**Acute Intake Questionnaire**

**Name: Date:**

**Age: Email address:**

**Gender: Telephone:**

**Physical Symptoms (please describe sensations, location of discomfort):**

1. When did this begin?
2. Was it gradual or sudden?
3. In what order did the symptoms come up?
4. What do you think brought it on (exposure to weather, stress, emotions, overindulgence, loss of sleep, other….)?
5. What was going on around that time? -physical and emotional like recent vaccinations, other trauma like falls, frights, accidents, negative emotions –fear, loss, anger, sadness, guilt… etc)?
6. Have you had these symptoms before in your life? Where/when/what was going on? How long did it last? How was it treated?

**Mental/Emotional** **state** (describe how you feel mentally and emotionally)- what are your emotions? Prior to illness and during illness?

1. Are you particularly neat or messy right now?
2. Do you want company or prefer to be alone?
3. Do you want sympathy/consolation or not?
4. Do you like to be touched? How hard? Firm/gentle pressure?
5. Are you unusually tidy or messy?
6. Do you want music, noise, talk radio, absolute silence?

**Modalities**

1. Is there anything new (strange, rare, peculiar) that has appeared since the onset of the illness?
2. What makes the symptoms worse?
3. What makes them better?
4. Is there a time of day that things get worse or better?
5. Any particular sensations (burning, cutting, electric shock, bursting)?
6. Thirsty?  Craving anything strange?  Any aversions currently?
7. How is your appetite?
8. Any change to bathroom habits with this? (Or relief from passing water or stool?) Any sweat or other discharge? What kind/where. Slight/heavy, color: clear/yellow/green/ with blood, other color? Sticky/tenacious, ropy/like water? Causes redness/rawness?
9. Worse or better from movement?  Or rest?
10. How are you sleeping with this current situation going on?
11. Is there heat?  Or does heat make better or worse?
12. What about cold applications or warm applications?
13. How do you feel about external stimuli? Do you want consoling do you want touch/pressure? Are you better on your right side or left side?

**If applicable…**

**Cough:**

1. Worse or better at night?  Exhausting?  Bringing anything up and if so what is it like… color… odor?  What if you go from cold to warm or warm to cold?  Do hot or cold beverages help?  Does talking aggravate it?  Do you cough on inspiration or expiration?  Any wheezing? Where does it seem to come from… throat, larynx, chest, stomach, back?  Is it as if a feather is tickling the larynx?   Is it as if you can’t get another breath?
2. What does tongue look like right now?
3. Does one side seem to be affected more than the other?
4. Is there paroxysm (eg left shoulder and right leg) to the symptoms?

**Throat**

1. What is the sensation (burning, stinging)?  Does it hurt to swallow and what (saliva, empty, food, hot or cold beverages)?  Is it worse on one side than the other?  Are glands swollen?  Do they hurt to appreciate?  What does throat look like?  Is breath offensive?  Any drooling?  What does tongue look like?
2. Any fever or chills with this?  If hot, can others feel the heat coming off of you?
3. Have you noticed that you have an odor that is unusual?

**Pain**

1. Does it radiate/dull/throbbing/piercing?
2. Constant/changeable/periodic/sudden/slow/ gradual?
3. In which direction does it extend?