

## Acupuncture Questionnaire

### Women Only

Are you or might you be pregnant?  Yes  No  Maybe      If yes, what month? \_\_\_\_\_

What method of birth control do you use? \_\_\_\_\_

Do you have regular PAP tests?  Yes  No      How often? \_\_\_\_\_

Are you experiencing unusually low or high sexual desire? Other difficulties? \_\_\_\_\_

Age of first menstruation: \_\_\_\_\_      Age of menopause: \_\_\_\_\_

Date of first day of last menstrual cycle: \_\_\_\_\_      Number of days of last menstruation (bleeding): \_\_\_\_\_

Usual length of monthly cycle (from first day of bleeding until day before next bleeding): \_\_\_\_\_

#### Are your periods...

- Irregular:  Short       Long       Variable  
Painful:  Before       During       After  
Relieved:  Heat       Cold       Pressure  
Dark Blood:  Red       Purple       Brown  
Spotting:  Short       Long       Variable

- Heavy Bleeding       Light Bleeding  
 Light Blood       Thick Blood  
 Watery Blood       Heavy clotting  
 Stop & start again

#### Do you have any premenstrual symptoms? Yes No

- Painful or swollen breasts       Irritability  
 Depression       Crying  
 Food cravings: \_\_\_\_\_  
 Nausea       Cramps or pain  
 Other: \_\_\_\_\_

#### Vaginal discharge:

- Clear/white       Watery       Thick       Yellow

#### Gynecological surgeries or problems (please describe) Bad odor      Itching      Dryness      Other

- Ovaries: \_\_\_\_\_       Vagina: \_\_\_\_\_  
 Uterus: \_\_\_\_\_       Breasts: \_\_\_\_\_  
 Fallopian Tubes: \_\_\_\_\_       Other: \_\_\_\_\_

#### Pregnancies

Total number: \_\_\_\_\_      Complications: \_\_\_\_\_

Number of children: \_\_\_\_\_      How long ago was your last pregnancy? \_\_\_\_\_

Abortions or miscarriages: \_\_\_\_\_

### Men Only

#### Do you experience...

- Reduced libido       Urinary frequency  
 Excessive libido       Impotence  
 Premature ejaculation       Genital discharge  
 Seminal emission (spontaneous ejaculation without sexual stimulation)       Pain associated with genitals  
 Other: \_\_\_\_\_