



HOMEOPATHY INTAKE FORM

Name _____ Date _____

Please answer the following questions as carefully, thoughtfully, and accurately as you can. 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.**

Directions: Place a circle around the appropriate number. "10" means that you are troubled a lot, while "1" means that you are troubled very little.

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 | 1 2 3 4 5 6 7 8 9 10 | Snow (Dry Cold) |
| 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 | 1 2 3 4 5 6 7 8 9 10 | |

Are you generally sensitive to and/or troubled by:

- | | |
|----------------|----------------------|
| 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 | 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 | |

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 time are you best?

AM WORST PM
 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

AM BEST PM
 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Circle which symptoms you have during sleep.

- | | |
|--------------------|---------------------|
| Tooth Grinding | Restlessness |
| Talking | Perspiration |
| Frequent Urination | Excess Heat or Cold |
| Laughing | Snoring |
| Nightmares | Recurring Dreams |
| Sleepwalking | |

What position do you sleep most often?

- | | |
|------------|------------|
| Right Side | On Back |
| Left Side | On Abdomen |

Do you have difficulty walking?

- 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

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

How Often do you perspire?

- 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:

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

Foods:

- | | | | |
|---------------------------------|----------------------|--|----------------------|
| Alcohol | 1 2 3 4 5 6 7 8 9 10 | Fruit (sour) | 1 2 3 4 5 6 7 8 9 10 |
| Apples | 1 2 3 4 5 6 7 8 9 10 | Grain products | 1 2 3 4 5 6 7 8 9 10 |
| Bacon | 1 2 3 4 5 6 7 8 9 10 | Ham | 1 2 3 4 5 6 7 8 9 10 |
| Bread alone | 1 2 3 4 5 6 7 8 9 10 | Ice | 1 2 3 4 5 6 7 8 9 10 |
| Bread | 1 2 3 4 5 6 7 8 9 10 | Ice Cream | 1 2 3 4 5 6 7 8 9 10 |
| Butter alone | 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 |
| Cheese | 1 2 3 4 5 6 7 8 9 10 | Lemonade | 1 2 3 4 5 6 7 8 9 10 |
| Chocolate | 1 2 3 4 5 6 7 8 9 10 | Meat | 1 2 3 4 5 6 7 8 9 10 |
| Coffee | 1 2 3 4 5 6 7 8 9 10 | Milk | 1 2 3 4 5 6 7 8 9 10 |
| Pastries | 1 2 3 4 5 6 7 8 9 10 | Nut butters | 1 2 3 4 5 6 7 8 9 10 |
| Eggs | 1 2 3 4 5 6 7 8 9 10 | Oysters | 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 | Pickles | 1 2 3 4 5 6 7 8 9 10 |
| Fish | 1 2 3 4 5 6 7 8 9 10 | Vegetables | 1 2 3 4 5 6 7 8 9 10 |
| Fruit | 1 2 3 4 5 6 7 8 9 10 | Vinegar | 1 2 3 4 5 6 7 8 9 10 |

Which do you prefer?

- | | | | |
|----------------------|-----------|----------------------|-------------|
| Warm Food | Cold Food | Warm Drinks | Cold Drinks |
| 1 2 3 4 5 6 7 8 9 10 | | 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

Mental and Emotional State

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

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|--|---|---|---|---|---|---|---|---|---|----|
| Creative Activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Social Life | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Emotions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Social Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Financial Security | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | The Future | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Mental Functioning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Work | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Morals/Past Indiscretions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Irresolution (not being able to decide or stick to a decision) | | | | | | | | | | |
| Others (family and close friends) well being | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Religion | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Capriciousness (willfulness, changeable and erratic desires that are difficult to satisfy) | | | | | | | | | | |
| Selfishness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 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 | Thrifty | Extravagant |
| 1 2 3 4 5 6 7 8 9 10 | | 1 2 3 4 5 6 7 8 9 10 | |
| Hurried, Impatient | Slow | Messy | Fastidious |
| 1 2 3 4 5 6 7 8 9 10 | | 1 2 3 4 5 6 7 8 9 10 | |
| Calm | Restlessness | Indolence (lazy) | Always busy |
| 1 2 3 4 5 6 7 8 9 10 | | 1 2 3 4 5 6 7 8 9 10 | |
| Shyness/Timid/Bashful | Outgoing | Anger | Mildness |
| 1 2 3 4 5 6 7 8 9 10 | | 1 2 3 4 5 6 7 8 9 10 | |
| Lack of Moral sense | Guilty | No religious feeling | Highly religious feeling |
| 1 2 3 4 5 6 7 8 9 10 | | 1 2 3 4 5 6 7 8 9 10 | |
| Obstinate (stubborn) | Yielding | Heedless/Reckless | Cowardice |
| 1 2 3 4 5 6 7 8 9 10 | | 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 | |

Feelings 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 | |

In regard to your mood:

| | |
|----------------------|------------|
| Alternating Moods | Even Moods |
| 1 2 3 4 5 6 7 8 9 10 | |

How much do you have the following symptoms? "10" a lot, "1" hardly ever

Irritability 1 2 3 4 5 6 7 8 9 10 Mood 1 2 3 4 5 6 7 8 9 10
Jealousy 1 2 3 4 5 6 7 8 9 10

Circle with best expresses your general mood.

