symptoms/complaints today? (If yes, please elaborate.)
* Aside from any issues already mentioned, do you have a specific issue, symptom or condition that you are seeking help for? (If yes, please elaborate.)
* Please describe your antibiotic use: How often and for what conditions? Any extended use (more than 1 week?)
* Please describe your exercise history. How much exercise do you get now, and what type. How much exercise have you gotten in the past and of what type?
* How much sleep do you get a night?
* Do you wake frequently?
* General Notes:

# General Dietary Information

* Do you have a hearty appetite and an interest in food?
* Any allergies or dietary restrictions?
* How many meals and snacks do you eat per day?
* What are typical breakfast, lunch, dinner, and snack foods?
* Do you regularly skip meals?
* Do you like to cook? On average, how many meals per day are home-cooked?
* What times do you eat?
* Any cravings or other food challenges?
* Any regular digestive symptoms: diarrhea, constipation, acid reflux, nausea, etc.?
* General notes:

# Thermal Preferences

## Cold thermal nature. : Potential identifiers for

**Findings could point to Full Cold (Excess Cold) or Empty Cold (Yang Deficiency)**

**Answer Yes, No, or Sometimes**

* In general do you feel cold often?
* In general do you dislike the cold?
* At this time, does client have a pale or swollen tongue?
* At this time, does client have a thick or a thin white tongue coat?
* Do you tend to have a pale complexion?
* Do you tend to have stiff or weak back or knees?
* Do you tend to have trouble bending backwards?
* In general do you prefer warm or hot temperature foods?
* In general, do you like to drink hot drinks?
* In general, do you drink small amounts of water?
* Do you tend to dislike cold temperature drinks?
* Do you tend to overdress for the weather (e.g., heavy coat on a warm day?)
* In general is your urine usually clear like water?
* Do you experience incontinence?
* Do you have edema or other swellings or accumulations?
* When you have mucus is it clear, runny and abundant?
* In general are your stools loose? Any undigested food?
* Have you been diagnosed with hypothyroid issues?
* Pulses: Are the pulses ***slow*** in any position? (less than four beats to person’s inhalation and exhalation)

**General Notes:**

## Hot thermal nature: Potential identifiers for:

**Findings could point to Full Heat (Excess Heat) or Empty Heat (Yin Deficiency)**

**Answer: Yes, No, or Sometimes**

* In general do you feel hot often? (This does not include hot flashes.)
* In general do you dislike the heat?
* Do you ever experience hot flashes or heat in the late afternoon and evening?
* Do you ever experience five-palm heat, i.e. heat in the hands, feet, and chest?
* At this time, do you have a very red tongue? (Make note of the tip of the tongue as well)
* At this time does the client have a thick yellow tongue coat?
* Are there any cracks in the tongue? Location?
* Does the client’s tongue coat look dry or patchy, or is there no tongue coat at all?
* Do you tend to have a red complexion?
* Do you tend to have bloodshot eyes?
* Do you tend to get irritated easily?
* Do you tend to wake up during the night and have difficulty staying asleep?
* Do you experience night sweats?
* In general, do you like to drink cold drinks?
* In general, do you drink large amounts of water or liquids? Are you thirsty?
* Do you tend to dislike very hot temperature foods?
* Do you tend to underdress for the weather (e.g., shorts and a T-shirt on a cold day?)
* In general is your urine dark yellow?
* When you have mucus is it yellow or green and scanty?
* Do you tend toward constipation?
* Do you have a dry mouth and/or throat?
* Take pulses: Are the pulses rapid in any position (more than five beats per breath)? If so, are they rapid and big or rapid and thin?

General Notes:

# Qi Deficiency

Note other signs of Qi Deficiency in the previous sections:

Poor appetite

Irregular meals

Loose stools, undigested food

**Answer Yes, No, Sometimes**

* Does the client have a bright pale complexion?
* Is fatigue an issue in your life?
* If yes, was it sudden or gradual?
* If sudden, was it precipitated by a major life event such as childbirth or illness?
* If gradual, are you sleeping, eating, or resting enough?
* Do you experience shortness of breath?
* Spontaneous sweating?
* Any symptoms of prolapse, sagging, drooping, or a bearing down sensation in the pelvis?
* Is it difficult to maintain an upright posture?
* Are your limbs weak?
* Do you eat a lot of cold and/or raw food? (risk factor)
* Are you tired and/or crave sugar immediately after eating?
* Do you engage in regular strenuous physical activity, or have a history of such activity? (risk factor)
* Check the tongue: is it pale, tooth-marked? Does it quiver? Is there a crack down the center? If yes, mark yes and circle condition.
* Take pulses: Are the pulses weak, faint, and/or empty in any position?

