

The following general symptoms pertain to you as a whole person.

Which weather conditions are you most troubled by?

- Cloudy Clear
1 2 3 4 5 6 7 8 9 10
- Wet Dry
1 2 3 4 5 6 7 8 9 10
- Damp cold Snow (Dry Cold)
1 2 3 4 5 6 7 8 9 10
- 1 2 3 4 5 6 7 8 9 10 Storms
- 1 2 3 4 5 6 7 8 9 10 Wind
- 1 2 3 4 5 6 7 8 9 10 Fog
- 1 2 3 4 5 6 7 8 9 10 Hot Sun

Circle which seasons cause you the most trouble?

- Winter Spring
- Fall Summer

Are you worse being in the:

- Mountains At the seashore
1 2 3 4 5 6 7 8 9 10

Are you generally sensitive to and/or troubled by:

- 1 2 3 4 5 6 7 8 9 10 Bright Light
- 1 2 3 4 5 6 7 8 9 10 Darkness
- 1 2 3 4 5 6 7 8 9 10 Open Air
- 1 2 3 4 5 6 7 8 9 10 Stuffy Rooms
- 1 2 3 4 5 6 7 8 9 10 Tight Clothing
- 1 2 3 4 5 6 7 8 9 10 Noise
- 1 2 3 4 5 6 7 8 9 10 Odors
- 1 2 3 4 5 6 7 8 9 10 Drafts

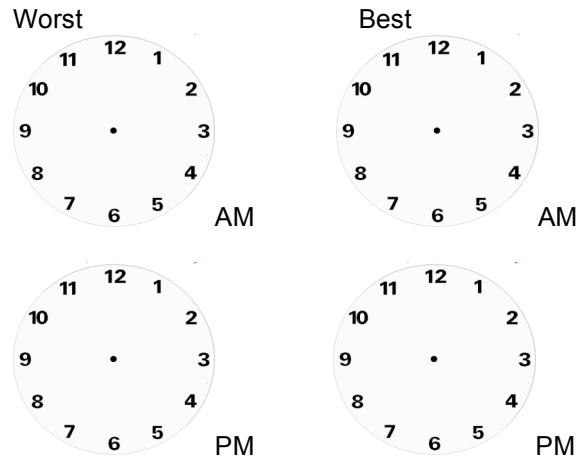
Are you generally chilly or warm?

- Chilly Warm
1 2 3 4 5 6 7 8 9 10

Which are you generally most sensitive to, warm or cold?

- Cold Warm
1 2 3 4 5 6 7 8 9 10

What times of day are you generally worst (mood, energy, symptoms, etc.) What times are you best?



Circle any symptoms you have during sleep.

- Tooth Grinding Restlessness
- Talking Perspiration
- Frequent Urination Excess Heat
- Excess Cold Laughing
- Snoring Nightmares
- Recurring Dreams Sleepwalking

Circle what you prefer. Do you sleep:

- Without Covers Partly Covered
- Fully Covered (Not including Head)
- Fully Covered (Including Head)
- With Arms or Legs Out of the Covers
- Without Clothing
- With a Fan or Air Blowing on You
- With the Window open

What position do you sleep in most often?

- Right Side On Back
- Left Side On Abdomen

How much do you perspire?

Never All the Time
 1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

Butter alone

1 2 3 4 5 6 7 8 9 10

Cheese

Do you have difficulty waking?

Never All the Time
 1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

Chocolate

1 2 3 4 5 6 7 8 9 10

Coffee

1 2 3 4 5 6 7 8 9 10

Pastries

Do you wake unrefreshed?

Never All the Time
 1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

Eggs

1 2 3 4 5 6 7 8 9 10

Fat (on meat)

Food Desires and Aversions:

In the following questions you are asked how much you desire or are averse to a particular food or taste. Please answer from the point of view of your natural desires, not your knowledge of nutrition. For example, you may never eat fatty meat because this is known to increase cholesterol, however you do love the taste of fat. Answer the question that you like fat. If you strongly desire or crave a food or taste, mark 10. If you detest a food or taste, mark 1.

