Acupuncture Solutions
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***Kidney Yin Deficiency* (11)**	**Yes**	**No**
Do you have lower back weakness, soreness or pain?	❑	❑
Do you have knee problems?	❑	❑
Do you have ringing in your ears?	❑	❑
Do you have dizziness?	❑	❑
Is your hair prematurely gray?	❑	❑
Do you have vaginal dryness?	❑	❑
Is your midcycle fertile cervical mucous scanty or missing?	❑	❑
Do you have dark circles around or under your eyes?	❑	❑
Do you have night sweats?	❑	❑
Are you prone to hot flashes?	❑	❑
Would you describe yourself as afraid a lot?	❑	❑
[Tongue: Lacks coating; shiny or peeled]		

***Kidney Yang Deficiency* (12)**	Yes	No
Do you have lower back pain premenstrually?	❑	❑
Is your low back sore or weak?	❑	❑
Are your feet cold, especially at night?	❑	❑
Are you typically colder than those around you?	❑	❑
Is your libido low?	❑	❑
Are you often fearful?	❑	❑
Do you wake up at night or early in the morning to urinate?	❑	❑
Do you urinate frequently? Is the urine diluted and/or profuse?	❑	❑
Do you have early morning loose, urgent stools?	❑	❑
Do you have profuse vaginal discharge?	❑	❑
Does your menstrual blood tend to be dull in color?	❑	❑
Do you feel cold cramps that respond to a heating pad?	❑	❑
[Tongue: Pale, moist and swollen]		

***Heart Deficiency* (7)**	Yes	No
Do you wake up early and have trouble getting back to sleep?	❑	❑
Do you have heart palpitations, especially when anxious?	❑	❑
Do you have nightmares?	❑	❑
Do you seem low in spirit or lacking in vitality?	❑	❑
Are you prone to agitation or extreme restlessness?	❑	❑
Do you fidget?	❑	❑
Do you sweat excessively, especially on your chest?	❑	❑
[Tongue: Red; central crack extending to tip]		

***Cold Uterus* (3)**	Yes	No
Is your lower abdomen cooler to the touch than the rest?	❑	❑

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***Blood Stagnation* (15)**	Yes	No
Is your menstrual flow ever brown or black in color?	❑	❑
Do you feel midcycle pain around your ovaries?	❑	❑
Do you have painful, unmovable breast lumps?	❑	❑
Do you have varicose or spider veins?	❑	❑
Do you have hemangiomas (cherry-red spots) on your skin?	❑	❑
Does your complexion appear dark and "sooty"?	❑	❑
Do you have chronic hemorrhoids?	❑	❑
Does your menstrual blood contain clots?	❑	❑
Do you have a diagnosis of endometriosis or uterine fibroids?	❑	❑
Is your lower abdomen tender to palpation (resisting touch)?	❑	❑
Can you feel any abnormal lumps in your lower abdomen?	❑	❑
Do you have piercing or stabbing menstrual cramps?	❑	❑
Do you have dark spots in your eyes?	❑	❑
Do you have a vascular abnomality or blood clotting disorder?	❑	❑
Do you have periodic numbness of your hands and feet (especially at night)?	❑	❑

[Tongue: Dark, dark spots, engorged sublingual veins]

***Excess Heat* (8)**	Yes	No
Is your pulse rate rapid?	❑	❑
Are your mouth and throat usually dry?	❑	❑
Are you thirsty for cold drinks most of the time?	❑	❑
Do you often feel warmer than those around you?	❑	❑
Do you wake up sweating or have hot flashes?	❑	❑
Do you break out with red acne (especially premenstrually)?	❑	❑
Do you have a short menstrual cycle?	❑	❑
Do you have vaginal irritation or rashes?	❑	❑

