

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

Part A	Yes	No
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 dark circles around or under your eyes?	<input type="radio"/>	<input type="radio"/>
Do you sweat at night?	<input type="radio"/>	<input type="radio"/>
Are you prone to feeling hot or flushed?	<input type="radio"/>	<input type="radio"/>

Part B	Yes	No
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"/>
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"/>

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"/>
Have you ever been diagnosed with a prolapsed organ?	<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"/>

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Part D	Yes	No
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 when blood is drawn?	<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"/>

Part E	Yes	No
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"/>
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 abdominal 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?	<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 cystic acne?	<input type="radio"/>	<input type="radio"/>
Do you have an urgent need to move your bowels at times?	<input type="radio"/>	<input type="radio"/>
Are your stools foul-smelling?	<input type="radio"/>	<input type="radio"/>
Do your joints ache, especially with movement?	<input type="radio"/>	<input type="radio"/>

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Part H	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 easily?	<input type="radio"/>	<input type="radio"/>
Are your pupils usually dilated and large?	<input type="radio"/>	<input type="radio"/>
Do you have difficulty staying 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"/>

Part I	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"/>