1 2 3 4 5 6 7 8 9 10

Fish

1 2 3 4 5 6 7 8 9 10

Fruit

1 2 3 4 5 6 7 8 9 10

Fruit (sour)

1 2 3 4 5 6 7 8 9 10

Grain products (pasta, bread, cereal, etc.)

1 2 3 4 5 6 7 8 9 10

Ham

Tastes:

1 2 3 4 5 6 7 8 9 10 Sweet

1 2 3 4 5 6 7 8 9 10

Ice

1 2 3 4 5 6 7 8 9 10 Sour

1 2 3 4 5 6 7 8 9 10

Ice-cream

1 2 3 4 5 6 7 8 9 10 Salty

1 2 3 4 5 6 7 8 9 10

Indigestible things (chalk, clay, paper)

1 2 3 4 5 6 7 8 9 10 Bitter

1 2 3 4 5 6 7 8 9 10

Lemonade

1 2 3 4 5 6 7 8 9 10 Spicy (hot)

1 2 3 4 5 6 7 8 9 10

Meat

1 2 3 4 5 6 7 8 9 10 Smoked

1 2 3 4 5 6 7 8 9 10

Milk

1 2 3 4 5 6 7 8 9 10 Juicy

1 2 3 4 5 6 7 8 9 10

Nut butters

1 2 3 4 5 6 7 8 9 10 Refreshing

1 2 3 4 5 6 7 8 9 10

Oysters

1 2 3 4 5 6 7 8 9 10 Pungent

1 2 3 4 5 6 7 8 9 10

Pickles

Foods:

1 2 3 4 5 6 7 8 9 10 Alcohol

1 2 3 4 5 6 7 8 9 10

Vegetables

1 2 3 4 5 6 7 8 9 10 Apples

1 2 3 4 5 6 7 8 9 10

Vinegar

1 2 3 4 5 6 7 8 9 10 Bacon

1 2 3 4 5 6 7 8 9 10 Bread alone

1 2 3 4 5 6 7 8 9 10 Bread with butter

Client Name: _____

Date: _____

Temperature of food. Which do you prefer?

Warm Food 1 2 3 4 5 6 7 8 9 10 Cold Food

Warm Drinks 1 2 3 4 5 6 7 8 9 10 Cold Drinks

Do you notice any specific tastes in your mouth (e.g., metallic, bitter, foul, etc.)?

How thirsty are you generally?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

How strong in general are the following emotional symptoms?

The most mark 10. The least mark 1.

1 2 3 4 5 6 7 8 9 10 Anxiety (worry and fear)

Do you worry about any of the following? 10 means the most, 1 the least.

1 2 3 4 5 6 7 8 9 10 Creative Activities

1 2 3 4 5 6 7 8 9 10 Emotions

1 2 3 4 5 6 7 8 9 10 Financial Security

1 2 3 4 5 6 7 8 9 10 Health

1 2 3 4 5 6 7 8 9 10 Mental Functioning

1 2 3 4 5 6 7 8 9 10 Morals (past Indiscretions)

1 2 3 4 5 6 7 8 9 10 Others well being (family and close friends)

1 2 3 4 5 6 7 8 9 10 Religion

1 2 3 4 5 6 7 8 9 10 Social Life

1 2 3 4 5 6 7 8 9 10 Social Position

1 2 3 4 5 6 7 8 9 10 The Future

1 2 3 4 5 6 7 8 9 10 Work

1 2 3 4 5 6 7 8 9 10 Irresolution (Not being able to decide or stick to a decision)

1 2 3 4 5 6 7 8 9 10 Capriciousness (Willfulness, changeable and erratic desires that are difficult to satisfy)

1 2 3 4 5 6 7 8 9 10 Selfishness

Frightened Easily 1 2 3 4 5 6 7 8 9 10 Never Afraid

Answer as honestly as you can about your personality traits.

