

# Awareness Wellness, Inc

## Instructions for Homeopathic Intake Form

Please answer the questions on the following pages as carefully, thoughtfully, and accurately as possible for your child. Many of the questions may not seem directly related to the problem or main complaint, however, each one may help determine which homeopathic remedy is best suited for the case. **All information in this questionnaire is kept confidential.**

The questionnaire is designed to be user friendly. You can answer many of the questions by placing a circle around the appropriate number. For example:

### Which weather conditions is your child most troubled by?

Circling a number closer to the clear end means that he is more troubled by clear weather.

Circling a number closer to the cloudy end means that he is more troubled by cloudy weather.

Cloudy                      1 2 3 4 5 6 7 8 9 **10**                      Clear

*In this example, the person is bothered or the symptoms are worse in clear weather.*

Some questions will ask you to rate how much your child is troubled by a single particular symptom or how much of this quality characterizes your child in general. Circling number "1" means that she is troubled very little while marking "10" means that she is troubled a lot. For example:

### Does your child worry about any of the following?

Circling closer to "10" means that she worries about her health a lot. Circling closer to "1" means that she does not worry about her health.

1 2 **3** 4 5 6 7 8 9 10 Health

*In this example, the person worries a little about his/her health.*

Some questions ask you to circle the answer you think best fits your child. For example:

### What are your child's feelings toward disease?

**Optimistic**  
Doubtful of Recovery  
Fearful  
Despair of Recovery

*In this example the person is optimistic about his or her health!*

**Which weather conditions is your child most troubled by?**

- Cloudy 1 2 3 4 5 6 7 8 9 10 Clear
- Wet 1 2 3 4 5 6 7 8 9 10 Dry
- Damp cold 1 2 3 4 5 6 7 8 9 10 Snow (Dry Cold)
- 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 your child the most trouble?**

- Winter Spring Fall Summer

**Is your child worse being in the:**

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

**Is your child 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

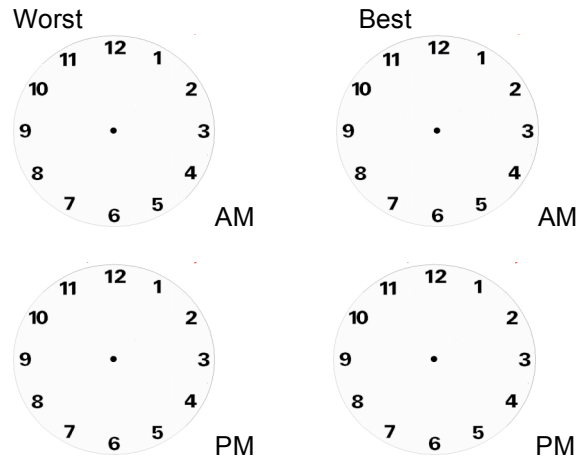
**Is your child generally chilly or warm?**

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

**Which is your child generally most sensitive to, warm or cold?**

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

**What times of day is your child generally worst (mood, energy, symptoms, etc.) What times is your child best?**



**Circle any symptoms your child has during sleep.**

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

**Circle which your child prefers:**

- Without Covers
- 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
- Partly Covered

**What position does your child sleep in most often?**

- Right Side
- Left Side
- On Back
- On Abdomen

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**How much does your child 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

**Does your child 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

**Does your child 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

Coffee

1 2 3 4 5 6 7 8 9 10

Pastries

1 2 3 4 5 6 7 8 9 10

Eggs

1 2 3 4 5 6 7 8 9 10

Fat (on meat)

1 2 3 4 5 6 7 8 9 10

Fish

**Food Desires and Aversions:**

*Please answer the following based on the natural desires of your child, not on your knowledge of nutrition. If your child strongly desires or craves a food or taste, mark 10. If he/she detests a food or taste, mark 1.*

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.)

**Tastes:**

1 2 3 4 5 6 7 8 9 10 Sweet

1 2 3 4 5 6 7 8 9 10

Ham

1 2 3 4 5 6 7 8 9 10 Sour

1 2 3 4 5 6 7 8 9 10

Ice

1 2 3 4 5 6 7 8 9 10 Salty

1 2 3 4 5 6 7 8 9 10

Ice-cream

1 2 3 4 5 6 7 8 9 10 Bitter

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 Spicy (hot)

