

Name: _____ Date: _____



Instructions for Homeopathic Intake Form

Please answer the questions on the following pages as carefully, thoughtfully, and accurately as possible. Many of the questions may not seem directly related to your problem or main complaint, however, each one may help determine which homeopathic remedy is best suited for you. **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 are you most troubled by?

Circling a number closer to the clear end means that you are more troubled by clear weather.

Circling a number closer to the cloudy end means that you are troubled by cloudy weather.

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

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

Do you worry about any of the following?

Circling closer to “10” means that you worry about your health a lot. Circling closer to “1” means that you do not worry about your health.

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

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

What are your feelings toward disease?

Optimistic

Doubtful of Recovery

Fearful

Despair of Recovery

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 | 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 |

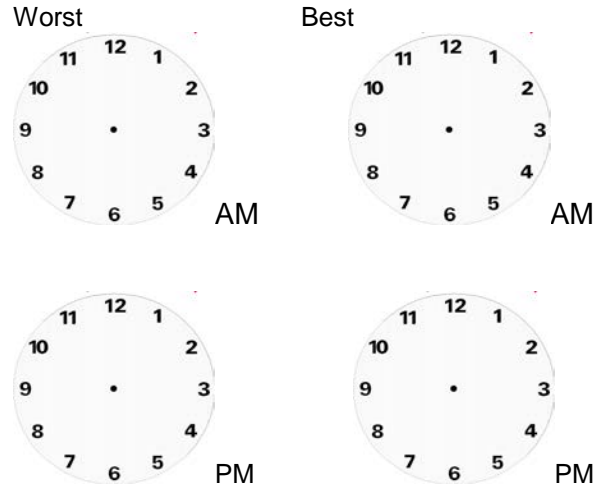
Are you generally chilly or warm?

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

Which are you generally most sensitive to, 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	1 2 3 4 5 6 7 8 9 10	All the Time	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
Do you have difficulty waking?			1 2 3 4 5 6 7 8 9 10	Chocolate
Never	1 2 3 4 5 6 7 8 9 10	All the Time	1 2 3 4 5 6 7 8 9 10	Coffee
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10	Pastries
Do you wake unrefreshed?			1 2 3 4 5 6 7 8 9 10	Eggs
Never	1 2 3 4 5 6 7 8 9 10	All the Time	1 2 3 4 5 6 7 8 9 10	Fat (meat, chicken, pork, etc.)
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10	Fish
Food Desires and Aversions:			1 2 3 4 5 6 7 8 9 10	Fruit
<i>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.</i>			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	Ham
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	Vegetables
1 2 3 4 5 6 7 8 9 10	Alcohol		1 2 3 4 5 6 7 8 9 10	Vinegar
1 2 3 4 5 6 7 8 9 10	Apples		1 2 3 4 5 6 7 8 9 10	
1 2 3 4 5 6 7 8 9 10	Bacon		1 2 3 4 5 6 7 8 9 10	
1 2 3 4 5 6 7 8 9 10	Bread alone		1 2 3 4 5 6 7 8 9 10	
1 2 3 4 5 6 7 8 9 10	Bread with butter		1 2 3 4 5 6 7 8 9 10	
		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

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