Stingy 1 2 3 4 5 6 7 8 9 10 Overly generous

Thrifty 1 2 3 4 5 6 7 8 9 10 Extravagant

Hurried, impatient 1 2 3 4 5 6 7 8 9 10 Slow

Messy 1 2 3 4 5 6 7 8 9 10 Fastidious

Calm 1 2 3 4 5 6 7 8 9 10 Restlessness

Indolence (Lazy) 1 2 3 4 5 6 7 8 9 10 Always busy

Shyness/Timid/Bashful 1 2 3 4 5 6 7 8 9 10 Outgoing

Anger 1 2 3 4 5 6 7 8 9 10 Mildness

Lack of moral sense 1 2 3 4 5 6 7 8 9 10 Guilty

Not Religious 1 2 3 4 5 6 7 8 9 10 Highly Religious

Obstinate (stubborn) 1 2 3 4 5 6 7 8 9 10 Yielding

Heedless/Reckless 1 2 3 4 5 6 7 8 9 10 Cowardice

In regard to being with other people or in company?

Aversion 1 2 3 4 5 6 7 8 9 10 Desire for

Circle the expression that best describes your feelings about the following issues.

Significant past emotionally traumatic events:

Resolved Grief Dwells on Past
Inconsolable Remorse
Guilt

Feeling towards people close to you:

Loving Affectionate
Indifferent Resentment
Hatred

Feeling toward disease/condition:

Optimistic Discouraged
Fearful Despair of recovery

Feeling toward life

Love life Indifferent
Bored Weary of life
Loathing of life Desires death
Suicidal thoughts
Suicidal disposition

Feeling toward spouse/lover:

Loving Affectionate
Dissatisfaction Disappointed
Indifferent Resentment
Hatred

How much do you have the following symptoms? 10 often, 1 hardly ever.

1 2 3 4 5 6 7 8 9 10 Irritability

1 2 3 4 5 6 7 8 9 10 Jealousy

1 2 3 4 5 6 7 8 9 10 Mood

Alternating Moods Even Moods
1 2 3 4 5 6 7 8 9 10

Circle which best expresses your general mood.

Morose Sad
Apathy/Indifferent Excitement
Exhilaration

How do you experience sympathy or consolation?

Like Dislike
1 2 3 4 5 6 7 8 9 10

Better from Worse from
1 2 3 4 5 6 7 8 9 10

How talkative are you in general?

Aversion to talking Talkative
1 2 3 4 5 6 7 8 9 10

Not trusting Trusting
1 2 3 4 5 6 7 8 9 10

Gullible Suspicious
1 2 3 4 5 6 7 8 9 10

How often and easily do you weep?

Never Often
1 2 3 4 5 6 7 8 9 10

How often do you experience clairvoyance?

Never Often
1 2 3 4 5 6 7 8 9 10

How is your level of self-confidence?

Lack of confidence Pride/Haughty
1 2 3 4 5 6 7 8 9 10

How impulsive are you?

Never Often
1 2 3 4 5 6 7 8 9 10

How afraid are you of the following?

1, never. 10, very afraid.

1 2 3 4 5 6 7 8 9 10 Animals

1 2 3 4 5 6 7 8 9 10 Being alone

1 2 3 4 5 6 7 8 9 10 Death

1 2 3 4 5 6 7 8 9 10 Relative's Death

Client Name: _____

Date: _____

1 2 3 4 5 6 7 8 9 10 Impending Disease 1 2 3 4 5 6 7 8 9 10 Of what you just said

1 2 3 4 5 6 7 8 9 10 Downward Motion 1 2 3 4 5 6 7 8 9 10 Of words

1 2 3 4 5 6 7 8 9 10 Evil

1 2 3 4 5 6 7 8 9 10 Failure

How often do you make mistakes with the following?

1 2 3 4 5 6 7 8 9 10 Falling 1 2 3 4 5 6 7 8 9 10 Numbers

1 2 3 4 5 6 7 8 9 10 Ghosts 1 2 3 4 5 6 7 8 9 10 Words (reading)

1 2 3 4 5 6 7 8 9 10 Heights 1 2 3 4 5 6 7 8 9 10 Words (speaking)

1 2 3 4 5 6 7 8 9 10 Insanity 1 2 3 4 5 6 7 8 9 10 Words (writing)

1 2 3 4 5 6 7 8 9 10 Misfortune

How sensitive are you to any of the following?

