



Pediatric Homeopathic General Form

Name: _____

Date: _____

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

Which weather conditions are you most troubled by?

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

Wet Dry
1 2 3 4 5 6 7 8 9 10

Damp cold 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 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 affected being in the:

Mountains 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

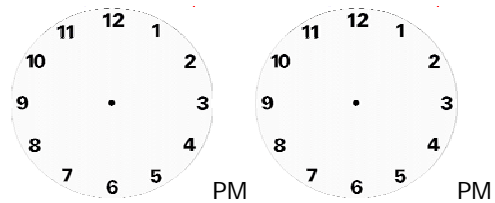
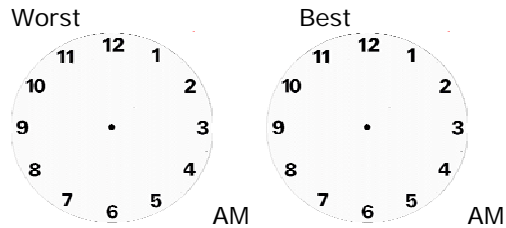
Are you generally chilly or warm?

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

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

Cold 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



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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		Coffee

Do you have difficulty waking?

Never	1 2 3 4 5 6 7 8 9 10	All the Time	
	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. If you strongly desire or crave a food or taste, mark 10. If you detest a food or taste, mark 1.

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
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
		1 2 3 4 5 6 7 8 9 10	Vegetables
		1 2 3 4 5 6 7 8 9 10	Vinegar

Foods:

1 2 3 4 5 6 7 8 9 10	Alcohol
1 2 3 4 5 6 7 8 9 10	Apples
1 2 3 4 5 6 7 8 9 10	Bacon
1 2 3 4 5 6 7 8 9 10	Bread alone
1 2 3 4 5 6 7 8 9 10	Bread w/ butter
1 2 3 4 5 6 7 8 9 10	Butter alone
1 2 3 4 5 6 7 8 9 10	Cheese
1 2 3 4 5 6 7 8 9 10	Chocolate

Temperature of food. Which do you 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



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

How thirsty are you generally?

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

Mental and Emotional State:

How strong in general are the following emotional symptoms? The most mark 10. The least mark 1.

Anxiety (worry and fear)
 1 2 3 4 5 6 7 8 9 10

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 Function

1 2 3 4 5 6 7 8 9 10 Morals

1 2 3 4 5 6 7 8 9 10 Others 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 & erratic desires that are 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 personality traits.

Stingy Overly generous
 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

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

Social/Antisocial. In regard to being with other people or in company?

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



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How do you usually handle conflict?

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 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 |