

# Verity Acupuncture Clinic

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## ECM Questionnaire

**Patient Name**

**Date of Birth**

### What is your average body weight/figure

Little over weight      Over weight      Normal weight      Underweight

### How much do you eat?

Always eat in small amount (eat like a bird)      occasionally overeat      Always eat in moderate amount  
Always overeat      Can't stand being hungry      Used to overeat in the past  
Poor appetite

### How is your digestion?

Good      Occasionally poor  
Mostly poor      Often get indigestion  
Get heartburn      Good only when eat in small amount

### How much water do you usually drink?

a lot      frequently drink in small amount  
don't drink much      like to drink cold water  
like to drink warm water      don't like to drink cold water even in the summer  
always drink a glass of water after meal

### How often do you catch common cold?

Often, \_\_\_\_\_ times per year  
Rarely

### What are the common symptoms when you have a cold?

sore throat or swollen tonsil      coughing or excessive mucus      fever and chill      head (nose, sinus) feel cold  
Other

### How much do you generally sweat?

a lot      normal      rarely  
meal time a lot      profuse sweating in the summer

### What is your physical reaction (how you feel) after sweating?

feeling light and refreshed      fatigue or dizzy      don't know (no change)

### What is the general condition of your hands and feet?

cold      warm      dry (no sweat)      sweats      sweats excessively  
crack at heels

### Do you easily feel cold or hot

cold      hot      feel weak and stuffy when hot      don't like fan or air-conditioner

### What is your physical reaction after eating cold food (ice cream)?

Uncomfortable      diarrhea      stomachache      no change      feels good

### How many times do you get up to urinate at night?

\_\_\_\_\_ Times      usually do not

### What is your urine condition

often feel unrelieved after urination      have a history of hesitancy or cystitis      it takes a long time to initiate urination  
frequent incontinence      urinate well      tendency to urinate more when stressed  
reddish or thick urine      clear urine      turbid (cloudy) urine

**Pick your personality (you can pick more than one)**

- |                                       |  |
|---------------------------------------|--|
| like cozy places                      | like quiet places  |
| do not like complicated things        | don't like to leave home (not out-going)                     |
| simple minded                         | neat and tidy  |
| calm                                  | nervous  |
| easily angered                        | always act according to the plan                             |
| very careful (meticulous)             | attentive (observant, prudent)                               |
| lazy                                  | slow   |
| think a lot                           | sociable   |
| scared easily                         | soft hearted   |
| clumsy                                | always busy  |
| feel stuffy in small or confined area | sensitive  |
| always in' a hurry                    | frequently procrastinate (putting off or delay things to do) |

**Select your primary food group intake**

- |         |      |      |            |        |         |
|---------|------|------|------------|--------|---------|
| Chicken | Beef | Lamb | Vegetables | Fruits | Seafood |
|---------|------|------|------------|--------|---------|

**Select your least food group intake**

- |         |      |      |            |        |         |
|---------|------|------|------------|--------|---------|
| Chicken | Beef | Lamb | Vegetables | Fruits | Seafood |
|---------|------|------|------------|--------|---------|

**Write the name of foods or medications that make you uncomfortable, or cause indigestion, or cause allergic reaction**

**Write the name of foods and medications that you enjoy and go well with you (focus on the effectiveness)**

**Select the foods that make you uncomfortable**

- |                |            |            |                     |               |
|----------------|------------|------------|---------------------|---------------|
| beef           | chicken    | pork       | goat                | egg           |
| milk           | eel        | raw fish   | dairy               | mackerel      |
| squid          | calamari   | shellfish  | oyster              | crab          |
| sweet rice     | brown rice | corn       | barley              | tangerine     |
| orange juice   | apple      | pear       | water melon         | chestnut      |
| hot spicy food | melon      | banana     | sea weed            | herbs(greens) |
| sweet potato   | potato     | cabbage    | lettuce             | greasy food   |
| flour food     | honey      | red-bean   | rice cake           | aloe          |
| pumpkin        | ginseng    | antibiotic | OTC cold medication | aspirin       |
| coke           | cider      | vinegar    | Fried food          | salty food    |
| pineapple      | kiwi       | alcohol    | Spinach             | Mango         |

**What is your physical reaction to ginseng?**

- |                        |                   |                            |                       |
|------------------------|-------------------|----------------------------|-----------------------|
| feel good and stronger | improves appetite | increases body temperature | chest feels stuffy    |
| headache               | nothing happens   | feel weak and dizzy        | facial skin outbreaks |
| feel dizzy             |                   |                            |                       |
| Other                  |                   |                            |                       |

**What is your physical reaction to coffee?**

- |                          |             |                           |                               |
|--------------------------|-------------|---------------------------|-------------------------------|
| feel good                | Palpitation | heart burn or stomachache | can't sleep even with one cup |
| absent -minded and dizzy | diarrhea    | feeling weak              | facial skin outbreaks         |
| nervousness              |             |                           |                               |
| Other                    |             |                           |                               |

**What is your physical reaction to meat?**

- |                        |                               |                                  |
|------------------------|-------------------------------|----------------------------------|
| feel stronger          | crave for meat after 2-3 days | feel heavy                       |
| poor digestion         | frequent indigestion          | may cause diarrhea               |
| may cause constipation | no reaction                   | can't eat more than small amount |

**Which part of your body is well developed?**

neck and shoulder      chest      waist/midriff      pelvis

**What is your most sensitive sense organ?**

ears/hearing      eyes/vision      nose/smell      tongue/taste

**Select everything that is relevant to you**

hot spicy food causes heart burn or diarrhea	frequently have heart palpitations (irregular heart beat)
trouble sleeping under smallest stress	feel tired after excessive talking
easily bothered by what others talk about you	easily lose will and feel tired without reason
want to drink alcohol frequently to feel better	tendency to do your work ahead of time
tendency to live comfortable without planning ahead	tendency to make impulsive decisions and lose money
keep housekeeping/accounts/books well maintained	don't believe others easily, due to careful personality
like to sleep in cool condition, rather than warm	feel dizzy after prolonged exposure to sunlight