1 2 3 4 5 6 7 8 9 10 Of a Crowd 1 2 3 4 5 6 7 8 9 10 Beauty

1 2 3 4 5 6 7 8 9 10 People 1 2 3 4 5 6 7 8 9 10 Criticism

1 2 3 4 5 6 7 8 9 10 Robbers/Intruders 1 2 3 4 5 6 7 8 9 10 Cruel Stories

1 2 3 4 5 6 7 8 9 10 Snakes 1 2 3 4 5 6 7 8 9 10 Frightening things

1 2 3 4 5 6 7 8 9 10 Spiders 1 2 3 4 5 6 7 8 9 10 Being made fun of

1 2 3 4 5 6 7 8 9 10 Strangers 1 2 3 4 5 6 7 8 9 10 Music

1 2 3 4 5 6 7 8 9 10 Having a Stroke 1 2 3 4 5 6 7 8 9 10 Reprimand

1 2 3 4 5 6 7 8 9 10 That something will happen 1 2 3 4 5 6 7 8 9 10 Rudeness

1 2 3 4 5 6 7 8 9 10 Darkness 1 2 3 4 5 6 7 8 9 10 The suffering of others

1 2 3 4 5 6 7 8 9 10 Thunderstorms

1 2 3 4 5 6 7 8 9 10 Water

1 2 3 4 5 6 7 8 9 10 Wind

How do you handle conflict usually?

Quarrelsome Yielding
1 2 3 4 5 6 7 8 9 10

Are you forgetful of any of the following?
(1 not at all, 10 a lot)

1 2 3 4 5 6 7 8 9 10 Dates

How are you in regard to authority?

1 2 3 4 5 6 7 8 9 10 Names

Bossy/Dictatorial Yielding/Fawning
1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Numbers

How critical are you of others?

1 2 3 4 5 6 7 8 9 10 Of what someone just said to you

Not at All All the Time
1 2 3 4 5 6 7 8 9 10

How critical are you of yourself?

Not at All All the Time
1 2 3 4 5 6 7 8 9 10

How often do you reproach (find fault, scold, or blame) others?

Not at All All the Time
1 2 3 4 5 6 7 8 9 10

How often do you reproach yourself?

Not at All All the Time
1 2 3 4 5 6 7 8 9 10

How honest are you?

Always Lie Always honest
1 2 3 4 5 6 7 8 9 10

How often do you have the following behaviors?

- 1 2 3 4 5 6 7 8 9 10 Abusive
- 1 2 3 4 5 6 7 8 9 10 Biting
- 1 2 3 4 5 6 7 8 9 10 Breaks Things
- 1 2 3 4 5 6 7 8 9 10 Contrary
(Opposite to what is logically expected)
- 1 2 3 4 5 6 7 8 9 10 Cursing
- 1 2 3 4 5 6 7 8 9 10 Disobedience
- 1 2 3 4 5 6 7 8 9 10 Insolent
(insult, boldly rude)
- 1 2 3 4 5 6 7 8 9 10 Rage
- 1 2 3 4 5 6 7 8 9 10 Rudeness
- 1 2 3 4 5 6 7 8 9 10 Striking others
- 1 2 3 4 5 6 7 8 9 10 Striking self
- 1 2 3 4 5 6 7 8 9 10 Violence

How often do you have sexual desire?
desire and not your actual frequency

Never	1x/year	1x/3 mo.
1x/mo.	2x/mo.	1x/wk.
2x/wk.	4x/wk.	1x/day
2x/day	4x/day	

How often do you actually have sex?

Never	1x/year	1x/3 mo.
1x/mo.	2x/mo.	1x/wk.
2x/wk.	4x/wk.	1x/day
2x/day	4x/day	

What worries or concerns do you have about your sexual life?

Not enough desire Too much desire
1 2 3 4 5 6 7 8 9 10

Not enough sex Too much sex
1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Lack of enjoyment

1 2 3 4 5 6 7 8 9 10 Difficulty reaching orgasm

1 2 3 4 5 6 7 8 9 10 Impotence

1 2 3 4 5 6 7 8 9 10 Troubling fantasies or thoughts

1 2 3 4 5 6 7 8 9 10 Sexual confidence