Morose Sad Apathy/Indifferent
Excitement Exhilaration

How often do you experience sympathy or consolation?

Like 1 2 3 4 5 6 7 8 9 10 Dislike 1 2 3 4 5 6 7 8 9 10
Better from 1 2 3 4 5 6 7 8 9 10 Worse From 1 2 3 4 5 6 7 8 9 10

How talkative are you in general?

Aversion to talking 1 2 3 4 5 6 7 8 9 10 Talkative 1 2 3 4 5 6 7 8 9 10
Gullible 1 2 3 4 5 6 7 8 9 10 Suspicious 1 2 3 4 5 6 7 8 9 10
Not trusting 1 2 3 4 5 6 7 8 9 10 Trusting 1 2 3 4 5 6 7 8 9 10

How often and easily do you weep?

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

How often do you experience clairvoyance?

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

How is your level of self confidence?

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

How impulsive are you?

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

How afraid are you of the following? "10" a lot, "1" never.

Animals 1 2 3 4 5 6 7 8 9 10 Misfortune (bad luck) 1 2 3 4 5 6 7 8 9 10
Being alone 1 2 3 4 5 6 7 8 9 10 Of a crowd 1 2 3 4 5 6 7 8 9 10
Death 1 2 3 4 5 6 7 8 9 10 People 1 2 3 4 5 6 7 8 9 10
Relative's Death 1 2 3 4 5 6 7 8 9 10 Robbers/Intruders 1 2 3 4 5 6 7 8 9 10
Impending Disease 1 2 3 4 5 6 7 8 9 10 Snakes 1 2 3 4 5 6 7 8 9 10
Downward Motion 1 2 3 4 5 6 7 8 9 10 Spiders 1 2 3 4 5 6 7 8 9 10
Evil 1 2 3 4 5 6 7 8 9 10 Strangers 1 2 3 4 5 6 7 8 9 10
Falling 1 2 3 4 5 6 7 8 9 10 Having a stroke 1 2 3 4 5 6 7 8 9 10
Ghosts 1 2 3 4 5 6 7 8 9 10 That something bad will happen 1 2 3 4 5 6 7 8 9 10
Heights 1 2 3 4 5 6 7 8 9 10 Water 1 2 3 4 5 6 7 8 9 10
Insanity 1 2 3 4 5 6 7 8 9 10 Wind 1 2 3 4 5 6 7 8 9 10

Are you forgetful of any of the following? "10" a lot, "1" not at all

Dates 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
Names 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
Numbers 1 2 3 4 5 6 7 8 9 10
Of words 1 2 3 4 5 6 7 8 9 10

How often do you make mistakes with the following? "10" a lot, "1" not at all

Numbers 1 2 3 4 5 6 7 8 9 10 Words (speaking) 1 2 3 4 5 6 7 8 9 10
Words (reading) 1 2 3 4 5 6 7 8 9 10 Words (writing) 1 2 3 4 5 6 7 8 9 10

How do you handle conflict usually?

Quarrelsome 1 2 3 4 5 6 7 8 9 10 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 1 2 3 4 5 6 7 8 9 10

How sensitive are you to any of the following? "10" a lot, "1" not at all

| | | | |
|--------------------|----------------------|-------------------------|----------------------|
| Beauty | 1 2 3 4 5 6 7 8 9 10 | Music | 1 2 3 4 5 6 7 8 9 10 |
| Criticism | 1 2 3 4 5 6 7 8 9 10 | Reprimand | 1 2 3 4 5 6 7 8 9 10 |
| Cruel Stories | 1 2 3 4 5 6 7 8 9 10 | Rudeness | 1 2 3 4 5 6 7 8 9 10 |
| Frightening things | 1 2 3 4 5 6 7 8 9 10 | The suffering of others | 1 2 3 4 5 6 7 8 9 10 |
| Being made fun of | 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?

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

How often do you have the following behaviors? "10" a lot, "1" not at all

| | | | |
|-----------------|----------------------|--------------------------------|----------------------|
| Abusive | 1 2 3 4 5 6 7 8 9 10 | Rage | 1 2 3 4 5 6 7 8 9 10 |
| Biting | 1 2 3 4 5 6 7 8 9 10 | Rudeness | 1 2 3 4 5 6 7 8 9 10 |
| Breaks things | 1 2 3 4 5 6 7 8 9 10 | Striking others | 1 2 3 4 5 6 7 8 9 10 |
| Contrary define | 1 2 3 4 5 6 7 8 9 10 | Striking self | 1 2 3 4 5 6 7 8 9 10 |
| Cursing | 1 2 3 4 5 6 7 8 9 10 | Violence | 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 |

How often do you desire sex?

Never
1 time per year
1 time per 3 months
1 time per month
2 times per month
1 time per week
2 times per week
4 times per week
1 time per day
2 times per day
4 times per day

How often do you actually have sex?

Never
1 time per year
1 time per 3 months
1 time per month
2 times per month
1 time per week
2 times per week
4 times per week
1 time per day
2 times per day
4 times per day

What worries or concerns do you have about your sexual life?

| | | | |
|----------------------|-----------------|----------------------|--------------|
| Not enough desire | Too much desire | 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 of 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 | 1 2 3 4 5 6 7 8 9 10 |