## Diagnostic Inquiry Scale for Heart System in TCM

<table>
<thead>
<tr>
<th>Essential information</th>
<th>Full name</th>
<th>Gender</th>
<th>Age</th>
<th>Occupation</th>
<th>Marriage</th>
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</thead>
</table>

**Chief complaint:**

All the symptoms are made as follows: YES = 1; NO = 0

1. **Key Inquiry**
   - **X1** Palpitations
   - **X2** Chest oppression
   - **X3** Chest pain
     - **Y31** Pain location:
       - **Y311** Xuli-the apex of the heart
       - **Y312** Danzhong
       - **Y313** Front part of the chest
       - **Y314** Radiate to shoulders, back and medial arms
       - **Y315** Other locations
       - **Y316** Migratory pain
       - **Y317** Fixed pain
     - **Y32** Character of pain:
       - **Y321** Stabbing pain
       - **Y322** Dull pain
       - **Y323** Distending pain
       - **Y324** Colic pain
       - **Y325** Others
   - **X4** Short breath/Dyspnea/Suffocation
   - **X5** Seizure frequency:
     - **Y51** Occasional seizure
     - **Y52** Frequent seizure
   - **X6** Duration of seizure:
     - **Y61** Transient seizure
     - **Y62** Persistent seizure
   - **X7** Inducing (aggravating) factor:
     - **Y71** Seizure when quiet or without inducing factor at night
     - **Y72** Inducing (aggravating) after movement
     - **Y73** Inducing (aggravating) after gloom
     - **Y74** Inducing (aggravating) after drinking
     - **Y75** Inducing (aggravating) when cloudy or rainy
     - **Y76** Inducing (aggravating) when cold suddenly
   - **X8** Relieving factor:
     - **Y81** Relieving after rest
     - **Y82** Relieving after administration of drug
     - **Y83** Not relieving after administration of drug
     - **Y84** Relieving after warming
   - **X9** Edema
     - **Y91** Location of edema:
       - **Y911** Edema in Lower limbs
       - **Y912** Edema in head and face
Edema in eyelid
Edema from the lower limbs to all the body
Edema from the face to all the body

Character of edema:
Rebounding after relief of pressure
Pits under pressure

Hypodynamia
Dysphoria
Paroxysmal nocturnal dyspnea
Amnesia

Common Inquiry

Inquiry of cold and fever:
Aversion to wind/Aversion to cold
Fear of cold
Cold limbs
Fevers
Elevated body temperature
Autopsyche fever without elevated body temperature
The tidal fever
Heat sensation in both palms and soles

Inquiry of perspiration:
Spontaneous sweating
Night sweat

Inquiry of head, thorax and abdomen:
Dizziness and Blurred vision
Tinnitus
Orolingual sore
Gingival swelling and pain
Gingival hemorrhage
Sore-throat
Cough
Cough with sputum

Color of sputum:
Whitish sputum
Yellowish sputum
Dark grayish sputum
Blood in sputum
Ferruginous sputum
Pinkish sputum
Bloody purulent sputum
Cough with hemoptysis

Character of sputum:
Thin sputum
Y2922 Thick sputum
Y2923 Frothy sputum
Y293 Amount of expectoration:
    Y2931 Abundance sputum
    Y2932 Moderate sputum
    Y2933 Scanty sputum
Y294 Difficulty or easy level of coughing with sputum:
    Y2941 Easy level of coughing with sputum
    Y2942 Difficulty level of coughing with sputum
Y295 Taste of sputum:
    Y2951 Stinking smell of sputum
    Y2952 Sweet taste of sputum
    Y2953 Salty taste of sputum
X30 Hiccups
X31 Acid vomiting
X32 Gastric stuffiness
X33 Stomachaches
    Y331 Preference for warm and pressure
    Y332 Unpressable
X34 Gastric upset
X35 Heart-burn
X36 Nausea and vomiting
X37 Preference for sighing
X38 Pain of hypochondrium
X39 Abdominal fullness, distention and pain
X40 Soreness and weakness of waist and knees
X41 Numbness of hands and feet
X42 Aching pain of whole body
X43 Heavy sensation of body

IV Inquiry of diet and taste
X44 Thirsty and dry pharynx
X45 Absence of thirst and no desire for water drink
X46 Thirst with desire for water drink
X47 Thirst with preference for cold water
X48 Thirst with preference for hot water
X49 Poor appetite and less amount of food
X50 Good appetite but fast hunger
X51 Hunger but no desire for food
X52 Preference for food:
    Y521 Preference for sweet food
    Y522 Preference for salty food
    Y523 Preference for oily and sweet food
    Y524 Preference for hot and spicy food
X53 Bitter taste
X54 Sticky or greasy taste with a thick and greasy coating
X55 Tastelessness with reduced appetite

V Inquiry of urination and defecation
X56 Stool: ___ times/a day or ___ day/a time
X57 Loose stool
X58 Diarrhea
X59 Stool with undigested food
X60 Morning diarrhea
X61 Irregular dry and loose stool
X62 Constipation
X63 Dry feces
X64 Unsmooth defecation
X65 Clear and profuse urine
X66 Yellow and scanty urine
X67 The frequent and urgent urination
X68 Decreased urine
X69 Unsmooth and painful urination
X70 Urine with burning sensation
X71 Dripping of urine
X72 Frequent and increased urination at night

VI Inquiry of sleep
X73 Insommmia
Y731 Condition of difficult in falling asleep
Y732 Condition of easy to be woken up after sleep
Y733 Condition of unable to fall asleep after woken up
Y734 Pernoctation
Y735 Dreamful sleep
Y736 Early awakening
Y737 Weakness after awakening
X74 Drowsiness

VII Inquiry of emotions
X75 Impetuosity and susceptibility to rage
X76 Susceptibility to fright
X77 Susceptibility to anxiety and preoccupation
X78 Susceptibility to sorrow

VIII Inquiry of women
X79 Menopause
X80 Menstrual cycle:
Y801 Advanced menorrhea
Y802 Delayed menorrhea
Y803 Irregular mensturation
X81 Abnormal menstruation:
Y811 Profuse menstruation
Y812 Scanty menstruation
Y813 Amenorrhea
Y814 Incessant dripping of menstrual blood
Y815 Metrorrhagia

X82 Menstrual color:
Y821 Light reddish menstruation
Y822 Dark reddish menstruation

X83 The texture of menstruation:
Y831 Thin menstruation
Y832 Thick menstruation
Y833 Menstruation with blood clot

X84 Symptoms during menstruation:
Y841 Distending pain of breast
Y842 Pain in lower abdomen
Y843 Distending pain in lower abdomen
Y844 Stabbing pain in lower abdomen
Y845 Cold pain in lower abdomen
Y846 Preference for warm and pressure

X85 Leukorrhea:
Y851 Whitish vaginal discharge
Y852 Yellowish vaginal discharge
Y853 Thin leukorrhea
Y854 Thick leukorrhea

3. History of past illness
Disease history ______________________________
Operation history (YES ___________ NO)
Allergic history (YES ______________ NO)