

*This form builds a detailed picture of your health. Take your time and answer as fully as you are able. There are no wrong answers. If a section does not apply, write N/A. 'During flares' means your worst or most symptomatic periods. 'Rest of the time' means your baseline between those periods.*

### 1 — Diagnoses and Medical History

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#### Current official diagnoses (include year of diagnosis if known)


#### Conditions suspected but not yet officially diagnosed


#### Past diagnoses no longer active


#### Surgeries and significant medical procedures (include approximate year)


#### Hospitalizations (reason and approximate year)


#### Significant injuries or accidents


#### Recent significant blood work or testing?

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#### If yes, what was found?

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### 2 — Primary Symptoms

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*Describe each major symptom using the blocks below. Add additional sheets if needed.*

#### Symptom 1

##### Describe this symptom in your own words


### Location in the body

### How long have you had this symptom?

### Character (check all that apply)

- Aching  
  Burning  
  Sharp / stabbing  
  Dull  
  Throbbing  
  Cramping  
  Pressure  
  Tight  
 Numb / tingling  
  Itching  
  Other

### Timing

- Constant  
  Intermittent  
  Getting worse over time  
  Getting better over time  
  Cyclical / hormonal  
 Unpredictable

### Severity (0 to 10) and any description



#### *During flares*

#### What makes it BETTER

**Time of day**    Morning    Afternoon    Evening    Night

**Temperature**    Heat    Cold    Warmth    Cool air  
 Damp    Dry

**Food / drink**    Eating    Fasting    Specific foods  
 Alcohol    Caffeine    Cold drinks  
 Hot drinks

**Position**    Lying down    Sitting    Standing  
 Moving    Rest    Pressure

**Weather**    Sun    Rain    Wind    Humidity  
 Barometric change

**Emotion / stress**    Stress    Relaxation    Excitement  
 Grief

**Other**    Exercise    Sleep    Company  
 Being alone    Fresh air

#### *Rest of the time*

#### What makes it WORSE

Morning    Afternoon    Evening    Night

Heat    Cold    Warmth    Cool air  
 Damp    Dry

Eating    Fasting    Specific foods  
 Alcohol    Caffeine    Cold drinks  
 Hot drinks

Lying down    Sitting    Standing  
 Moving    Rest    Pressure

Sun    Rain    Wind    Humidity  
 Barometric change

Stress    Relaxation    Excitement  
 Grief

Exercise    Sleep    Company  
 Being alone    Fresh air

### Specific foods or other modifiers not listed above

### Symptom 2

Describe this symptom in your own words

Location in the body

How long have you had this symptom?

Character (check all that apply)

- Aching    Burning    Sharp / stabbing    Dull    Throbbing    Cramping    Pressure    Tight
- Numb / tingling    Itching    Other

Timing

- Constant    Intermittent    Getting worse over time    Getting better over time    Cyclical / hormonal
- Unpredictable

Severity (0 to 10) and any description

*During flares*

**What makes it BETTER**

**Time of day**    Morning    Afternoon    Evening    Night

**Temperature**    Heat    Cold    Warmth    Cool air  
 Damp    Dry

**Food / drink**    Eating    Fasting    Specific foods  
 Alcohol    Caffeine    Cold drinks  
 Hot drinks

**Position**    Lying down    Sitting    Standing  
 Moving    Rest    Pressure

**Weather**    Sun    Rain    Wind    Humidity  
 Barometric change

**Emotion / stress**    Stress    Relaxation    Excitement  
 Grief

*Rest of the time*

**What makes it WORSE**

Morning    Afternoon    Evening    Night

Heat    Cold    Warmth    Cool air  
 Damp    Dry

Eating    Fasting    Specific foods  
 Alcohol    Caffeine    Cold drinks  
 Hot drinks

Lying down    Sitting    Standing  
 Moving    Rest    Pressure

Sun    Rain    Wind    Humidity  
 Barometric change

Stress    Relaxation    Excitement  
 Grief

### Other

- Exercise  Sleep  Company  
 Being alone  Fresh air

- Exercise  Sleep  Company  
 Being alone  Fresh air

### Specific foods or other modifiers not listed above

### Symptom 3

#### Describe this symptom in your own words

#### Location in the body

#### How long have you had this symptom?

#### Character (check all that apply)

- Aching  Burning  Sharp / stabbing  Dull  Throbbing  Cramping  Pressure  Tight  
 Numb / tingling  Itching  Other

#### Timing

- Constant  Intermittent  Getting worse over time  Getting better over time  Cyclical / hormonal  
 Unpredictable

