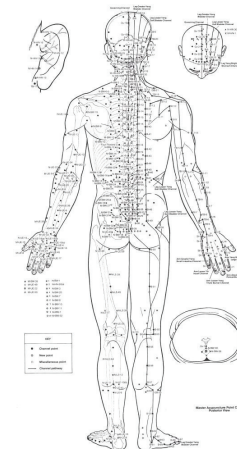


Acupuncture Questionnaire



Name: _____ Date: _____

Primary Care Physician: _____

Physician's Phone Number: _____

1. Start by listing in order of importance (1 being the most important) the reasons you wish to see the doctor.

1.
2.
3.
4.

Instructions:

Please circle or check the answers that apply to you at least 80% of the time. Be nonjudgmental and don't think about the answers too much. Leave blank any boxes that do not apply to you or that you are unsure of. There are not correct answers. Your honesty will result in a better treatment.

2. Please circle one answer for each of the following questions.

Five phase questions	Wood	Fire	Water	Earth	Metal
My favorite season	Spring	Summer	Winter	Harvest (late summer)	Autumn
My favorite color	Blue-Green (turquoise)	Red	Dark Blue or Black	Yellow (earth tones)	White
My favorite flavor	Sour, citrus, acidic	Bitter, roasted	Salty	Sweetness	Spicy, flavorful
My predominant emotional tendency	I tend to get angry.	I am excitable.	I get scared.	I tend to worry.	I tend to feel sad.
My predominant psychological characteristic	I tend to be anxious and irritable.	I am joyful and creative.	I am willful and ambitious.	I often find myself in deep thought.	I tend to get depressed.
My usual reaction to stress	I clench. My muscles get tight.	I tend to cry.	I tremble. My body feels shaky.	My stomach feels upset.	My chest feels tight.
My fingernails can be characterized as	Elongated	Long and narrow	Crescent moon	Triangular	Rectangular