



Why Can't I Get Pregnant?

A Questionnaire of Discovery

(for Women)

Name:

*Natures differ,
And needs with them,
Hence the wise men of old
Did not lay down
One measure for all.*
- Chuang Tse, 4th century B.C.

DIAGNOSIS

KIDNEY DEFICIENCY/ YIN (Ki Yin-)

YES

NO

Do you have lower back weakness, soreness or pain, or knee problems?

Do you have ringing in your ears or dizziness?

Is your hair prematurely gray?

Do you have vaginal dryness?

Is your mid-cycle fertile cervical mucus scanty or missing?

Do you urinate frequently?

Do you have dark circles around or under your eyes?

Do you have night sweats?

Are you prone to hot flashes?

Would you describe yourself as afraid a lot?

KIDNEY DEFICIENCY/ YANG (Ki Yang-)

YES

NO

Do you have lower back pain, especially premenstrually?

Is your lower back sore or weak?

Are your feet cold, especially at night?

Are you typically colder or hotter in nature than those around you?

Is your libido low?

Are you often fearful?

Do you wake up at night or in early morning because you have to urinate?

Do you urinate frequently, and is the urine dilute and/or profuse?

Do you have early morning loose, urgent stools?

Do you have profuse vaginal discharge?

Does your menstrual blood tend to be dull in color?

Do you feel cold cramps during your period that respond to a heating pad?

SPLEEN DEFICIENCY (Sp-)

YES

NO

Are you often fatigued?

Do you have a poor appetite?

Is your energy lower after a meal?

Do you feel bloated after eating?

Do you crave sweets?

Do you have loose stools, abdominal pain, or digestive problems?

Are your hands and feet cold?

Is your nose cold?

Are you prone to feeling heavy or sluggish?

Are you prone to feeling heaviness or groggy in the head?

Do you bruise easily?

Do you think you have poor circulation?

Do you have varicose veins?

Are you lacking strength in your arms and legs?

Are you lacking in exercise?

Are you prone to worry?

Have you been diagnosed with low blood pressure?

Do you sweat a lot without exerting yourself?

Do you feel dizzy, lightheaded, or have visual changes when you stand up fast?

Is your menstruation thin, watery, profuse or pinkish in color?

Are you more tired around ovulation or menstruation?

Do you ever spot a few days or more before your period comes?

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Have you ever been diagnosed with uterine prolapse?	<input type="checkbox"/>	<input type="checkbox"/>
Are your menstrual cramps accompanied by a bearing down sensation on your uterus?	<input type="checkbox"/>	<input type="checkbox"/>
Are you often sick or do you have allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with hypothyroid or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have hemorrhoids or polyps?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a pale, yellowish complexion?	<input type="checkbox"/>	<input type="checkbox"/>

BLOOD DEFICIENCY (BI-)

(This category does not necessarily equate with anemia)

YES **NO**

Are your menses scanty and/or late?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dry, flaky skin?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prone to getting chapped lips?	<input type="checkbox"/>	<input type="checkbox"/>
Are your fingernails or toenails brittle?	<input type="checkbox"/>	<input type="checkbox"/>
Are you losing hair on your head (not in patches, but all over)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your hair brittle or dry?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diminished nighttime vision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get dizzy or lightheaded around your period?	<input type="checkbox"/>	<input type="checkbox"/>
Are your lips, the inner side of your lower eyelids, or tongue pale in color?	<input type="checkbox"/>	<input type="checkbox"/>

BLOOD STASIS (BI X)

(Often associated with blood deficiency symptoms)

YES **NO**

Is your menstrual flow ever brown or black in color?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel midcycle pain around your ovaries?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have painful, unmovable breast lumps?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience periodic numbness of your hands and feet (especially at night)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have varicose or spider veins?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have red hemangiomas (cherry red spots) on your skin?	<input type="checkbox"/>	<input type="checkbox"/>
Does your complexion appear dark and “sooty” or dirty?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have chronic hemorrhoids?	<input type="checkbox"/>	<input type="checkbox"/>

Does your menstrual blood contain clots?
 Have you been diagnosed with endometriosis or uterine fibroids?
 Is your lower abdomen tender to palpation (resisting touch)?
 Can you feel any abnormal lumps in your lower abdomen?
 Do you have piercing or stabbing menstrual cramps?
 Do you see dark spots in your eyes?
 Have you been diagnosed with any vascular abnormality or
 blood clotting disorder?

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LIVER QI STAGNATION (Lv Qi X)

YES **NO**

Are you prone to emotional depression?
 Are you prone to anger and/or rage?
 Do you become irritable premenstrually?
 Do you feel irritable around ovulation?
 Does it feel like your ovulation lasts longer than it should?
 Are your breasts sensitive/sore at ovulation?
 Do you experience nipple pain or discharge from your nipples?
 Do you have a lot of premenstrual breast distention or pain?
 Have you been diagnosed with elevated prolactin levels?
 Do you become bloated premenstrually?
 Are your pupils usually dilated and large?
 Do you have difficulty falling asleep at night?
 Do you experience heartburn or wake up with a bitter taste in your mouth?
 Are your menses painful?
 Do you feel your menstrual cramps in the external genitalia?
 Is the menstrual blood thick and dark or purplish in color?

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HEART DEFICIENCY (Ht-)

YES **NO**

(Often associated with heat signs)

Do you wake up early in the morning and can't get back to sleep?
 Do you get heart palpitations, especially when anxious?
 Do you have nightmares?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you seem low in spirit or lacking in vitality?
Are you prone to agitation or extreme restlessness?
Do you fidget?
Is the tip of your tongue red?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

EXCESS HEAT (^H)

YES NO

Is your pulse rate rapid?
Are your mouth and throat usually dry?
Are you thirsty most of the time?
Do you crave icy, cold drinks?
Do you often feel warmer than those around you?
Do you wake up sweating?
Do you break out with red acne (especially premenstrually?)
Do you have a short menstrual cycle?
Do you have vaginal irritation or rashes?

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DAMPNESS (D)

YES NO

(Includes Phlegm - condensed dampness)

Do you feel tired and sluggish after a meal?
Do you have fibrocystic breasts?
Do you have cystic or pustular acne?
Do you have urgent, bright, or foul smelling stools?
Does your menstrual blood contain stringy tissue or mucus?
Are you prone to yeast infections and vaginal itching?
Do your joints ache, especially with movement?
Are you overweight?

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DAMP HEAT (DH)

YES NO

Do you have signs of heat and/or dampness as indicated earlier?
Do you have foul smelling, yellow or greenish vaginal discharge?
Are you prone to vaginal and/or rectal itching during your

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

luteal or premenstrual phase?

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COLD UTERUS (CW)

YES

NO

Do you fit the Kidney Yang deficiency category?

Do you fall into the Blood Stasis pattern?

Does your lower abdomen feel cooler to the touch than the rest of your body?