

Becoming Mama

boost your fertility naturally

www.thepointdenver.com/becoming-mama

WHAT'S YOUR FERTILITY TYPE?

Answer the following questions.

Enter 0, 1, 2, or 3 into the box.

0 for never, 1 for mild, 2 for moderate, 3 for severe.

Calculate the total for each type.

The type with the most points is your dominant pattern.

YIN TYPE

Do you have night sweats?

Do you have lower back weakness, soreness, or pain, or knee problems?

Do you have ringing in your ears or dizziness?

Is your hair dry or prematurely grey?

Do you have vaginal dryness?

Is your mid-cycle fertile cervical mucus scanty or missing?

Do you have dark circles under your eyes?

Are you prone to hot flashes?

Do you wake up in the middle of the night or are you restless sleeper?

Do your hands and feet tend to be hot or sweaty?

Do you have a red face?

Are you thin?

Total

SPLEEN TYPE

Are you often fatigued?

Have you been diagnosed with hypothyroidism or low progesterone levels?

Do you feel cold a lot of the time or have cold hands and feet?

Do you need a lot of sleep?

Do you gain weight easily?

Do you feel bloated or low energy after eating?

Do you crave sweets?

Do you have loose stools?

Are you prone to feeling heavy, sluggish, or foggy headed?

Do you bruise easily?

Do you have poor circulation?

Do you have spotting before your period starts?

Total

Becoming Mama

boost your fertility naturally

www.thepointdenver.com/becoming-mama

BLOOD TYPE

Are your periods very light?	<input type="checkbox"/>
Do you have dry skin?	<input type="checkbox"/>
Are your hair or fingernails dry or brittle?	<input type="checkbox"/>
Do you have diminished nighttime vision, not like driving at night?	<input type="checkbox"/>
Do you see floaters in your vision?	<input type="checkbox"/>
Do you get dizzy if you stand up quickly?	<input type="checkbox"/>
Do you have trouble falling asleep?	<input type="checkbox"/>
Are you a vegetarian?	<input type="checkbox"/>
Do you have a light menstrual flow or a short period (shorter than 3 days)?	<input type="checkbox"/>
Total	<hr/>

LIVER TYPE

Do you feel tense, irritable, overwhelmed, or generally stuck?	<input type="checkbox"/>
Do you become irritable before your period?	<input type="checkbox"/>
Do you feel bloated or irritable around ovulation?	<input type="checkbox"/>
Do you have a lot of premenstrual breast distention or pain?	<input type="checkbox"/>
Does your menses blood contain clots?	<input type="checkbox"/>
Do you have endometriosis or fibroids?	<input type="checkbox"/>
Are your periods painful?	<input type="checkbox"/>
Do you alternate between loose stools and constipations?	<input type="checkbox"/>
Do you sigh a lot or grind your teeth at night?	<input type="checkbox"/>
Do you have tense muscles?	<input type="checkbox"/>
Does regular exercise make you feel better and keep you sane?	<input type="checkbox"/>
Does your period stop and start again?	<input type="checkbox"/>
Total	<hr/>

DAMP TYPE

Do you often feel tired and sluggish or foggy headed?	<input type="checkbox"/>
Do you have fibrocystic breasts?	<input type="checkbox"/>
Do you have cystic acne?	<input type="checkbox"/>
Does your menstrual blood contain mucous?	<input type="checkbox"/>
Are you prone to yeast infections?	<input type="checkbox"/>
Do your joints ache?	<input type="checkbox"/>
Do you have trouble controlling your weight?	<input type="checkbox"/>
Do you have sinus problems or seasonal allergies or often feel mucus-y?	<input type="checkbox"/>
Do your hands and feet swell?	<input type="checkbox"/>
Do your arms and legs feel heavy?	<input type="checkbox"/>
Do you feel bloated?	<input type="checkbox"/>
Have you been diagnosed with PCOS or endometriosis?	<input type="checkbox"/>
Total	<hr/>