#### Severity (0 to 10) and any description

#### *During flares*

#### What makes it BETTER

- Time of day**  Morning  Afternoon  Evening  Night

- Temperature**  Heat  Cold  Warmth  Cool air  
 Damp  Dry

- Food / drink**  Eating  Fasting  Specific foods  
 Alcohol  Caffeine  Cold drinks  
 Hot drinks

- Position**  Lying down  Sitting  Standing  
 Moving  Rest  Pressure

- Weather**  Sun  Rain  Wind  Humidity

#### *Rest of the time*

#### What makes it WORSE

- Time of day**  Morning  Afternoon  Evening  Night

- Temperature**  Heat  Cold  Warmth  Cool air  
 Damp  Dry

- Food / drink**  Eating  Fasting  Specific foods  
 Alcohol  Caffeine  Cold drinks  
 Hot drinks

- Position**  Lying down  Sitting  Standing  
 Moving  Rest  Pressure

Barometric change

Sun  Rain  Wind  Humidity

Barometric change

**Emotion / stress**  Stress  Relaxation  Excitement  
 Grief

Stress  Relaxation  Excitement  
 Grief

**Other**  Exercise  Sleep  Company  
 Being alone  Fresh air

Exercise  Sleep  Company  
 Being alone  Fresh air

**Specific foods or other modifiers not listed above**

### 3 — Diet and Digestion

#### Diet

*Describe your typical daily diet honestly. There is no judgment here.*

**Describe a typical day of eating (breakfast, lunch, dinner, snacks)**

  
  
  

**Diet broadly described as (check all that apply)**

Omnivore  Vegetarian  Vegan  Gluten-free  Dairy-free  Low histamine  Low FODMAP  
 Carnivore  Other

**Foods you eat frequently**

  

**Foods you avoid and why**

  

**Foods you crave**

**Foods that clearly worsen your symptoms**

  

**Foods that clearly improve your symptoms**

**Liquids**

### Approximate water intake daily

### Regular beverages (check all that apply)

Water    Coffee    Herbal tea    Caffeinated tea    Juice    Soda / pop    Alcohol

Energy drinks    Milk / dairy    Plant milk

### Notes on liquid intake or thirst patterns

### Digestion and Bowel Function

*The corn test: eat a small amount of corn and note how long it takes to appear in your stool. Normal transit is 24 to 48 hours.*

#### Corn test transit time (hours)

#### How soon after eating do you typically have a BM?

#### Bowel movements per day (average)

#### Time of day most likely to have a BM

#### Stool consistency (Bristol Stool Scale)

##### During flares

- Type 1: Separate hard lumps
- Type 2: Lumpy sausage
- Type 3: Cracked sausage
- Type 4: Smooth sausage (ideal)
- Type 5: Soft blobs
- Type 6: Fluffy / mushy
- Type 7: Watery / liquid

##### Rest of the time

- Type 1: Separate hard lumps
- Type 2: Lumpy sausage
- Type 3: Cracked sausage
- Type 4: Smooth sausage (ideal)
- Type 5: Soft blobs
- Type 6: Fluffy / mushy
- Type 7: Watery / liquid

#### Stool colour

##### During flares

- Brown (normal)
- Pale / clay
- Yellow
- Green
- Black / tarry
- Bright red
- Orange
- Mucus present

##### Rest of the time

- Brown (normal)
- Pale / clay
- Yellow
- Green
- Black / tarry
- Bright red
- Orange
- Mucus present

### Stool other characteristics

#### During flares

- Floats
- Sinks
- Oily / greasy
- Undigested food visible
- Strong odour
- Minimal odour
- Blood visible

#### Rest of the time

- Floats
- Sinks
- Oily / greasy
- Undigested food visible
- Strong odour
- Minimal odour
- Blood visible

### Digestive symptoms

#### During flares

- Bloating
- Gas / flatulence
- Nausea
- Vomiting
- Reflux / heartburn
- Abdominal cramping
- Abdominal pain
- Constipation
- Diarrhea
- Alternating C and D
- Urgency
- Incomplete evacuation
- Pain with BM
- Blood in stool

#### Rest of the time

- Bloating
- Gas / flatulence
- Nausea
- Vomiting
- Reflux / heartburn
- Abdominal cramping
- Abdominal pain
- Constipation
- Diarrhea
- Alternating C and D
- Urgency
- Incomplete evacuation
- Pain with BM
- Blood in stool

### Any other notes on digestion or bowel function

## 4 — Urinary Function

Times urinating per day (average)

Times urinating per night (average)

