



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

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 | 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 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         |

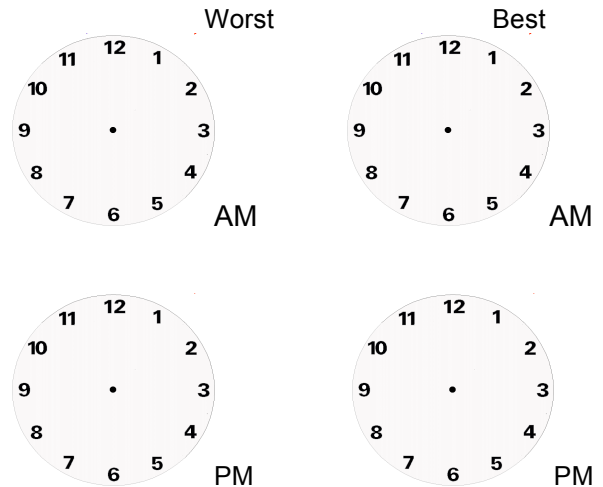
**Are you generally chilly or warm?**

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

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

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

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



**Symptoms during sleep. Circle which you have.**

- Tooth Grinding
- Restlessness
- Talking
- Perspiration
- Frequent Urination
- Excess Heat or 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

**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

**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

**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, etc.)

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

**Temperature of food. Which do you prefer?**  
Warm Food Cold Food  
1 2 3 4 5 6 7 8 9 10

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

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

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

**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

**Mental and Emotional State:**

**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 (family and close friends) 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 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

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

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

**Social/Antisocial. 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  
Doubtful of recovery  
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 a lot, 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

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 (bad luck)

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 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

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 Yielding  
1 2 3 4 5 6 7 8 9 10

**How are you in regard to authority?**

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

**How critical are you of others?**

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

*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 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

**How often do you masturbate?**

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
- 1 2 3 4 5 6 7 8 9 10 Unusual sexual practices or desires