

## Fertility Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions by circling your best response using the scale below. If you do not understand or cannot answer a question, just leave it blank.

**4 – always 3 - frequently 2 - sometimes 1 - rare 0-never**

### A. Ki Yin

1. Do you have low back weakness, soreness, pain or knee problems? 4 3 2 1 0
2. Do you have ringing in your ears? 4 3 2 1 0
3. Is your hair prematurely gray? 4 3 2 1 0
4. Do you have vaginal dryness? 4 3 2 1 0
5. Is your midcycle fertile cervical mucus slight or missing? 4 3 2 1 0
6. Do you have dark circles around or under your eyes? 4 3 2 1 0
7. Are you prone to hot flashes? 4 3 2 1 0
8. Do you have night sweats? 4 3 2 1 0
9. Would you describe yourself as being afraid frequently? 4 3 2 1 0

### B. Ki Yang

1. Do you have lower back pain premenstrually? 4 3 2 1 0
2. Is your lower back sore or weak? 4 3 2 1 0
3. Are your feet cold, especially at night? 4 3 2 1 0
4. Are you typically colder than those around you? 4 3 2 1 0
5. Is your sex drive low? 4 3 2 1 0
6. Are you often fearful? 4 3 2 1 0

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|---|---|---|---|---|---|
| 7. Does the need to urinate wake you up through the night or in the morning?    | 4 | 3 | 2 | 1 | 0 |
| 8. Is your urination frequent and/or profuse?                                   | 4 | 3 | 2 | 1 | 0 |
| 9. Do you have early morning loose or urgent bowel movements?                   | 4 | 3 | 2 | 1 | 0 |
| 10. Do you have profuse vaginal discharge?                                      | 4 | 3 | 2 | 1 | 0 |
| 11. Does your menstrual blood tend to be dark in color?                         | 4 | 3 | 2 | 1 | 0 |
| 12. Do you feel cold cramps during your period that improve with a heating pad? | 4 | 3 | 2 | 1 | 0 |
| 13. Is your tongue color pale, overly moist or swollen?                         | 4 | 3 | 2 | 1 | 0 |

**C.Sp Qi**

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|--|---|---|---|---|---|
| 1. Are you often fatigued?                         | 4 | 3 | 2 | 1 | 0 |
| 2. Do you have a poor appetite?                    | 4 | 3 | 2 | 1 | 0 |
| 3. Does your energy go down after a meal?          | 4 | 3 | 2 | 1 | 0 |
| 4. Do you feel bloated after eating?               | 4 | 3 | 2 | 1 | 0 |
| 5. Do you crave sweets?                            | 4 | 3 | 2 | 1 | 0 |
| 6. Do you often have abdominal pain?               | 4 | 3 | 2 | 1 | 0 |
| 7. Do you have loose stools or digestive problems? | 4 | 3 | 2 | 1 | 0 |
| 8. Are your hands and feet cold?                   | 4 | 3 | 2 | 1 | 0 |
| 9. Is your nose cold?                              | 4 | 3 | 2 | 1 | 0 |
| 10. Are you prone to feeling heavy and sluggish?   | 4 | 3 | 2 | 1 | 0 |
| 11. Do you feel groggy or heaviness in the head?   | 4 | 3 | 2 | 1 | 0 |
| 12. Do you bruise easily?                          | 4 | 3 | 2 | 1 | 0 |

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| 13. Do you think you have poor circulation?   | 4 | 3 | 2 | 1 | 0 |
| 14. Do you have varicose veins?   | 4 | 3 | 2 | 1 | 0 |
| 15. Are your arms and legs lacking in strength?   | 4 | 3 | 2 | 1 | 0 |
| 16. Do you exercise regularly?  | 4 | 3 | 2 | 1 | 0 |
| 17. Are you prone to worry?   | 4 | 3 | 2 | 1 | 0 |
| 18. Have you been diagnosed with high blood pressure?                                   | 4 | 3 | 2 | 1 | 0 |
| 19. Do you sweat a lot without exerting yourself?                                       | 4 | 3 | 2 | 1 | 0 |
| 20. Do you feel dizzy or lightheaded or have visual changes if you stand up too quickly | 4 | 3 | 2 | 1 | 0 |
| 21. Is your menstruation thin, watery, profuse or pinkish in color?                     | 4 | 3 | 2 | 1 | 0 |
| 22. Are you more tired around ovulation or menstruation?                                | 4 | 3 | 2 | 1 | 0 |
| 23. Have you ever been diagnosed with uterine prolapse?                                 | 4 | 3 | 2 | 1 | 0 |
| 24. Do you ever spot a few days or more before your period comes?                       | 4 | 3 | 2 | 1 | 0 |
| 25. Are your menstrual cramps accompanied by a bearing down sensation in your uterus?   | 4 | 3 | 2 | 1 | 0 |
| 26. Are you sick often?   | 4 | 3 | 2 | 1 | 0 |
| 27. Do you have many allergies?   | 4 | 3 | 2 | 1 | 0 |
| 28. Have you been diagnosed with hypothyroid or anemia?                                 | 4 | 3 | 2 | 1 | 0 |
| 30. Does your tongue look swollen?  | 4 | 3 | 2 | 1 | 0 |
| 31. do you have a pale or yellowish complexion?   | 4 | 3 | 2 | 1 | 0 |

