

Stillwater Fertility Acupuncture Clinic
Maryland's Natural Fertility and Women's Care Clinic
www.StillwaterFertilityClinic.com

Name: _____

Date _____

Part A

- | | <i>Yes</i> | <i>No</i> |
|--|-----------------------|-----------------------|
| Do you have lower back weakness, soreness, or pain | <input type="radio"/> | <input type="radio"/> |
| Do you have knee problems? | <input type="radio"/> | <input type="radio"/> |
| Do you have ringing in your ears or dizziness? | <input type="radio"/> | <input type="radio"/> |
| Is your hair prematurely gray? | <input type="radio"/> | <input type="radio"/> |
| Do you have vaginal dryness? | <input type="radio"/> | <input type="radio"/> |
| Is your midcycle fertile cervical mucus scanty or missing? | <input type="radio"/> | <input type="radio"/> |
| Do you have dark circles around or under your eyes? | <input type="radio"/> | <input type="radio"/> |
| Do you have night sweats? | <input type="radio"/> | <input type="radio"/> |
| Are you prone to hot flashes? | <input type="radio"/> | <input type="radio"/> |
| Would you describe yourself as afraid a lot? | <input type="radio"/> | <input type="radio"/> |

Part B

- | | <i>Yes</i> | <i>No</i> |
|--|-----------------------|-----------------------|
| Do you have lower back pain premenstrually? | <input type="radio"/> | <input type="radio"/> |
| Is your low back sore or weak? | <input type="radio"/> | <input type="radio"/> |
| Are your feet cold, especially at night? | <input type="radio"/> | <input type="radio"/> |
| Are you typically colder than those around you? | <input type="radio"/> | <input type="radio"/> |
| Is your libido low? | <input type="radio"/> | <input type="radio"/> |
| Are you often fearful? | <input type="radio"/> | <input type="radio"/> |
| Do you wake up at night or early in the morning because you have to urinate? | <input type="radio"/> | <input type="radio"/> |
| Do you urinate frequently, and is the urine diluted and / or profuse? | <input type="radio"/> | <input type="radio"/> |
| Do you have early morning loose, urgent stools? | <input type="radio"/> | <input type="radio"/> |
| Do you have profuse vaginal discharge? | <input type="radio"/> | <input type="radio"/> |
| Does your menstrual blood tend to be dull in color? | <input type="radio"/> | <input type="radio"/> |
| Do you feel cold cramps during your period that respond to a heating pad? | <input type="radio"/> | <input type="radio"/> |

Stillwater Fertility Acupuncture Clinic
Maryland's Natural Fertility and Women's Care Clinic
www.StillwaterFertilityClinic.com

Part C	Yes	No
Are you often fatigued?	<input type="radio"/>	<input type="radio"/>
Do you have poor appetite?	<input type="radio"/>	<input type="radio"/>
Is your energy lower after a meal?	<input type="radio"/>	<input type="radio"/>
Do you feel bloated after eating?	<input type="radio"/>	<input type="radio"/>
Do you crave sweets?	<input type="radio"/>	<input type="radio"/>
Do you have loose stools, abdominal pain, or digestive problems?	<input type="radio"/>	<input type="radio"/>
Are your hands and feet cold?	<input type="radio"/>	<input type="radio"/>
Is your nose cold?	<input type="radio"/>	<input type="radio"/>
Are you prone to feeling heavy or sluggish?	<input type="radio"/>	<input type="radio"/>
Are you prone to feeling heaviness or grogginess in the head?	<input type="radio"/>	<input type="radio"/>
Do you bruise easily?	<input type="radio"/>	<input type="radio"/>
Do you think you have poor circulation?	<input type="radio"/>	<input type="radio"/>
Do you have varicose veins?	<input type="radio"/>	<input type="radio"/>
Are you lacking strength in your arms and legs?	<input type="radio"/>	<input type="radio"/>
Are you prone to worry?	<input type="radio"/>	<input type="radio"/>
Have you been diagnosed with low blood pressure?	<input type="radio"/>	<input type="radio"/>
Do you sweat a lot without exerting yourself?	<input type="radio"/>	<input type="radio"/>
Do you feel dizzy or light-headed, or have visual changes when you stand up	<input type="radio"/>	<input type="radio"/>
Is your menstruation thin, watery, profuse, or pinkish in color?	<input type="radio"/>	<input type="radio"/>
Are you more tired around ovulation or menstruation?	<input type="radio"/>	<input type="radio"/>
Do you ever spot a few days or more before your period comes?	<input type="radio"/>	<input type="radio"/>
Have you ever been diagnosed with uterine prolapse?	<input type="radio"/>	<input type="radio"/>
Are your menstrual cramps accompanied by a bearing-down sensation in your uterus?	<input type="radio"/>	<input type="radio"/>
Are you often sick, or do you have allergies?	<input type="radio"/>	<input type="radio"/>
Have you been diagnosed with hypothyroid or anemia?	<input type="radio"/>	<input type="radio"/>
Do you have hemorrhoids or polyps?	<input type="radio"/>	<input type="radio"/>

Part D	Yes	No
Are your menses scanty and/or late?	<input type="radio"/>	<input type="radio"/>
Do you have dry, flaky skin?	<input type="radio"/>	<input type="radio"/>
Are you prone to getting chapped lips?	<input type="radio"/>	<input type="radio"/>
Are your fingernails or toenails brittle?	<input type="radio"/>	<input type="radio"/>
Are you losing hair on your head (not in patches, but all over)?	<input type="radio"/>	<input type="radio"/>
Is your hair brittle or dry?	<input type="radio"/>	<input type="radio"/>
Do you have diminished nighttime vision?	<input type="radio"/>	<input type="radio"/>
Do you get dizzy or light-headed around your period?	<input type="radio"/>	<input type="radio"/>
Are your lips, the inner side of your lower eyelids, or tongue pale in color?	<input type="radio"/>	<input type="radio"/>

