Adult Questionnaire

Please Print Clearly

Name: _____ Date: _____

Please answer the following questions 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 weather conditions I am most troubled by are:

□ Cloudy weather
□ Wet weather
□ Windy weather
□ Foggy weather
□ Hot wet weather
□ Clear weather
□ Dry weather
□ Sunny weather (outside of Arizona)
□ Cold wet weather

I feel better with or by:

□ Open air
□ The seashore
□ Windy weather
□ Foggy weather
□ Hot wet weather
□ Open space
□ Dry weather
□ Sunny weather
□ Cold wet weather

I am more sensitive (worse) with or by:

□ Bright light
□ The seashore
□ Loud noises
□ Cold wet weather
□ Tight clothing
□ Darkness
□ Closed spaces
□ Foggy weather
□ Hot wet weather
□ Drafts

I am generally:

Chilly Hot

1 2 3 4 5 6 7 8 9 10

I perspire:

None Profusely

1 2 3 4 5 6 7 8 9 10

Any particular area of perspiration: _____

Circle the time(s) during the day you feel the best:

Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11

Circle the time(s) during the day you feel the worst

Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11

Which of the following symptoms do you have during sleep?

□ Grind my teeth
□ Talk in my sleep
□ Sweat
□ Feel excessively cold
□ Nightmares
□ Laughter while asleep
□ Restlessness
□ Sleep walk
□ Feel excessively hot
□ Snore
□ Legs twitch
□ Get up to urinate frequently

Which of the following do you <u>greately</u> crave?

□ Sweets
□ Sour foods
□ Fruit
□ Bread and butter
□ Eggs
□ Meat
□ Ice or Iced drinks
□ Pickles
□ Salty foods
□ Alcohol
□ Bread
□ Coffee
□ Fried Foods
□ Ice Cream
□ Milk
□ Vinegar

Do you have any other cravings?

_____

_____

Are there foods you have a very strong aversion to?

_____

_____

How thirsty are you generally?

Not at all Very

1 2 3 4 5 6 7 8 9 10

What temperature water do you prefer?

Ice Cold Hot

1 2 3 4 5 6 7 8 9 10

Which of the following do you greatly worry about on a frequent basis?

□ Being selfish
□ Money
□ My health
□ The health of others
□ Work
□ Mental functioning
□ My future
□ Not being able to make decisions
□ Social functions
□ Religious/spiritual matters

Which of the following do you greatly fear on a frequent basis?

□ Animals: _____
□ Being selfish
□ Evil
□ High places
□ My future
□ Work
□ Darkness
□ Narrow or tight space
□ Something bad will happen
□ Water
□ Being alone
□ Death
□ Falling from high places
□ Impending illness
□ Not being able to make decisions
□ Crowds
□ Going insane
□ Robbers/intruders
□ Thunderstorms

The following best describes my overall personality:

□ Affectionate
□ Aversion to company
□ Calm
□ Easily angered
□ Fearful
□ Feelings of guilt
□ Hurried or inpatient
□ Introverted
□ Jealous
□ Lazy
□ Messy
□ Overly cautious
□ Reckless
□ Restless
□ Stubborn
□ Yielding
□ Apathetic
□ Busy
□ Desire company
□ Extroverted
□ Fearless
□ High self confidence
□ Indifferent
□ Irritable
□ Lack of self confidence
□ Loving
□ Neat and tidy
□ Overly concerned
□ Resentful
□ Stingy
□ Too generous

When I think of past emotional traumatic events, I feel:

□ Resolved about them
□ Inconsolable
□ Guilt
□ That I still dwell on the past
□ Remorse or regret
□ Other: _____

When I think of my problems, I feel:

□ Optimistic
□ Discouraged
□ Despair of recovery
□ Doubtful of recovery
□ Fearful
□ Other: _____

My usual feelings about my spouse or partner are :

□ Loving
□ Dissatisfied
□ Indifferent
□ Hatred
□ Affectionate
□ Disappointed
□ Resentful
□ Other

My general mood is:

□ Morose/gloomy
□ Apapthy/indifferent
□ Animated/lively
□ Sad
□ Excited
□ Other: _____

I am generally:

□ Very talkative
□ Talk only when spoken to
□ Have an aversion to talking
□ Talk in social settings
□ Talk very little
□ Other: _____

I am:

□ Overly trusting
□ Somewhat trusting
□ Gullible
□ Suspicious

Which of the following do you forget frequently (daily)?

□ Dates
□ Numbers
□ Words
□ Names
□ Something just told to you
□ Other: _____

How often do you make mistakes with the following on a daily basis?

□ Dates
□ Numbers
□ Words (reading)
□ Words (writing)
□ Names
□ Something just told to you
□ Words (speaking)
□ Other: _____

Which of the following are you overly sensitive to?

□ Criticism
□ Music
□ Rudeness
□ Cruel stories
□ Being made fun of
□ Seeing others suffer
□ Other: _____

How critical are you of others?

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

How critical are you of yourself?

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

Do you experience any of these behaviors on a frequent basis when you get upset?

□ Rage
□ Violence
□ Throwing things
□ Cursing
□ Physical abuse
□ Biting

Overall my sexual desire is:

None at all Extreme (multiples times a day)
1 2 3 4 5 6 7 8 9 10