



Name: _____

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 | 1 2 3 4 5 6 7 8 9 10 |
| Wet | 1 2 3 4 5 6 7 8 9 10 | Dry | 1 2 3 4 5 6 7 8 9 10 |
| 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 |
| 1 2 3 4 5 6 7 8 9 10 | | Storms | 1 2 3 4 5 6 7 8 9 10 |
| 1 2 3 4 5 6 7 8 9 10 | | Wind | 1 2 3 4 5 6 7 8 9 10 |
| 1 2 3 4 5 6 7 8 9 10 | | Fog | 1 2 3 4 5 6 7 8 9 10 |
| 1 2 3 4 5 6 7 8 9 10 | | Hot Sun | 1 2 3 4 5 6 7 8 9 10 |

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 | 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?

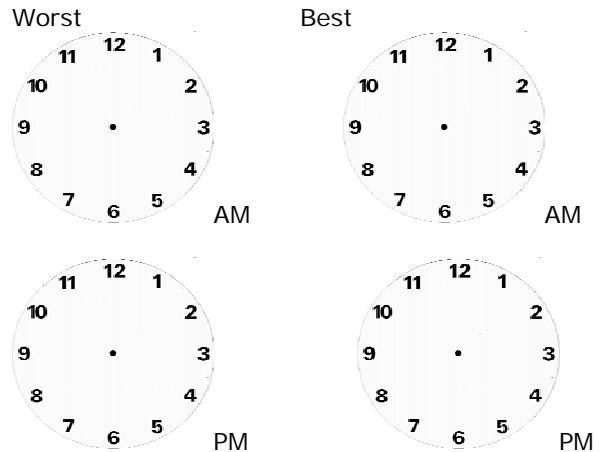
- | | | | |
|--------|----------------------|------|----------------------|
| Chilly | 1 2 3 4 5 6 7 8 9 10 | Warm | 1 2 3 4 5 6 7 8 9 10 |
|--------|----------------------|------|----------------------|

Date: _____

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

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



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

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

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

Fat (chicken,pork, etc.)

1 2 3 4 5 6 7 8 9 10

Fish

1 2 3 4 5 6 7 8 9 10

Fruit

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. 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

Fruit (sour)

1 2 3 4 5 6 7 8 9 10

Grains (pasta, bread, cereals, etc.)

1 2 3 4 5 6 7 8 9 10

Ham

1 2 3 4 5 6 7 8 9 10

Ice

Tastes:

1 2 3 4 5 6 7 8 9 10 Sweet

1 2 3 4 5 6 7 8 9 10

Ice cream

1 2 3 4 5 6 7 8 9 10 Sour

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 Salty

1 2 3 4 5 6 7 8 9 10

Lemonade

1 2 3 4 5 6 7 8 9 10 Bitter

1 2 3 4 5 6 7 8 9 10

Meat

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

1 2 3 4 5 6 7 8 9 10

Milk

1 2 3 4 5 6 7 8 9 10 Smoked

1 2 3 4 5 6 7 8 9 10

Nut butters

1 2 3 4 5 6 7 8 9 10 Juicy

1 2 3 4 5 6 7 8 9 10

Oysters

1 2 3 4 5 6 7 8 9 10 Refreshing

1 2 3 4 5 6 7 8 9 10

Pickles

1 2 3 4 5 6 7 8 9 10 Pungent

1 2 3 4 5 6 7 8 9 10

Vegetables

Foods:

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

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 Bacon

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 w/ 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 & 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

1 2 3 4 5 6 7 8 9 10 Others (family & 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

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 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 are you 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 do you weep?

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

How often do you experience clairvoyance?

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

How is your level of self-confidence?

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

How impulsive are you?

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

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	Of what someone just said to you
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	Of what you just said
1 2 3 4 5 6 7 8 9 10	Evil	1 2 3 4 5 6 7 8 9 10	Of words
1 2 3 4 5 6 7 8 9 10	Failure		
1 2 3 4 5 6 7 8 9 10	Falling	How often do you make mistakes with the following?	
1 2 3 4 5 6 7 8 9 10	Ghosts	1 2 3 4 5 6 7 8 9 10	Numbers
1 2 3 4 5 6 7 8 9 10	Heights	1 2 3 4 5 6 7 8 9 10	Words (reading)
1 2 3 4 5 6 7 8 9 10	Insanity	1 2 3 4 5 6 7 8 9 10	Words (speaking)
1 2 3 4 5 6 7 8 9 10	Misfortune (bad luck)	1 2 3 4 5 6 7 8 9 10	Words (writing)
1 2 3 4 5 6 7 8 9 10	Of a Crowd		
1 2 3 4 5 6 7 8 9 10	People	How sensitive are you to any of the following?	
1 2 3 4 5 6 7 8 9 10	Robbers/Intruders	1 2 3 4 5 6 7 8 9 10	Beauty
1 2 3 4 5 6 7 8 9 10	Snakes	1 2 3 4 5 6 7 8 9 10	Criticism
1 2 3 4 5 6 7 8 9 10	Spiders	1 2 3 4 5 6 7 8 9 10	Cruel Stories
1 2 3 4 5 6 7 8 9 10	Strangers	1 2 3 4 5 6 7 8 9 10	Frightening things
1 2 3 4 5 6 7 8 9 10	Having a Stroke	1 2 3 4 5 6 7 8 9 10	Being made fun of
1 2 3 4 5 6 7 8 9 10	Something will happen	1 2 3 4 5 6 7 8 9 10	Music
1 2 3 4 5 6 7 8 9 10	Darkness	1 2 3 4 5 6 7 8 9 10	Reprimand
1 2 3 4 5 6 7 8 9 10	Thunderstorms	1 2 3 4 5 6 7 8 9 10	Rudeness
1 2 3 4 5 6 7 8 9 10	Water	1 2 3 4 5 6 7 8 9 10	The suffering of others
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

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 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 honest are you?

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

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 2x/wk.
- 1x/year 4x/wk.
- 1x/3 mo. 1x/day
- 1x/mo. 2x/day
- 2x/mo. 4x/day
- 1x/wk.

How often do you actually have sex?

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

How often do you masturbate?

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

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