### Urine colour

#### During flares

- Pale yellow (well hydrated)
- Medium yellow (normal)
- Dark yellow (concentrated)
- Orange
- Brown / tea-coloured
- Pink or red
- Cloudy
- Foamy

#### Rest of the time

- Pale yellow (well hydrated)
- Medium yellow (normal)
- Dark yellow (concentrated)
- Orange
- Brown / tea-coloured
- Pink or red
- Cloudy
- Foamy

### Urine odour

#### During flares

- Minimal odour (normal)
- Strong odour
- Sweet or fruity
- Ammonia odour
- Unusual or unpleasant

#### Rest of the time

- Minimal odour (normal)
- Strong odour
- Sweet or fruity
- Ammonia odour
- Unusual or unpleasant

### Urinary symptoms

During flares	Rest of the time
<input type="checkbox"/> Urgency	<input type="checkbox"/> Urgency
<input type="checkbox"/> Frequency	<input type="checkbox"/> Frequency
<input type="checkbox"/> Burning or stinging	<input type="checkbox"/> Burning or stinging
<input type="checkbox"/> Incomplete emptying	<input type="checkbox"/> Incomplete emptying
<input type="checkbox"/> Incontinence / leaking	<input type="checkbox"/> Incontinence / leaking
<input type="checkbox"/> Pain in bladder area	<input type="checkbox"/> Pain in bladder area
<input type="checkbox"/> Reduced flow	<input type="checkbox"/> Reduced flow
<input type="checkbox"/> Nighttime urination (nocturia)	<input type="checkbox"/> Nighttime urination (nocturia)

### Any other notes on urinary function

## 5 — Skin

### Describe any skin conditions in your own words, including when they started

### What has helped your skin symptoms?

### What has worsened your skin symptoms?

### Skin conditions present

#### During flares

- Eczema / atopic dermatitis
- Psoriasis
- Hives / urticaria
- Rosacea
- Acne
- Dermatographia (skin writing)
- Flushing
- Rashes
- Dry skin
- Oily skin
- Excessive sweating
- Reduced sweating
- Easy bruising
- Petechiae (tiny red dots)
- Other

#### Rest of the time

- Eczema / atopic dermatitis
- Psoriasis
- Hives / urticaria
- Rosacea
- Acne
- Dermatographia (skin writing)
- Flushing
- Rashes
- Dry skin
- Oily skin
- Excessive sweating
- Reduced sweating
- Easy bruising
- Petechiae (tiny red dots)
- Other

### Skin symptom locations

#### During flares

- Face
- Scalp
- Neck
- Chest
- Back
- Arms
- Hands
- Abdomen
- Legs
- Feet
- Widespread

#### Rest of the time

- Face
- Scalp
- Neck
- Chest
- Back
- Arms
- Hands
- Abdomen
- Legs
- Feet
- Widespread

### Skin symptom character

#### During flares

- Itching
- Burning
- Pain
- Dry and flaking
- Weeping / oozing
- Blistering
- Raised / bumpy
- Flat
- Scaly
- Thickened

#### Rest of the time

- Itching
- Burning
- Pain
- Dry and flaking
- Weeping / oozing
- Blistering
- Raised / bumpy
- Flat
- Scaly
- Thickened

Skin triggers

During flares	Rest of the time
<input type="checkbox"/> Heat	<input type="checkbox"/> Heat
<input type="checkbox"/> Cold	<input type="checkbox"/> Cold
<input type="checkbox"/> Sun exposure	<input type="checkbox"/> Sun exposure
<input type="checkbox"/> Water / bathing	<input type="checkbox"/> Water / bathing
<input type="checkbox"/> Sweat	<input type="checkbox"/> Sweat
<input type="checkbox"/> Stress	<input type="checkbox"/> Stress
<input type="checkbox"/> Food	<input type="checkbox"/> Food
<input type="checkbox"/> Fragrances	<input type="checkbox"/> Fragrances
<input type="checkbox"/> Fabrics	<input type="checkbox"/> Fabrics
<input type="checkbox"/> Pressure or friction	<input type="checkbox"/> Pressure or friction
<input type="checkbox"/> Hormonal changes	<input type="checkbox"/> Hormonal changes
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

6 — Sleep

<b>Average hours of sleep per night</b>	<b>Typical bedtime and wake time</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Sleep quality