General Notes:

# Qi Stagnation

**Answer Yes, No, Sometimes**

* Do you frequently experience depression, anxiety, resentments, impatience, or anger?
* Do you have heartburn, acid indigestion, or any intestinal disorders marked with spasm or cramping?
* Do you frequently have the feeling of something stuck in your throat?
* Do you sigh frequently?
* Any pain under your ribcage?
* Do you have dull pain, distention, or bloating that moves from place to place?
* Do you frequently have spasms or cramping in your muscles?
* Do you have allergies?
* Women: do you experience PMS, breast tenderness, and/or cramping before your period?
* Do you eat late at night? (Risk factor)
* Do you frequently eat rich, greasy, or oily food including fast food? (Risk factor)
* How much alcohol do you consume? (Risk factor)
* Do you have a history of taking recreational and/or prescription drugs? (Risk factor)
* Do you get some form of daily exercise? (Lack of exercise is a risk factor)
* Check the tongue: are the sides red and/or pinched?
* Check the pulse: are any pulse positions tense, tight, or wiry? (hard and unyielding to push into like a guitar string)

General Notes:

# Blood Deficiency

Answer Yes, No, Sometimes

* Does the client have an ashen pallor?
* Are the client’s lips particularly pale?
* Are you fidgety and find it difficult to get comfortable?
* Do you get dizzy or lightheaded if you stand up too quickly?
* Any numbness in your extremities?
* Women: do you have scant menses?
* Are you nearsighted, have floaters, weak, or blurry vision?
* Do you experience muscle cramps and/or tight muscles?
* Are your nails brittle?
* Do you have dry skin?
* Do you have anxiety or tend to be nervous?
* Does it take you more than 15 minutes to fall asleep at night?
* Are you a light sleeper? Have vivid dreams?
* Are you absent-minded and/or forgetful?
* Do you find it difficult to concentrate?
* Are you a vegetarian or ever had a long period of vegetarianism? (Risk factor)
* Have you ever had significant blood loss from a wound, childbirth, or have a history of heavy menstrual bleeding? (Risk factor)
* Is taking up your rightful space in the world a challenge?
* Look at the tongue: Is it pale? Are the sides pale or orange? Is the tongue body narrow? Is the coat dry?
* Take pulses: Does any pulse position feel thin (like a string)? Does the radial artery stretch with each pulse?
* General Notes:

# Blood Stagnation (Stasis is severe stagnation)

* Does the client have a dark or dusky complexion?
* Does the client have purple lips and/or purple nail beds?
* Any sharp, stabbing pains that do not move from place to place i.e. headaches, back pain?
* Any physical trauma such as injury or surgery? (Risk factor)
* Any emotional trauma that afterwards made it difficult to be in your heart, to love, to trust?
* If so, does that feel resolved and healed now?
* Women: are your menses dark, purplish, and/or clotted?
* Women: do you experience pain and/or cramping when you are menstruating?
* Women: do you spot for a long time before or after your menses i.e. prolonged menstruation?
* Any hard abdominal masses that do not move i.e. fibroids, tumors, cysts?
* Look at the tongue: is the body purple? Any dark spots? Are the sublingual veins dark and distended?
* Take the pulses: are they choppy in any position (wiry + thin i.e. a tight compressed hard thin string that hits your finger in a point)?
* General Notes:

# JinYe Deficiency

* Do you have areas of dryness: skin, eyes, mouth, throat, nose, lips, and/or vagina?
* Do you have a dry, hacking cough?
* Any blood when you cough or blow your nose?
* Scanty urination?
* Dry stools?
* Do you smoke or have a history or smoking? (Risk factor)
* Do you live in a dry climate? (Risk factor)
* Do you eat a lot of drying foods: bread, crackers, jerky, baked foods? (Risk factor)
* How much water do you drink a day?
* How much coffee, alcohol, or soda? (Risk factor)
* Any recent acute loss of fluids i.e. profuse vomiting, diarrhea, loss of blood, profuse sweating? (Risk factor)
* Check the tongue: does it look dry? Are there any cracks?
* Check the pulses: are any positions thin?
* General Notes:

# Fluid Accumulation

Answer Yes, No, Sometimes

(Differentiating between Dampness (heavy), Edema (soft fluid accum), or Phlegm (hot, yellow, hard))

* Does your body and/or your limbs feel heavy?
* Are you frequently nauseous?
* Do you have a sticky taste in your mouth and/or excess saliva?
* Do you have little desire for water?
* Any urinary difficulty?
* Any abnormal vaginal discharge (for example, thick white or thick yellow discharge)
* Do you have any soft swellings on your body: nodules, lipoma, or cysts?
* Any joint ache, swelling, heaviness, or deformities?
* Any skin lesions that are weepy and/or puffy?
* Any edema or puffiness under the skin? Does it leave an indentation when you push your finger into it?
* Are you expectorating any phlegm? If so, what color is it?
* Any bloating after meals?
* Any feeling of oppression in the chest?
* Did any of these symptoms occur after exposure to a damp, wet, or humid environment? (Risk factor)
* Do you eat a lot of sticky foods: nut butters, sugar, cheese, gluten? (Risk factor)
* Do you eat a lot of greasy and rich foods: animal products, dairy, oil, fat, sugar, fried foods? (Risk factor)
* Do you eat a lot of fruit - more than 2 pieces a day including fruit used in smoothies? (Risk factor)
* Check the tongue: is it swollen, wet, tooth-marked? Any visible lines of saliva?
* Check the pulses: are they slippery in any position (an “undifferentiated pulse” - lacking the Boom Boom Boom of a healthy pulse, like a pearl spinning in a dish with no forward movement)?
* Are the pulses hard to find like they’re covered by a layer of cotton?
* General Notes: