

5. **Appetite** (how many meals/snacks daily—any food cravings and temperature preferences):

Thirst (how much is daily fluid intake—types of beverages and temperature preferences):

6. **Urination** (is the urine output equal, less than or greater than your fluid intake—color and odors that are present):

7. **Bowel movement** (frequency, form, odors, pain or discoloration):

8. **Vision** (corrective lenses, floaters, poor night vision):

9. **Hearing** (impairment, ringing in the ears):

10. Reproduction

Women: menstrual cycle regularity, length of flow, and any other accompanying symptoms—include breast health

Men: Penis function, abnormal discharge, pain/burning, and any other accompanying symptoms—include testicle and breast health

11. Constitution (how would you describe your normal mood, and ability to express your emotions):