



MERIDIAN-QI-FLOW SELF-ASSESSMENT



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Meridian-Key symptom	Stage: Please review your symptoms over <u>the past 7 days</u> . and Select the <u>one</u> option that best matches your experience.
LU – Chest Tightness & Shortness of Breath	A: Normal breathing B: 1-2 short episodes/week; better with rest C: 3-4 episodes/week; need deep breathing but can still talk D: Almost daily episodes; greatly limits activity or speech E: Sudden intense difficulty breathing, lips/nails turn purple (urgent care)
LI – Bowel Changes (diarrhea/constipation)	A: Regular bowel habits B: 1-2 days with minor changes C: 3-4 days of pain/bloating; partly improved by diet D: 5-6 days of ongoing pain; need medication E: Intense pain, bloody stool, or sudden weight drop (emergency)
ST – Stomach Discomfort (acid reflux, nausea)	A: Normal digestion/appetite B: 1-2 days slight bloating or small appetite change C: 3-4 days reflux/nausea; somewhat better with diet D: 5-6 days strong symptoms; weight change >3% E: Vomiting blood, black stool, or can't eat (emergency)
SP – Poor Concentration (forgetfulness, low efficiency)	A: Clear focus, no issues B: Occasionally distracted; minimal impact C: Frequent distraction; ~20% drop in efficiency D: Major distraction most days; ~50% drop E: Unable to do simple tasks; confusion/unusual behavior (urgent check)
HT – Palpitations (fast heartbeat, chest tightness)	A: Steady heartbeat B: 1-2 quick episodes/week C: 3-4 episodes/week; need ~10 minutes rest D: Almost daily, each lasts over 10 min E: Intense chest pain, spreading to left arm, faint/dizzy

(emergency)

Date: Name:



Lotus Care MERIDIAN-QI-FLOW **SELF-ASSESSMENT**



SI -Shoulder/Neck Stiffness (pain, limited A: Relaxed shoulders/neck

B: 1-2 minor aches; relieved by massage

C: 3-4 aches; improved by heat therapy

D: Daily stiffness; turning head or lifting arms is difficult

E: Sudden intense neck/back pain, numbness, or bladder issues (urgent check)

BL -

movement)

Lower Back Pain (worse from prolonged sitting) A: No back issues

B: 1-2 slight aches

C: 3-4 aches; improved by gentle movement

D: Ongoing pain; need frequent posture changes

E: Weak/numb legs or loss of bladder control (emergency)

KI -

Fatigue & Low Energy (lack of motivation)

A: Energetic, normal daily life

B: 1-2 tired days; recovers with rest

C: 3-4 tired days; clear drop in interest

D: Almost daily exhaustion; stop usual activities

E: Bedridden >24 hrs, confusion, or can't eat/drink (urgent check)

PC -

Sleep Trouble (difficulty falling/staying asleep)

A: 6-8 hrs/night; wake up refreshed

B: 1-2 late nights; total ≥6 hrs

C: 3-4 nights ≤5 hrs; daytime drowsiness

D: Nearly every night; need sleep aids

E: 72 hrs no real sleep, hallucinations or self-harm risk (emergency

help)

TW -

Throat Discomfort (dryness, itch, lump feeling)

A: Throat feels fine

B: 1-2 dry coughs; improved with water

C: 3-4 times/week; occasional hoarseness

D: Persistent dryness/lump; affects swallowing

E: Hard to breathe, throat swelling, fever/confusion (urgent check)

Name: Date:



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GB – Social Anxiety (fear of crowds, sweating)	A: Comfortable in social settings B: 1-2 tense moments; self-managed C: 3-4 times avoiding social activities D: Frequent panic; need someone to accompany you E: Sudden panic attack, terror of dying/losing control (mental health emergency)
LV – Emotional Swings (irritability, crying spells)	A: Stable mood B: 1-2 outbursts; regret afterward C: 3-4 major episodes; affects work/relationships D: Nearly daily anger, self-blame or negative thoughts E: Suicidal ideation or self-harm risk (urgent mental health care)
REN – Reproductive Imbalances (irregular or painful periods, low libido)	A: Normal cycle/libido B: Up to 7-day late period or slight libido drop C: 1-3 months irregular cycle or clear libido drop D: 3+ months missed periods, very painful menses, sexual dysfunction E: Intense pelvic/testicular pain/swelling (emergency check)

DU – Headaches/Dizziness (tight or heavy feeling) A: No headaches, clear mind

B: 1–2 light headaches; better with rest

C: 3-4 headaches; disrupts work

D: Almost daily; need medication

E: Sudden intense headache, vomiting/blurred vision (urgent check)

- If you select E for any meridian, please seek immediate medical or mental health care.
- If all selected options are A–D, share your results with your acupuncturist to guide the weekly treatment plan.
- This is not a formal diagnosis. If you have any doubts, consult a qualified healthcare professional.
 Please fill this out in under five minutes each week and bring your answers to your next acupuncture session.

