

## Sheet for Setting Treatment Direction

To improve your condition, it is important that you, your healthcare providers, and your family share values and goals as you move forward with treatment. Let's work together.

Q1. Which of the following best describes how you feel? (Please select one)\*\*

- I want to get enough information and decide for myself.
- I want to decide together with my healthcare providers and family.
- I would prefer my healthcare providers or family to decide for me.

Q2. Have you discussed treatment with your family or key persons (friends, partners, etc.)? \*\*

If you would like them to join the explanation or discussion, please write below.

- Yes   •   No

Q3. Do you feel you have obtained enough medical information about your concerns from the internet, magazines, etc.? (Please select one)\*\*

- Yes   •   No   •   I don't know how to search

Q4. As you start acupuncture treatment, do you have any concerns? (Multiple answers allowed)\*\*

- Will it really improve my condition?
- Financial burden
- Whether I can keep coming due to my busy schedule
- Whether the treatment will be painful
- Other: ( )

Q5. If your symptoms improve, what goals or things would you like to do? Please feel free to write.

Q6. What are your hopes for treatment? (Multiple answers allowed)\*\*

- Symptom improvement

- Information about hospitals or related care
- Specialized care based on traditional East Asian medicine
- Self-care guidance at home
- Dietary guidance
- General maintenance for overall well-being
- Other: ( )

Q7. Finally, if there is anything else you would like to talk about, please write freely.\*\*

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Thank you very much for your responses. Let's work together to improve your condition.  
Please feel free to reach out anytime, whether by phone, in person, or through Email.

## Sheet for Reviewing Your Current Condition

To improve your health, it is important that you, your healthcare providers, and your family share values and goals as you continue with treatment. Let's work together.

Q1. Have you noticed any positive changes in your body or feelings?

Please write freely.

Q2. Have you experienced any negative changes, emotional or physical, or areas that have not improved?

Please write freely.

Q3. Do you understand and agree with the direction of your acupuncture treatment?

If you have any questions, please write them below.

- Yes • No

Questions:

Q4. What kinds of disadvantages or difficulties do you face if your symptoms do not improve? For example: unable to enjoy your favorite sports, difficulties at work, etc.

Q5. In traditional medicine, vague symptoms such as "general fatigue," "feeling tired even after resting," or "persistent stiffness" are often called "pre-illness" (mibyō).

If you've experienced similar symptoms, please write them here.

Q6. If you wish to continue maintenance treatment, please write anything you're particularly concerned about or would like to focus on.

Also, we can show you some self-care methods.

If you are interested in any of the following, please circle them:

- Self-moxibustion
- Yoga or stretching
- Muscle training
- Mental relaxation techniques (like autogenic training)
- Information on herbal medicine or supplements

Q7. Finally, if there is anything else you'd like to share, please feel free to write it here.\*\*

Thank you very much for your responses.

This is simply a way to help you reflect on your current condition, so please feel free to answer whatever you like—and skip any parts you're unsure about.

Let's work together to improve your health.

Please feel free to reach out anytime, whether by phone, in person, or through Email..