During flares	Rest of the time
<input type="checkbox"/> Restorative (wake rested)	<input type="checkbox"/> Restorative (wake rested)
<input type="checkbox"/> Non-restorative (wake unrefreshed)	<input type="checkbox"/> Non-restorative (wake unrefreshed)
<input type="checkbox"/> Difficulty falling asleep	<input type="checkbox"/> Difficulty falling asleep
<input type="checkbox"/> Difficulty staying asleep	<input type="checkbox"/> Difficulty staying asleep
<input type="checkbox"/> Early waking	<input type="checkbox"/> Early waking
<input type="checkbox"/> Sleeping too much	<input type="checkbox"/> Sleeping too much
<input type="checkbox"/> Very light sleeper	<input type="checkbox"/> Very light sleeper

### During sleep

#### During flares

- Dreams frequently
- Nightmares
- Vivid dreams
- Night sweats
- Teeth grinding
- Restless legs
- Snoring
- Sleep apnoea (diagnosed or suspected)
- Talking in sleep

#### Rest of the time

- Dreams frequently
- Nightmares
- Vivid dreams
- Night sweats
- Teeth grinding
- Restless legs
- Snoring
- Sleep apnoea (diagnosed or suspected)
- Talking in sleep

### Preferred sleep position

#### During flares

- Back
- Left side
- Right side
- Stomach
- Frequently changes
- Need extra pillows
- Cannot lie flat

#### Rest of the time

- Back
- Left side
- Right side
- Stomach
- Frequently changes
- Need extra pillows
- Cannot lie flat

### Waking in the night

#### During flares

- Do not wake
- Wake once
- Wake multiple times
- Wake to urinate
- Wake with pain
- Wake with anxiety or racing thoughts
- Wake and cannot return to sleep

#### Rest of the time

- Do not wake
- Wake once
- Wake multiple times
- Wake to urinate
- Wake with pain
- Wake with anxiety or racing thoughts
- Wake and cannot return to sleep

### Any other notes on sleep

## 7 — Energy and Fatigue

### Energy level overall

#### During flares

- Good energy
- Moderate energy
- Low energy
- Exhausted
- Varies significantly day to day
- Energy crashes after activity (post-exertional malaise)

#### Rest of the time

- Good energy
- Moderate energy
- Low energy
- Exhausted
- Varies significantly day to day
- Energy crashes after activity (post-exertional malaise)

### Pattern of energy through the day

#### During flares

- Best in the morning
- Best in the afternoon
- Best in the evening
- Consistent through the day
- Crashes after eating
- Crashes after exertion
- Never feel rested or energized

#### Rest of the time

- Best in the morning
- Best in the afternoon
- Best in the evening
- Consistent through the day
- Crashes after eating
- Crashes after exertion
- Never feel rested or energized

### Fatigue character

#### During flares

- Physical fatigue (body tired)
- Mental fatigue (brain tired)
- Both physical and mental
- Fatigue worse after minimal activity
- Need more than 24 hours to recover from exertion
- Fatigue improved by rest
- Fatigue not improved by rest

#### Rest of the time

- Physical fatigue (body tired)
- Mental fatigue (brain tired)
- Both physical and mental
- Fatigue worse after minimal activity
- Need more than 24 hours to recover from exertion
- Fatigue improved by rest
- Fatigue not improved by rest

### Describe your energy and fatigue in your own words

### What activities trigger fatigue or crashes?

### How long does it take to recover from exertion?

## 8 — Pain

### Do you experience chronic or recurring pain?

- No     Yes, describe below

### Pain location (check all that apply)

#### During flares

- Head
- Face
- Neck
- Shoulders
- Upper back
- Lower back
- Chest
- Abdomen
- Hips
- Joints (general)
- Arms
- Hands
- Legs
- Feet
- Widespread / all over
- Migratory (moves around)

#### Rest of the time

- Head
- Face
- Neck
- Shoulders
- Upper back
- Lower back
- Chest
- Abdomen
- Hips
- Joints (general)
- Arms
- Hands
- Legs
- Feet
- Widespread / all over
- Migratory (moves around)

### Pain character

#### During flares

- Aching
- Burning
- Sharp
- Stabbing
- Throbbing
- Cramping
- Pressure
- Tight
- Numb
- Tingling
- Electric / shooting
- Sore to touch

#### Rest of the time

- Aching
- Burning
- Sharp
- Stabbing
- Throbbing
- Cramping
- Pressure
- Tight
- Numb
- Tingling
- Electric / shooting
- Sore to touch

### Pain timing

#### During flares

- Constant
- Comes and goes
- Worse in the morning
- Worse at night
- Worse with movement
- Worse with rest
- Worse with weather changes
- Worse with stress
- Worse hormonally

#### Rest of the time

- Constant
- Comes and goes
- Worse in the morning
- Worse at night
- Worse with movement
- Worse with rest
- Worse with weather changes
- Worse with stress
- Worse hormonally

### Describe your pain in your own words

What makes your pain better?