Stillwater Fertility Acupuncture Clinic
Maryland's Natural Fertility and Women's Care Clinic
www.StillwaterFertilityClinic.com

Part E	Yes	No
Is your menstrual flow ever brown or black in color?	<input type="radio"/>	<input type="radio"/>
Do you feel midcycle pain around your ovaries?	<input type="radio"/>	<input type="radio"/>
Do you have painful, unmovable breast lumps?	<input type="radio"/>	<input type="radio"/>
Do you experience periodic numbness of your hands and feet (especially at night)?	<input type="radio"/>	<input type="radio"/>
Do you have varicose or spider veins?	<input type="radio"/>	<input type="radio"/>
Do you have red hemangiomas (cherry-red spots) on your skin?	<input type="radio"/>	<input type="radio"/>
Do you have chronic hemorrhoids?	<input type="radio"/>	<input type="radio"/>
Does your menstrual blood contain clots?	<input type="radio"/>	<input type="radio"/>
Have you been diagnosed with endometriosis or uterine fibroids?	<input type="radio"/>	<input type="radio"/>
Is your lower abdomen tender to palpation (resisting touch)?	<input type="radio"/>	<input type="radio"/>
Do you feel any abnormal lumps in your lower abdomen?	<input type="radio"/>	<input type="radio"/>
Do you have piercing or stabbing menstrual cramps?	<input type="radio"/>	<input type="radio"/>
Do you have dark spots in your eyes?	<input type="radio"/>	<input type="radio"/>
Have you been diagnosed with any blood clotting disorder?	<input type="radio"/>	<input type="radio"/>

Part F	Yes	No
Is your pulse rate rapid?	<input type="radio"/>	<input type="radio"/>
Are your mouth and throat usually dry?	<input type="radio"/>	<input type="radio"/>
Are you thirsty for cold drinks most of the time?	<input type="radio"/>	<input type="radio"/>
Do you often feel warmer than those around you?	<input type="radio"/>	<input type="radio"/>
Do you wake up sweating or have hot flashes?	<input type="radio"/>	<input type="radio"/>
Do you break out with red acne (especially premenstrually)?	<input type="radio"/>	<input type="radio"/>
Do you have a short menstrual cycle?	<input type="radio"/>	<input type="radio"/>
Do you have vaginal irritation or rashes?	<input type="radio"/>	<input type="radio"/>

Part G	Yes	No
Do you feel tired and sluggish after a meal?	<input type="radio"/>	<input type="radio"/>
Do you have fibrocystic breasts?	<input type="radio"/>	<input type="radio"/>
Do you have cystic acne?	<input type="radio"/>	<input type="radio"/>
Do you have urgent, bright, or foul-smelling stools?	<input type="radio"/>	<input type="radio"/>
Does your menstrual blood contain stringy tissue or mucus?	<input type="radio"/>	<input type="radio"/>
Are you prone to yeast infections and vaginal itching?	<input type="radio"/>	<input type="radio"/>
Do your joints ache, especially with movement?	<input type="radio"/>	<input type="radio"/>

Stillwater Fertility Acupuncture Clinic
Maryland's Natural Fertility and Women's Care Clinic
www.StillwaterFertilityClinic.com

Part H	Yes	No
Do you have foul-smelling, yellow, or greenish vaginal discharge?	<input type="radio"/>	<input type="radio"/>
Are you prone to vaginal and/ or rectal itching during your luteal or premenstrual phase?	<input type="radio"/>	<input type="radio"/>

Part I	Yes	No
Are you prone to emotional depression?	<input type="radio"/>	<input type="radio"/>
Are you prone to anger and/or rage?	<input type="radio"/>	<input type="radio"/>
Do you become irritable premenstrually?	<input type="radio"/>	<input type="radio"/>
Do you feel bloated or irritable around ovulation?	<input type="radio"/>	<input type="radio"/>
Does it feel as if your ovulation lasts longer than it should?	<input type="radio"/>	<input type="radio"/>
Are your breasts sensitive and /or sore at ovulation?	<input type="radio"/>	<input type="radio"/>
Do you experience nipple pain or discharge from your nipples?	<input type="radio"/>	<input type="radio"/>
Do you have a lot of premenstrual breast distention or pain?	<input type="radio"/>	<input type="radio"/>
Have you been diagnosed with elevated prolactin levels?	<input type="radio"/>	<input type="radio"/>
Do you become bloated premenstrually?	<input type="radio"/>	<input type="radio"/>
Are your pupils usually dilated and large?	<input type="radio"/>	<input type="radio"/>
Do you have difficulty falling asleep at night?	<input type="radio"/>	<input type="radio"/>
Do you experience heartburn or wake up with a bitter taste in your mouth?	<input type="radio"/>	<input type="radio"/>
Are your menses painful?	<input type="radio"/>	<input type="radio"/>
Do you feel your menstrual cramps in the external genital area?	<input type="radio"/>	<input type="radio"/>
Is the menstrual blood thick and dark, or purplish in color?	<input type="radio"/>	<input type="radio"/>

Part J	Yes	No
Do you wake up early in the morning and have trouble getting back to sleep?	<input type="radio"/>	<input type="radio"/>
Do you have heart palpitations, especially when anxious?	<input type="radio"/>	<input type="radio"/>
Do you have nightmares?	<input type="radio"/>	<input type="radio"/>
Do you seem low in spirit or lacking in vitality?	<input type="radio"/>	<input type="radio"/>
Are you prone to agitation or extreme restlessness?	<input type="radio"/>	<input type="radio"/>
Do you fidget?	<input type="radio"/>	<input type="radio"/>