**D. Xue**

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|---|---|---|---|---|---|
| 1. Do you have dry flaky skin?            | 4 | 3 | 2 | 1 | 0 |
| 2. Are you prone to getting chapped lips? | 4 | 3 | 2 | 1 | 0 |

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|---|---|---|---|---|---|
| 3. Are your fingernails or toenails brittle?                  | 4 | 3 | 2 | 1 | 0 |
| 4. Are you losing hair on your head? (all over-not patches)   | 4 | 3 | 2 | 1 | 0 |
| 5. Is your hair brittle or dry?                               | 4 | 3 | 2 | 1 | 0 |
| 6. Is your nighttime vision diminished?                       | 4 | 3 | 2 | 1 | 0 |
| 7. Do you get dizzy or light-headed around your period?       | 4 | 3 | 2 | 1 | 0 |
| 8. Are your lips,tongue or inside of your lower eyelids pale? | 4 | 3 | 2 | 1 | 0 |
| 9. Are your menses late and/or scanty?                        | 4 | 3 | 2 | 1 | 0 |

**E. Xue Stasis**

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|---|---|---|---|---|---|
| 1. Is your menstrual flow ever brown or black?                                      | 4 | 3 | 2 | 1 | 0 |
| 2. Do you feel midcycle pain around your ovaries?                                   | 4 | 3 | 2 | 1 | 0 |
| 3. Do you have painful lumps in your breasts?                                       | 4 | 3 | 2 | 1 | 0 |
| 4. Do you experience periodic numbness in your hands and feet, especially at night? | 4 | 3 | 2 | 1 | 0 |
| 5. Do you have varicose or spider veins?  | 4 | 3 | 2 | 1 | 0 |
| 6. Do you have red hemangiomas (spots) on your skin?                                | 4 | 3 | 2 | 1 | 0 |
| 7. Does your complexion appear dark and sooty?                                      | 4 | 3 | 2 | 1 | 0 |
| 8. Does your menstrual blood contain clots?   | 4 | 3 | 2 | 1 | 0 |
| 9. Do you have chronic hemorrhoids?   | 4 | 3 | 2 | 1 | 0 |
| 10. Have you been diagnosed with endometriosis or uterine fibroids?                 | 4 | 3 | 2 | 1 | 0 |
| 11. Is your lower abdomen tender to light touch?                                    | 4 | 3 | 2 | 1 | 0 |
| 12. Can you feel any abdominal lumps in your lower abdomen?                         | 4 | 3 | 2 | 1 | 0 |

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|--|---|---|---|---|---|
| 13. Do you have piercing or stabbing menstrual cramps?             | 4 | 3 | 2 | 1 | 0 |
| 14. Does your tongue look dark or have dark spots?                 | 4 | 3 | 2 | 1 | 0 |
| 15. Have you ever been diagnosed with any vascular abnormality?    | 4 | 3 | 2 | 1 | 0 |
| 16. Have you ever been diagnosed with any blood clotting disorder? | 4 | 3 | 2 | 1 | 0 |

