Infertility Questionnaire

Patient Name: _____
Date: _____

Kidney Yin Deficiency /10		
Lower back weakness, soreness, knee problems	☐ Yes	☐ No
Ringing in ears, dizziness	☐ Yes	☐ No
Premature Greying	☐ Yes	☐ No
Vaginal dryness	☐ Yes	☐ No
Midcycle mucous scanty/missing	☐ Yes	☐ No
Dark circles around/under eyes	☐ Yes	☐ No
Night sweats	☐ Yes	☐ No
Hot flashes	☐ Yes	☐ No
Fearful?	☐ Yes	☐ No
Tongue – no coating, peeled	☐ Yes	☐ No
Kidney Yang Deficiency		
Low Back Pain Premenstrually	☐ Yes	☐ No
Lower back soreness, weakness	☐ Yes	☐ No
Cold feet (especially at night)	☐ Yes	☐ No
Colder than others around you	☐ Yes	☐ No
Low libido	☐ Yes	☐ No
Fearful?	☐ Yes	☐ No
Wake up at night to urinate	☐ Yes	☐ No
Frequent urination, diluted/profuse	☐ Yes	☐ No
Early morning loose stool, urgent stool	☐ Yes	☐ No
Profuse vaginal discharge	☐ Yes	☐ No
Dull menstrual blood	☐ Yes	☐ No
Cramps better heating pad	☐ Yes	☐ No
Tongue – pale, moist, swollen	☐ Yes	☐ No
Spleen Qi Deficiency		
Frequent fatigue	☐ Yes	☐ No
Poor appetite	☐ Yes	☐ No
Low energy after a meal	☐ Yes	☐ No
Bloated after eating	☐ Yes	☐ No
Crave sweets	☐ Yes	☐ No
Frequent loose stools, abdominal pain/cramping	☐ Yes	☐ No
Cold hands and feet	☐ Yes	☐ No
Cold nose	☐ Yes	☐ No
Prone to feeling heavy/sluggish	☐ Yes	☐ No

Prone to feeling groggy, heavy in head	☐ Yes	☐ No
Bruise easily	☐ Yes	☐ No
Poor Circulation	☐ Yes	☐ No
Varicose veins	☐ Yes	☐ No
Lack strength in legs/arms	☐ Yes	☐ No
Lack exercise	☐ Yes	☐ No
Excessive worry	☐ Yes	☐ No
Low blood pressure	☐ Yes	☐ No
Profuse sweat (without exercise)	☐ Yes	☐ No
Dizzy, light headed when standing quickly	☐ Yes	☐ No
Menstruation – thin, watery, pink	☐ Yes	☐ No
More tired around ovulation/premenstrually	☐ Yes	☐ No
Menstrual cramps with bearing down sensation in uterus	☐ Yes	☐ No
Frequent sickness, allergies	☐ Yes	☐ No
Hypothyroidism, anemia	☐ Yes	☐ No
Hemorrhoids/polyps	☐ Yes	☐ No
Pale, yellowish complexion	☐ Yes	☐ No
Tongue – pale, swollen, teeth marks	☐ Yes	☐ No

Blood Deficiency

Scanty/late menses	☐ Yes	☐ No
Dry, flaky skin	☐ Yes	☐ No
Prone to chapped lips	☐ Yes	☐ No
Brittle toenails/fingernails	☐ Yes	☐ No
Losing head hair (not patches, all over)	☐ Yes	☐ No
Hair brittle or dry	☐ Yes	☐ No
Diminished nighttime vision	☐ Yes	☐ No
Dizzy or lightheaded around period	☐ Yes	☐ No
Lips, inner eyelid, tongue pale	☐ Yes	☐ No

Blood Stasis

Menses – black or dark brown	☐ Yes	☐ No
Midcycle pain in ovaries	☐ Yes	☐ No
Numbness in hands/feet (especially at night)	☐ Yes	☐ No
Painful breast lumps	☐ Yes	☐ No
Varicose/spider veins	☐ Yes	☐ No
Red hemangiomas (cherry red spots)	☐ Yes	☐ No
Dark, sooty complexion	☐ Yes	☐ No
Clots	☐ Yes	☐ No
Chronic hemorrhoids	☐ Yes	☐ No
Endometriosis, uterine fibroids	☐ Yes	☐ No

Tender abdomen to palpation	☐ Yes	☐ No
Menstrual cramps - piercing, stabbing	☐ Yes	☐ No
Tongue – dark, dark spots	☐ Yes	☐ No
Veins beneath tongue – stagnation	☐ Yes	☐ No
Dark spots in eyes	☐ Yes	☐ No

Liver Qi Stagnation

Emotional Depression	☐ Yes	☐ No
Prone to anger and/or rage	☐ Yes	☐ No
PMS – irritability	☐ Yes	☐ No
Bloated irriable around ovulation	☐ Yes	☐ No
Ovulation lasting longer than it should	☐ Yes	☐ No
Breast tenderness at ovulation	☐ Yes	☐ No
Nipple pain, discharge	☐ Yes	☐ No
Breast tender premenstrually	☐ Yes	☐ No
Difficulty falling asleep at night	☐ Yes	☐ No
Heartburn or wake up with bitter taste in mouth	☐ Yes	☐ No
Painful menses	☐ Yes	☐ No
Cramps in external genital region	☐ Yes	☐ No
Menses – thick, dark	☐ Yes	☐ No
Tongue – dark, purpilish	☐ Yes	☐ No

Heart Deficiency

Wake up early, trouble falling back to sleep	☐ Yes	☐ No
Heart palpitations, especially when anxious	☐ Yes	☐ No
Nightmares	☐ Yes	☐ No
Low in spirit, lacking vitality	☐ Yes	☐ No
Prone to agitation, or extreme restlessness	☐ Yes	☐ No
Fidget	☐ Yes	☐ No
Excessive sweating especially chest	☐ Yes	☐ No
Tongue - red tip, crack in centre extended to tip	☐ Yes	☐ No

Excess Heat

Rapid pulse	☐ Yes	☐ No
Mouth or throat dry	☐ Yes	☐ No
Thirsty for cold drinks	☐ Yes	☐ No
Feel warmer than those around you	☐ Yes	☐ No
Wake up sweating/hot flashes	☐ Yes	☐ No
Acne premenstrually	☐ Yes	☐ No
Short menstrual cycle	☐ Yes	☐ No
Vaginal irritation/rashes	☐ Yes	☐ No

Dampness		
Tired/sluggish after a meal	☐ Yes	☐ No
Fibrocystic breasts	☐ Yes	☐ No
Cystic/pustular acne	☐ Yes	☐ No
Urgent, bring, foul smelling stools	☐ Yes	☐ No
Menses – stringy mucous	☐ Yes	☐ No
Yeast infections, vaginal itching	☐ Yes	☐ No
Aching joints	☐ Yes	☐ No
Overweight	☐ Yes	☐ No
Tongue – wet, slimy	☐ Yes	☐ No
Damp Heat		
Signs heat/dampness	☐ Yes	☐ No
Foul smelling vaginal discharge – green/yellow	☐ Yes	☐ No
Prone to vaginal/rectal itching premenstrually	☐ Yes	☐ No
Cold Uterus		
Kd yang deficiency	☐ Yes	☐ No
Blood stasis pattern	☐ Yes	☐ No
Cool lower abdomen compaired to rest of body	☐ Yes	☐ No