

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

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

*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 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    Warm  
1 2 3 4 5 6 7 8 9 10

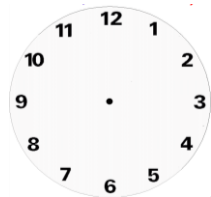
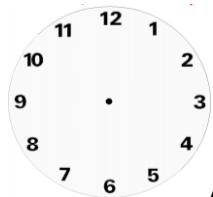
**Which are you generally most sensitive to, warm or cold?**

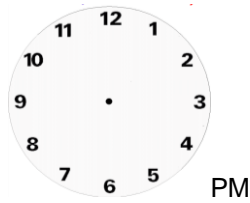
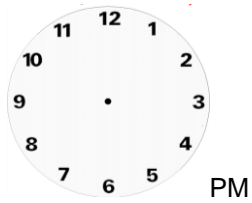
Cold    Warm  
1 2 3 4 5 6 7 8 9 10

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

Worst

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
- Left Side
- On Back
- On Abdomen

**How much do you perspire?**

Never All the Time  
 1 2 3 4 5 6 7 8 9 10

**Do you have difficulty waking?**

Never All the Time  
 1 2 3 4 5 6 7 8 9 10

**Do you wake unrefreshed?**

Never All the Time  
 1 2 3 4 5 6 7 8 9 10

**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.*

**Tastes:**

- |                      |             |
|----------------------|-------------|
| 1 2 3 4 5 6 7 8 9 10 | Sweet       |
| 1 2 3 4 5 6 7 8 9 10 | Sour        |
| 1 2 3 4 5 6 7 8 9 10 | Salty       |
| 1 2 3 4 5 6 7 8 9 10 | Bitter      |
| 1 2 3 4 5 6 7 8 9 10 | Spicy (hot) |
| 1 2 3 4 5 6 7 8 9 10 | Smoked      |
| 1 2 3 4 5 6 7 8 9 10 | Juicy       |
| 1 2 3 4 5 6 7 8 9 10 | Refreshing  |
| 1 2 3 4 5 6 7 8 9 10 | Pungent     |

**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 with 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                                   |
| 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  |
| 1 2 3 4 5 6 7 8 9 10 | Fat (meat, chicken, pork,<br>etc.)          |
| 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

1 2 3 4 5 6 7 8 9 10

Ice

1 2 3 4 5 6 7 8 9 10

Ice cream

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

Lemonade

1 2 3 4 5 6 7 8 9 10

Meat

1 2 3 4 5 6 7 8 9 10

Milk

1 2 3 4 5 6 7 8 9 10

Nut butters

1 2 3 4 5 6 7 8 9 10

Oysters

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

**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

**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.

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 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

Thrifty Extravagant  
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

No Religious feeling Highly Religious Feeling

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

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

**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 often do you reproach (find fault, scold, or blame) others?**

Not at All 1 2 3 4 5 6 7 8 9 10 All the Time

**How often do you reproach 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

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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