What makes your pain worse?

## 9 — Mood and Mental / Emotional Picture

*This section is about your emotional and mental experience. All responses are confidential.*

**Mood (check what resonates)**

During flares	Rest of the time
<input type="checkbox"/> Generally positive	<input type="checkbox"/> Generally positive
<input type="checkbox"/> Generally low or depressed	<input type="checkbox"/> Generally low or depressed
<input type="checkbox"/> Anxious or worried	<input type="checkbox"/> Anxious or worried
<input type="checkbox"/> Irritable or easily frustrated	<input type="checkbox"/> Irritable or easily frustrated
<input type="checkbox"/> Emotionally flat / numb	<input type="checkbox"/> Emotionally flat / numb
<input type="checkbox"/> Mood swings	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Grief or loss	<input type="checkbox"/> Grief or loss
<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Overwhelmed
<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful
<input type="checkbox"/> Hopeful	<input type="checkbox"/> Hopeful
<input type="checkbox"/> Disconnected from self or body	<input type="checkbox"/> Disconnected from self or body

### Mental / cognitive

During flares	Rest of the time
<input type="checkbox"/> Clear thinking	<input type="checkbox"/> Clear thinking
<input type="checkbox"/> Brain fog / difficulty thinking	<input type="checkbox"/> Brain fog / difficulty thinking
<input type="checkbox"/> Poor memory	<input type="checkbox"/> Poor memory
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Word-finding difficulty	<input type="checkbox"/> Word-finding difficulty
<input type="checkbox"/> Sensory sensitivity (light, sound, smell)	<input type="checkbox"/> Sensory sensitivity (light, sound, smell)
<input type="checkbox"/> Mentally exhausted	<input type="checkbox"/> Mentally exhausted
<input type="checkbox"/> Anxiety or panic attacks	<input type="checkbox"/> Anxiety or panic attacks
<input type="checkbox"/> Intrusive thoughts	<input type="checkbox"/> Intrusive thoughts
<input type="checkbox"/> Low motivation	<input type="checkbox"/> Low motivation

### Describe your emotional or mental experience in your own words

### Is there anything in your life circumstances currently affecting your health?

### Do you have support around you? (Family, community, practitioners)

## 10 — Menstrual and Reproductive Health

Complete this section if applicable. If not applicable, write N/A.

### Current menstrual status

- Currently menstruating  
  Perimenopause  
  Post-menopause  
  On hormonal contraception  
  On HRT  
 Pregnant  
  Postpartum  
  N/A

### Cycle length (days)

### Period duration (days)

### Menstrual symptoms

#### During flares

- Regular cycle
- Irregular cycle
- Heavy flow
- Light flow
- Spotting between periods
- Painful periods (dysmenorrhea)
- PMS symptoms
- PMDD
- Clots
- Mid-cycle pain
- No periods (amenorrhea)

#### Rest of the time

- Regular cycle
- Irregular cycle
- Heavy flow
- Light flow
- Spotting between periods
- Painful periods (dysmenorrhea)
- PMS symptoms
- PMDD
- Clots
- Mid-cycle pain
- No periods (amenorrhea)

### Flow colour and character

#### During flares

- Bright red
- Dark red / maroon
- Brown (beginning or end)
- Pink / light
- Clots present
- Watery
- Thick

#### Rest of the time

- Bright red
- Dark red / maroon
- Brown (beginning or end)
- Pink / light
- Clots present
- Watery
- Thick

### Symptoms that worsen with cycle

During flares	Rest of the time
<input type="checkbox"/> Pain	<input type="checkbox"/> Pain
<input type="checkbox"/> Bloating	<input type="checkbox"/> Bloating
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Mood changes	<input type="checkbox"/> Mood changes
<input type="checkbox"/> Headaches	<input type="checkbox"/> Headaches
<input type="checkbox"/> Skin flares	<input type="checkbox"/> Skin flares
<input type="checkbox"/> Digestive symptoms	<input type="checkbox"/> Digestive symptoms
<input type="checkbox"/> Allergic / mast cell symptoms	<input type="checkbox"/> Allergic / mast cell symptoms
<input type="checkbox"/> Joint pain	<input type="checkbox"/> Joint pain
<input type="checkbox"/> Brain fog	<input type="checkbox"/> Brain fog

### Any other notes on menstrual or reproductive health

### Pregnancies, births, or losses (if relevant to share)

## 11 — Additional Information

### Is there anything important about your health not covered in this form?

### What does a good day look like for you?

### What does a difficult day look like for you?

**What is the one thing you most want to change about your health?**

  

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