

This quiz contains several useful questions for making a Traditional Chinese Medicinal (TCM) diagnosis. We have take this quiz from the wonderful book, The Infertility Cure by Randine Lewis, PhD.

<u>DIAGNOSIS</u>	Yes	No
<u>KIDNEY YIN DEFICIENCY</u>		
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 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"/>
Does your tongue lack coating? Does it appear shiny or peeled?	<input type="checkbox"/>	<input type="checkbox"/>

<u>DIAGNOSIS</u>	Yes	No
<u>KIDNEY YANG DEFICIENCY</u>		
Do you have lower back pain premenstrually?	<input type="checkbox"/>	<input type="checkbox"/>
Is your low 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 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 early in the morning because you have to urinate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you urinate frequently, and is the urine diluted and/or profuse?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Is your tongue pale, moist, and swollen?	<input type="checkbox"/>	<input type="checkbox"/>

<u>DIAGNOSIS</u>	Yes	No
<u>SPLEEN QI DEFICIENCY</u>		
Are you often fatigued?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have poor appetite?	<input type="checkbox"/>	<input type="checkbox"/>
Is your energy lower after a meal?	<input type="checkbox"/>	<input type="checkbox"/>
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 a 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 grogginess 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"/>

DIAGNOSIS**SPLEEN QI DEFICIENCY CONT**

Yes

No

Do you feel dizzy or light-headed, or have visual changes when you stand up fast? Yes NoIs your menstruation thin, watery, profuse, or pinkish in color? Yes NoAre you more tired around ovulation or menstruation? Yes NoDo you ever spot a few days or more before your period comes? Yes NoHave you ever been diagnosed with uterine prolapsed? Yes NoAre your menstrual cramps accompanied by a bearing-down sensation in your uterus? Yes NoAre you often sick, or do you have allergies? Yes NoHave you been diagnosed with hypothyroid or anemia? Yes NoDo you have hemorrhoids or polyps? Yes NoDoes your tongue look swollen, with teeth marks on the sides? Yes NoDo you have a pale, yellowish complexion? Yes No**DIAGNOSIS****BLOOD DEFICIENCY**

Yes

No

Are your menses scanty and/or late? Yes NoDo you have dry, flaky skin? Yes NoAre you prone to getting chapped lips? Yes NoAre your fingernails or toenails brittle? Yes NoAre you losing hair on your head (not in patches, but all over)? Yes NoIs your hair brittle or dry? Yes NoDo you have diminished nighttime vision? Yes NoDo you get dizzy or light-headed around your period? Yes NoAre your lips, the inner sides of your lower eyelids, or tongue pale in color? Yes No**DIAGNOSIS****BLOOD STASIS**

Yes

No

Is your menstrual flow ever brown or black in color? Yes NoDo you feel midcycle pain around your ovaries? Yes NoDo you have painful, unmovable breast lumps? Yes NoDo you experience periodic numbness of your hands and feet (especially at night)? Yes NoDo you have varicose or spider veins? Yes NoDo you have red hemangiomas (cherry-red spots) on your skin? Yes NoDoes your complexion appear dark and "sooty"? Yes NoDo you have chronic hemorrhoids? Yes NoDoes your menstrual blood contain clots? Yes NoHave you been diagnosed with endometriosis or uterine fibroids? Yes NoIs your lower abdomen tender to palpation (resisting touch)? Yes NoCan you feel any abnormal lumps in your lower abdomen? Yes NoDo you have piercing or stabbing menstrual cramps? Yes NoDoes your tongue look dark? Yes NoDo you have dark spots on your tongue? Yes NoAre the veins beneath your tongue twisty and tortuous? Yes NoDo you have dark spots in your eyes? Yes NoHave you been diagnosed with any vascular abnormality or blood clotting disorder? Yes No

DIAGNOSIS

Yes

No

LIVER QI STAGNATION

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 bloated or irritable around ovulation?	<input type="checkbox"/>	<input type="checkbox"/>
Does it feel as if 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 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 genital area?	<input type="checkbox"/>	<input type="checkbox"/>
Is the menstrual blood thick and dark, or purplish in color?	<input type="checkbox"/>	<input type="checkbox"/>
Is your tongue dark or purplish in color?	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSIS

Yes

No

HEART DEFICIENCY

Do you wake up early in the morning and have trouble getting back to sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have 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"/>
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"/>
Is there a crack in the center of your tongue that extends to the tip?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sweat excessively, especially on your chest?	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSIS

Yes

No

EXCESS HEAT

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 for cold drinks most of the time?	<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 or have hot flashes?	<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"/>

DIAGNOSIS

DAMPNESS

	Yes	No
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 movements?	<input type="checkbox"/>	<input type="checkbox"/>
Are you overweight?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a wet, slimy tongue?	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSIS

DAMP HEAT

	Yes	No
Do you have signs of heat and/or dampness as indicated above?	<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"/>

DIAGNOSIS

COLD UTERUS

	Yes	No
Do you fit the Kidney Yang deficiency (Ki Yan-) 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 trunk?	<input type="checkbox"/>	<input type="checkbox"/>