

Acute Questionnaire

1. **Main Complaint**

What is the main complaint or symptom? E.g. sore throat, headache, etc

2. **Secondary Complaints**

What secondary symptoms accompany the main one? E.g. headache (main complaint) with vertigo (secondary symptom)

Here are some examples of other possible secondary symptoms:

Discharges: from where? Color? Texture? Smell? Blood present?

Urine/stool: changes in frequency, color, consistency, smell, any blood present?

Perspiration: is it different in any way?

Mood/attitude: e.g. grumpy, depressed, weepy, clingy, demanding, or... ?

Sleep: increased or decreased? Changes in the quality of sleep?

Appetite: increased or lacking?

Thirst: increased greatly, thirsty for sips or none? Preference for warm vs cold drinks?

Energy levels - Up or down?

Anything else you notice? E.g. red eyes, dry lips, tongue color, cold hands or feet

3. **Location**

What is the exact location of the main complaint? If applicable, give location of secondary complaints. Are your complaints more prominent on the left or right side?

4. **Cause**

Did the symptoms come on suddenly? Or appear after a strong emotion such as anger or grief? Did they appear after getting upset, chilled or wet exhaustion, shock, or...?

5. **Modalities**

What makes the main complaint or secondary complaints feel better or worse? E.g. applying hot vs cold compress? Not touching or firm pressure? Lying down vs being propped up? Fresh air vs a warm room? Or ... ?

6. **Sensations**

Describe the pain(s). Burning, throbbing, bursting, radiating, shooting, pressing, aching, stabbing, needle-like, pinching, or ... ?