***Dampness* (8)**	Yes	No
Do you feel tired and sluggish after a meal?	❑	❑
Do you have fibrocystic breasts?	❑	❑
Do you have cystic or pustular acne?	❑	❑
Do have urgent, bright or foul-smelling stools?	❑	❑
Does your menstrual blood contain stringy tissue or mucous?	❑	❑
Are you prone to yeast infections and vaginal itching?	❑	❑
Do your joints ache, especially with movement?	❑	❑
Are you overweight?	❑	❑

[Tongue: Wet, slimy coating]

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***Spleen Qi Deficiency* (28)**	Yes	No
Are you often fatigued?	❑	❑
Do you have poor appetite?	❑	❑
Is your energy lower after a meal?	❑	❑
Do you feel bloated after eating?	❑	❑
Do you crave sweets?	❑	❑
Do you have loose stools, abdominal pain, or digestive issues?	❑	❑
Are your hands and feel cold?	❑	❑
Is your nose cold?	❑	❑
Are you prone to feeling heavy or sluggish?	❑	❑
Are you prone to feeling heaviness or grogginess in the head?	❑	❑
Do you bruise easily?	❑	❑
Do you think you have poor circulation?	❑	❑
Do you have varicose veins?	❑	❑
Are you lacking strength in your arms and legs?	❑	❑
Are you lacking in exercise?	❑	❑
Are you prone to worry?	❑	❑
Have you been diagnosed with low blood pressure?	❑	❑
Do you sweat a lot without exerting yourself?	❑	❑
Is your menstruation thin, watery, profuse or pinkish in color?	❑	❑
Are you more tired around ovulation or menstruation?	❑	❑
Do you ever spot a few days or more before your period?	❑	❑
Have you ever been diagnosed with uterine prolapse?	❑	❑
Are you often sick, or do you have allergies?	❑	❑
Have you been diagnosed with hypothyroid or anemia?	❑	❑
Do you have hemorrhoids or polyps?	❑	❑
Do you have a pale, yellowish complexion?	❑	❑
Do you have cramps which include a bearing-down sensation in the uterus?	❑	❑
Are you dizzy, light-headed or do you experience visual changes when you stand quickly?	❑	❑
[Tongue: Swollen, with teeth marks on the sides]		

***Damp Heat* (3)**	Yes	No
Do you have signs of excess heat and/or dampness as indicated pn pages 2 and 3?	❑	❑
Are you prone to vaginal and/or rectal itching during your luteal or premenstrual phase?	❑	❑
Do you have foul-smelling, yellow or greenish vaginal discharge?	❑	❑

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***Blood Deficiency* (9)**	Yes	No
Are your menses scanty and/or late?	❑	❑
Do you have dry, flaky skin?	❑	❑
Are you prone to getting chapped lips?	❑	❑
Are your fingernails or toenails brittle?	❑	❑
Are you losing hair on your head (not in patches, but all over)?	❑	❑
Is your hair brittle or dry?	❑	❑
Do you have diminished nighttime vision?	❑	❑
Do you get dizzy or light-headed around your period?	❑	❑
Are your lips or the inner corners of your eyes, pale in color?	❑	❑
[Tongue: Pale]		

***Liver Qi Stagnation* (16)**	Yes	No
Are you prone to emotional depression?	❑	❑
Are you prone to anger and/or rage?	❑	❑
Do you become irritable premenstrually?	❑	❑
Do you feel bloated or irritable around ovulation?	❑	❑
Are your breasts sensitive/sore at ovulation?	❑	❑
Do you have pain in or discharge from your nipples?	❑	❑
Do you have a lot of premenstrual breast distention or pain?	❑	❑
Have you been diagnosed with elevated prolactin levels?	❑	❑
Do you become bloated premenstrually?	❑	❑
Are your pupils usually dilated and large?	❑	❑
Do you have difficulty falling asleep at night?	❑	❑
Are your menses painful?	❑	❑
Do you feel menstrual cramps in the external genital area?	❑	❑
Is the menstrual blood thick, dark or purplish in color?	❑	❑
Do you have heartburn or wake up with a bitter taste in your mouth?	❑	❑
[Tongue dark or purplish]		