

Patient's ID: Acup.'s ID: **C. Dysmenorrhea: Pattern differentiation according to Primary and Secondary Patterns**

Instructions: For each pattern listed, a) mark "No", "Yes", or "Not sure" in the "Presence" column based on your assessment of the patient; b) for each pattern endorsed, indicate if the pattern is the "Primary" pattern in the corresponding column and rate how much it characterizes this particular patient's clinical presentation based on the "Relevance Scale"; and c) for Secondary patterns, mark the pattern in the "Presence" column and complete the "Relevance Scale". DO NOT WRITE OUTSIDE THE BOXES.

	Pattern	Presence	Primary?	Relevance Scale									
				Minimally									Absolutely
Repletion	1. Stagnation of Qi	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	2. Stasis of Blood	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	3. Stagnation transforming into Heat /Fire	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	4. Accumulation of Cold	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	5. Accumulation of Cold and Dampness	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	6. Accumulation of Damp-Heat	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

C. Dysmenorrhea: Pattern differentiation according to Primary and Secondary Patterns, (continued)

	Pattern	Presence	Primary?	Relevance Scale									
				Minimally									Absolutely
Vacuity	7. Qi Vacuity	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	8. Yang Vacuity	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	9. Yin Vacuity	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	10. Blood Vacuity	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Mixed	11. Mixed Vacuity and Repletion	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	12. Mixed Hot and Cold	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Patient's ID: Acup.'s ID: **D. Other Symptoms: Pattern differentiation according to Qi/Blood and Yin/Yang**

Instructions: For each Category, a) mark with an "x" the underlying, constitutional or secondary patterns that are most relevant in this patient INDEPENDENT of dysmenorrhea; and b) mark with an "x" ONLY those patterns that absolutely characterize this patient's clinical presentation. DO NOT WRITE OUTSIDE THE BOXES.

Category	Pattern					
1. Qi	Qi Vacuity <input type="checkbox"/>	Qi Stagnation <input type="checkbox"/>	Qi Counterflow <input type="checkbox"/>	Qi Sinking <input type="checkbox"/>		
2. Blood	Blood Vacuity <input type="checkbox"/>	Blood Stasis <input type="checkbox"/>	Blood Heat <input type="checkbox"/>	Blood Cold <input type="checkbox"/>	Blood Dryness <input type="checkbox"/>	Loss of Blood <input type="checkbox"/>
3. Yang	Yang Vacuity <input type="checkbox"/>	Yang Hyperactivity <input type="checkbox"/>	Clear Yang Not Ascending <input type="checkbox"/>			
4. Yin	Yin Vacuity <input type="checkbox"/>	Yin Vacuity with Vacuity Heat <input type="checkbox"/>	Yin Vacuity with Effulgent Fire <input type="checkbox"/>	Turbid Yin Not Ascending <input type="checkbox"/>		

Patient's ID: Acup.'s ID: **E. Other Symptoms: Pattern differentiation according to Cold/Dampness/Phlegm and Heat/Fire**

Instructions: For each Category, a) mark with an "x" the underlying, constitutional or secondary patterns that are most relevant in this patient INDEPENDENT of dysmenorrhea; and b) mark with an "x" ONLY those patterns that absolutely characterize this patient's clinical presentation. DO NOT WRITE OUTSIDE THE BOXES.

Cold/Dampness/Phlegm	5. Cold	Replete <input type="checkbox"/>	Vacuous (Due to Yang Vacuity) <input type="checkbox"/>			
	6. Dampness	Localized Stagnation <input type="checkbox"/>	Affecting the Sp <input type="checkbox"/>	Affecting the Channels <input type="checkbox"/>	Affecting the Skin <input type="checkbox"/>	Transforming into Phlegm <input type="checkbox"/>
	7. Dampness, continued	Damp Cold <input type="checkbox"/>	Damp Heat <input type="checkbox"/>			
	8. Phlegm	Accumulating in the Chest <input type="checkbox"/>	Affecting the Lu <input type="checkbox"/>	Affecting the Sp/St <input type="checkbox"/>	With Ascendant Yang <input type="checkbox"/>	Binding with Qi <input type="checkbox"/>
	9. Phlegm, continued	Confounding the Mind <input type="checkbox"/>	In the Channels or Skin <input type="checkbox"/>	Cold Phlegm <input type="checkbox"/>	Hot Phlegm <input type="checkbox"/>	Phlegm Fire <input type="checkbox"/>
Heat/Fire	10. Heat	Replete <input type="checkbox"/>	Depressive <input type="checkbox"/>	Residual EPI <input type="checkbox"/>	Vacuity Heat (Due to Yin Vacuity) <input type="checkbox"/>	Due to Hyperactive Yang <input type="checkbox"/>
	11. Fire	Due to Heat Transformation <input type="checkbox"/>	Due to Accumulation of Yin Substances <input type="checkbox"/>			