1 2 3 4 5 6 7 8 9 10

Lemonade

1 2 3 4 5 6 7 8 9 10 Smoked

1 2 3 4 5 6 7 8 9 10

Meat

1 2 3 4 5 6 7 8 9 10 Juicy

1 2 3 4 5 6 7 8 9 10

Milk

1 2 3 4 5 6 7 8 9 10 Refreshing

1 2 3 4 5 6 7 8 9 10

Nut butters

1 2 3 4 5 6 7 8 9 10 Pungent

1 2 3 4 5 6 7 8 9 10

Oysters

**Foods:**

1 2 3 4 5 6 7 8 9 10 Alcohol

1 2 3 4 5 6 7 8 9 10

Pickles

1 2 3 4 5 6 7 8 9 10 Apples

1 2 3 4 5 6 7 8 9 10

Vegetables

1 2 3 4 5 6 7 8 9 10 Bacon

1 2 3 4 5 6 7 8 9 10

Vinegar

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

**Which does your child prefer?**

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

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

**Does your child mention any specific tastes in his/her mouth (e.g., metallic, bitter, foul, etc.)?**

**How thirsty is your child generally?**

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

**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)

**Does your child 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 is difficult to satisfy)

1 2 3 4 5 6 7 8 9 10 Selfishness

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

**Answer as honestly as you can about your child's personality traits.**

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

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

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

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

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

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

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

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

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

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

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

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

**How does your child feel about being in the company of others?**

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

**Circle the expression that best describes your child's feelings about the following issues.**

**Significant past emotionally traumatic events:**

Resolved Grief Dwells on Past  
Inconsolable Remorse  
Guilt

**Feeling towards people close to him/her:**

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

**How often does your child 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 child's general mood.**

Morose Sad  
Apathy/Indifferent Excitement  
Exhilaration

**How does your child experience sympathy or consolation?**

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

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

**How talkative is your child in general?**

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

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

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

**How often and easily does your child weep?**

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

**How often does your child experience clairvoyance?**

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

**How is your child's level of self-confidence?**

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

**How impulsive is your child?**

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

**How afraid is your child 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

1 2 3 4 5 6 7 8 9 10 Impending Disease

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

- 1 2 3 4 5 6 7 8 9 10 Evil
- 1 2 3 4 5 6 7 8 9 10 Failure
- 1 2 3 4 5 6 7 8 9 10 Falling
- 1 2 3 4 5 6 7 8 9 10 Ghosts
- 1 2 3 4 5 6 7 8 9 10 Heights
- 1 2 3 4 5 6 7 8 9 10 Insanity
- 1 2 3 4 5 6 7 8 9 10 Misfortune
- 1 2 3 4 5 6 7 8 9 10 Of a Crowd
- 1 2 3 4 5 6 7 8 9 10 People
- 1 2 3 4 5 6 7 8 9 10 Robbers/Intruders
- 1 2 3 4 5 6 7 8 9 10 Snakes
- 1 2 3 4 5 6 7 8 9 10 Spiders
- 1 2 3 4 5 6 7 8 9 10 Strangers
- 1 2 3 4 5 6 7 8 9 10 That something will happen
- 1 2 3 4 5 6 7 8 9 10 Darkness
- 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

**Is your child forgetful of any of the following?**  
(1 not at all, 10 a lot)

- 1 2 3 4 5 6 7 8 9 10 Dates
- 1 2 3 4 5 6 7 8 9 10 Names
- 1 2 3 4 5 6 7 8 9 10 Numbers
- 1 2 3 4 5 6 7 8 9 10 What was just said
- 1 2 3 4 5 6 7 8 9 10 What they just said
- 1 2 3 4 5 6 7 8 9 10 Of words in general

**How often does your child make mistakes with the following?**

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

- 1 2 3 4 5 6 7 8 9 10 Words (reading)
- 1 2 3 4 5 6 7 8 9 10 Words (speaking)
- 1 2 3 4 5 6 7 8 9 10 Words (writing)

**How sensitive is your child to any of the following?**

- 1 2 3 4 5 6 7 8 9 10 Beauty
- 1 2 3 4 5 6 7 8 9 10 Criticism
- 1 2 3 4 5 6 7 8 9 10 Cruel Stories
- 1 2 3 4 5 6 7 8 9 10 Frightening things
- 1 2 3 4 5 6 7 8 9 10 Being made fun of
- 1 2 3 4 5 6 7 8 9 10 Music
- 1 2 3 4 5 6 7 8 9 10 Reprimand
- 1 2 3 4 5 6 7 8 9 10 Rudeness
- 1 2 3 4 5 6 7 8 9 10 The suffering of others

**How does your child handle conflict usually?**

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

**How is your child in regard to authority?**

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

**How critical is your child of others?**

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

**How critical is your child of yourself?**

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

**How often does your child reproach (find fault, scold, or blame) others?**

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

