

FOR WOMEN:

# Why Can't I Get Pregnant?

## A Questionnaire of Discovery

Name \_\_\_\_\_

### DIAGNOSIS



*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.

#### **Kidney Deficiency/yin (Ki Yin-)**

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

#### **Kidney Deficiency/yang (Ki Yang-)**

Do you have lower back pain, especially premenstrually? .....	<input type="checkbox"/>	<input type="checkbox"/>
Is your lower back sore or weak? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are your feet cold, especially at night? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you typically colder or hotter in nature than those around you? .....	<input type="checkbox"/>	<input type="checkbox"/>
Is your libido low? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you often fearful? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you wake up at night or in early morning because you have to urinate? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you urinate frequently, and is the urine dilute and/or profuse? .....	<input type="checkbox"/>	<input type="checkbox"/>

#### **Kidney Deficiency/yang (Ki Yang-) Continued**

Do you have early morning loose, urgent stools? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have profuse vaginal discharge? .....	<input type="checkbox"/>	<input type="checkbox"/>
Does your menstrual blood tend to be dull in color? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel cold cramps during your period that respond to a heating pad? .....	<input type="checkbox"/>	<input type="checkbox"/>

#### **SPLEEN DEFICIENCY (Sp-)**

Are you often fatigued? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a poor appetite? .....	<input type="checkbox"/>	<input type="checkbox"/>
Is your energy lower after a meal? .....	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>
Do you feel bloated after eating?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you crave sweets?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have loose stools, abdominal pain, or digestive problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are your hands and feet cold?.....	<input type="checkbox"/>	<input type="checkbox"/>
Is your nose cold?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you prone to feeling heavy or sluggish?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you prone to feeling heaviness or groggy in the head?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you bruise easily?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you have poor circulation?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have varicose veins?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you lacking strength in your arms and legs?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you lacking in exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you prone to worry?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with low blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you sweat a lot without exerting yourself?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel dizzy, lightheaded, or have visual changes when you stand up fast?.....	<input type="checkbox"/>	<input type="checkbox"/>
Is your menstruation thin, watery, profuse or pinkish in color?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you more tired around ovulation or menstruation?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever spot a few days or more before your period comes?.....	<input type="checkbox"/>	<input type="checkbox"/>
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*

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*

Is your menstrual flow ever brown or black in color?.....	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

	<b>Yes</b>	<b>No</b>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with endometriosis or uterine fibroids? .....	<input type="checkbox"/>	<input type="checkbox"/>
Is your lower abdomen tender to palpation (resisting touch)? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you feel any abnormal lumps in your lower abdomen? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have piercing or stabbing menstrual cramps? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you see dark spots in your eyes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with any vascular abnormality or blood clotting disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>

**LIVER QI STAGNATION (Lv Qi X)**

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

**HEART DEFICIENCY (Ht-) *Often associated with heat signs***

Do you wake up early in the morning and can't get back to sleep? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you get heart palpitations, especially when anxious? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have nightmares? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you seem low in spirit or lacking in vitality? .....	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>
Are you prone to agitation or extreme restlessness?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you fidget?.....	<input type="checkbox"/>	<input type="checkbox"/>
Is the tip of your tongue red?.....	<input type="checkbox"/>	<input type="checkbox"/>

**EXCESS HEAT (^H)**

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

**DAMPNESS (D)** *Includes Phlegm - condensed dampness*

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

**DAMP HEAT (DH)**

Do you have signs of heat and/or dampness as indicated earlier?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have foul smelling, yellow or greenish vaginal discharge?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you prone to vaginal and/or rectal itching during your luteal or premenstrual phase?.....	<input type="checkbox"/>	<input type="checkbox"/>

**COLD UTERUS (CW)**

Do you fit the Kidney Yang deficiency category?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you fall into the Blood Stasis pattern?.....	<input type="checkbox"/>	<input type="checkbox"/>
Does your lower abdomen feel cooler to the touch than the rest of your body?.....	<input type="checkbox"/>	<input type="checkbox"/>