**F. Lv Qi**

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|--|---|---|---|---|---|
| 1. Are you prone to depression?  | 4 | 3 | 2 | 1 | 0 |
| 2. Are you prone to anger or rage?   | 4 | 3 | 2 | 1 | 0 |
| 3. Do you have premenstrual irritability?                                  | 4 | 3 | 2 | 1 | 0 |
| 4. Do you feel bloated or irritable around ovulation?                      | 4 | 3 | 2 | 1 | 0 |
| 5. Do you feel your ovulation lasts longer than it should?                 | 4 | 3 | 2 | 1 | 0 |
| 6. Are your breasts sensitive or sore around ovulation?                    | 4 | 3 | 2 | 1 | 0 |
| 7. Do you experience nipple pain or discharge?                             | 4 | 3 | 2 | 1 | 0 |
| 8. Do you have a lot of premenstrual breast pain and distention?           | 4 | 3 | 2 | 1 | 0 |
| 9. Do you experience premenstrual bloating?                                | 4 | 3 | 2 | 1 | 0 |
| 10. Do you have difficulty falling asleep at night?                        | 4 | 3 | 2 | 1 | 0 |
| 11. Do you experience heartburn or wake with a bitter taste in your mouth? | 4 | 3 | 2 | 1 | 0 |
| 12. Are your menstrual cycles painful?                                     | 4 | 3 | 2 | 1 | 0 |
| 13. Do you feel your menstrual cramps in your external genital area ?      | 4 | 3 | 2 | 1 | 0 |
| 14. Is the menstrual blood thick, dark or purplish?                        | 4 | 3 | 2 | 1 | 0 |
| 15. Is your tongue dark or purplish?                                       | 4 | 3 | 2 | 1 | 0 |

### **G. Ht**

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|--|---|---|---|---|---|
| 1. Do you wake up too early in the morning and have trouble falling back asleep? | 4 | 3 | 2 | 1 | 0 |
| 2. Do you have heart palpitations, especially when anxious?                      | 4 | 3 | 2 | 1 | 0 |
| 3. Do you have nightmares?   | 4 | 3 | 2 | 1 | 0 |
| 4. Do you seem low in spirit and/or lacking in vitality?                         | 4 | 3 | 2 | 1 | 0 |
| 5. Are you prone to agitation or extreme restlessness?                           | 4 | 3 | 2 | 1 | 0 |
| 6. Do you fidget?  | 4 | 3 | 2 | 1 | 0 |
| 7. Is the tip of your tongue red?  | 4 | 3 | 2 | 1 | 0 |
| 8. Is there a crack in the center of your tongue that extends to the tip?        | 4 | 3 | 2 | 1 | 0 |
| 9. Do you sweat excessively, especially on your chest?                           | 4 | 3 | 2 | 1 | 0 |

### **H. XS Heat**

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|---|---|---|---|---|---|
| 1. Is your pulse rapid?                                     | 4 | 3 | 2 | 1 | 0 |
| 2. Are your mouth and throat usually dry?                   | 4 | 3 | 2 | 1 | 0 |
| 3. Are you thirsty for cold drinks often?                   | 4 | 3 | 2 | 1 | 0 |
| 4. Do you feel warmer than those around you?                | 4 | 3 | 2 | 1 | 0 |
| 5. Do you wake up sweating or have hot flashes?             | 4 | 3 | 2 | 1 | 0 |
| 6. Do you break out with red acne, especially premenstrual? | 4 | 3 | 2 | 1 | 0 |
| 7. Do you have a short menstrual cycle?                     | 4 | 3 | 2 | 1 | 0 |
| 8. Do you have vaginal irritation or rashes?                | 4 | 3 | 2 | 1 | 0 |

**I. Dampness**

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|---|---|---|---|---|---|
| 1. Do you feel tired or sluggish after a meal?                | 4 | 3 | 2 | 1 | 0 |
| 2. Do you have fibrocystic breasts?                           | 4 | 3 | 2 | 1 | 0 |
| 3. Do you have cystic or pustular acne?                       | 4 | 3 | 2 | 1 | 0 |
| 4. Do you have urgent or foul smelling stools?                | 4 | 3 | 2 | 1 | 0 |
| 5. Does your menstrual blood contain stringy tissue or mucus? | 4 | 3 | 2 | 1 | 0 |
| 6. Are you prone to yeast infections and vaginal itching?     | 4 | 3 | 2 | 1 | 0 |
| 7. Do your joints ache especially with movement?              | 4 | 3 | 2 | 1 | 0 |
| 8. Are you overweight?  | 4 | 3 | 2 | 1 | 0 |
| 9. Do you have a wet slimy tongue?                            | 4 | 3 | 2 | 1 | 0 |

**J. (D-H)**

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|---|---|---|---|---|---|
| 1. Do you have symptoms from most of the questions in groups H and I?                       | 4 | 3 | 2 | 1 | 0 |
| 2. Do you have foul-smelling, or discolored vaginal discharge?                              | 4 | 3 | 2 | 1 | 0 |
| 3. Are you prone to vaginal and/or rectal itching during your luteal or premenstrual phase? | 4 | 3 | 2 | 1 | 0 |

**K. (C U)**

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|--|---|---|---|---|---|
| 1. Does your lower abdomen feel cooler to the touch than the rest of your torso? | 4 | 3 | 2 | 1 | 0 |
|--|---|---|---|---|---|