

Name: _____ DOB: _____ Date: _____

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

Which weather conditions are you 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 Dry Cold (e.g. snow)

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 season(s) cause you the most trouble.

Winter Spring
Summer Fall

Are you worse being in the:

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

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 1 2 3 4 5 6 7 8 9 10 Warm

Which are you generally most sensitive to?

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

What times of the day are you (mood, energy, symptoms, etc.) generally worse and what times are you best?

Worse: _____

Best: _____

SYMPTOMS DURING SLEEP: (circle the ones you have)

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

(circle what you prefer)

- Without Covers
- Partly Covered
- Fully Covered (not including head)
- Fully Covered (including the 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
- Other: _____

How much do you perspire?

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

Do you have difficulty waking?

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

Do you wake refreshed?

Never All the Time

Name: _____ DOB: _____ Date: _____

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Coffee

FOOD DESIRES AND AVERSIONS:

Below you are asked how much you desire or are averse to a particular food 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 Pastries

1 2 3 4 5 6 7 8 9 10 Eggs

1 2 3 4 5 6 7 8 9 10 Fat

1 2 3 4 5 6 7 8 9 10 Meat (beef, chicken...)

1 2 3 4 5 6 7 8 9 10 Fish

1 2 3 4 5 6 7 8 9 10 Fruit

Taste:

1 2 3 4 5 6 7 8 9 10 Sweet

1 2 3 4 5 6 7 8 9 10 Fruit (sour)

1 2 3 4 5 6 7 8 9 10 Sour

1 2 3 4 5 6 7 8 9 10 Grain products (bread, pasta, cereal...)

1 2 3 4 5 6 7 8 9 10 Salty

1 2 3 4 5 6 7 8 9 10 Ham

1 2 3 4 5 6 7 8 9 10 Bitter

1 2 3 4 5 6 7 8 9 10 Ice

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

1 2 3 4 5 6 7 8 9 10 Ice cream

1 2 3 4 5 6 7 8 9 10 Smoked

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 Juicy

1 2 3 4 5 6 7 8 9 10 Refreshing

1 2 3 4 5 6 7 8 9 10 Lemonade

1 2 3 4 5 6 7 8 9 10 Pungent

1 2 3 4 5 6 7 8 9 10 Milk

1 2 3 4 5 6 7 8 9 10 Nut butters

Foods:

1 2 3 4 5 6 7 8 9 10 Alcohol

1 2 3 4 5 6 7 8 9 10 Oysters

1 2 3 4 5 6 7 8 9 10 Apples

1 2 3 4 5 6 7 8 9 10 Pickles

1 2 3 4 5 6 7 8 9 10 Bacon

1 2 3 4 5 6 7 8 9 10 Vegetables

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

1 2 3 4 5 6 7 8 9 10 Vinegar

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

Which temperature of food/drinks do you prefer?

Warm Food _____ Cold Food _____

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

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Cheese

Warm Drinks _____ Cold Drinks _____

1 2 3 4 5 6 7 8 9 10 Chocolate

1 2 3 4 5 6 7 8 9 10

Name: _____ DOB: _____ Date: _____

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

No Yes

If yes, please specify: _____

How thirsty are you generally?

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

MENTAL AND EMOTIONAL STATE:

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

How strong in general are the following emotional symptoms? (10 = most; 1 = 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

1 2 3 4 5 6 7 8 9 10 Other's well being

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 able to decide)

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

Answer as honestly as you can about your 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

No Religious Feeling Highly Religious
1 2 3 4 5 6 7 8 9 10

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

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

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

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

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Which do you prefer in regards to being with other people and/or in company?

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

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 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 of the following symptoms? (10 = a lot; 1 = never)

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

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 often and easily do you weep?

Never _____ Often _____
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? (10 = very; 1 = never)

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

Name: _____ DOB: _____ Date: _____

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 Having a Stroke

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

Are you forgetful of any of the following?

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 Of what someone else just said to you

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 Of words

How often do you 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 are you 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 do you handle conflict usually?

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

How are you in regard to authority?

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

How critical are you of others?

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

How critical are you of yourself?

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

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

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

How often do you reproach yourself?

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

How honest are you?

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

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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, boldy 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 intercourse?

- Never
- 1x/year
- 1x/3 months
- 1x/month
- 2x/month
- 1x/week
- 2x/week
- 4x/week
- 1x/day
- 2x/day
- 4x/day
- Other: _____

How often do you masturbate?

- Never
- 1x/year
- 1x/3 months
- 1x/month
- 2x/month
- 1x/week
- 2x/week
- 4x/week
- 1x/day
- 2x/day
- 4x/day
- Other: _____

SEXUAL DESIRES AND ACTIVITY

Please circle the best approximation of your sexual desire. Please circle the level of your desire and not your actual frequency.

- Never
- 1x/year
- 1x/3 months
- 1x/month
- 2x/month
- 1x/week
- 2x/week
- 4x/week
- 1x/day
- 2x/day
- 4x/day
- Other: _____

What worries/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 Impotence/Difficulty reaching orgasm
- 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
- 1 2 3 4 5 6 7 8 9 10 Unusual sexual practices or desires