**HOMEOPATHIC QUESTIONNAIRE**

Please circle the answers to the corresponding statements as honestly and accurately as possible. Some of these questions may not seem directly related to your health concerns, however they will help us find the best homeopathic remedy for you. Feel free to add explanations to your answers if you so choose.

### WEATHER

<table>
<thead>
<tr>
<th>Cold weather affects me negatively</th>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rainy or humid weather affects me negatively</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Hot weather affects me negatively</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Change of weather affects me negatively</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Wind or thunderstorms affect me negatively</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>

Without a hat or sunglasses, I can tolerate exposure to 75F sun for a duration of
- 10 min. or less
- 10-30 min.
- 30-60 min.
- 1-2 hours
- 2-4 hours
- 4 hours or more

I generally feel better in the following atmosphere/weather
- Mountains
- Seashore
- Dry weather
- Rainy/Stormy weather
- Sunny weather
- Cloudy weather

My symptoms get worse during the following seasons:
- No season affects my symptoms
- Spring
- Summer
- Fall
- Winter

If so, which symptoms worsen? ________________________________________________________

### ENVIRONMENT

<table>
<thead>
<tr>
<th>Bright light affects me negatively</th>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm rooms affect me negatively</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Cold open air affects me negatively</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Loud noise affects me negatively</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Cold drafts affect me negatively (fans, A/C, wind)</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Perfumes, flowers, food smells, or other strong odors affect me negatively</td>
<td>Strongly disagree</td>
<td>Slightly disagree</td>
<td>Neutral</td>
<td>Slightly agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>

### TIME OF DAY

The time of day that I generally feel the **best** or the most energetic is _______ AM/PM until _______ AM/PM

The time of day that I generally feel the **worst** or have the lowest energy is _______ AM/PM until _______ AM/PM
GENERAL PHYSICAL CHARACTERISTICS

I tend to become uncomfortable faster in a room that is
Warmer than usual (80 degrees)        Cooler than usual (60 degrees)  (Circle the one that tends to bother you more)

Tight clothing affects me negatively (If so, around what part of the body? ____________________________)
Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

During sleep, I experience the following
Restlessness    Sleep walking    Teeth grinding    Uncovering    Perspiration    Heat    Coldness    Snoring
Strange dreams    Talking in sleep    Frequent urination    Frequent waking (at a specific hour?________)

My usual sleep position is
On back    On abdomen    On side (right or left?)    Feet/arms uncovered    Fully covered    Head also covered

In general, I tend to perspire
Never    Only with exertion    When heated    When cold    When nervous    Easily, all the time

The part of my body where I tend to perspire the most is ____________________________

FOOD & DRINKS

I crave the following flavors strongly on a daily basis (you may circle more than one)
Sweet    Salty    Sour    Spicy    Bitter    Smoked    Pungent

I crave the following types of food or drinks strongly on regular basis (you may circle more than one)
Apples    Bacon    Beer    Bread    Butter    Cake/Cookies    Cheese    Chocolate    Coffee    Eggs    Fish
Fresh fruit    Fried food    Frozen food    Garlic    Ham    Ice cream    Indigestible things (clay, chalk, etc.)
Lemons/Lemonade    Liquor    Meat    Milk    Nuts/Nut butters    Onions    Olives    Oranges    Pastries    Pickles
Potatoes    Salsa    Sausage    Shellfish    Tea    Vegetables    Wine    Other: __________________________

If all food were healthy, I would enjoy the following foods/drinks multiple times per day:
____________________________________________________________________________________________

I tend to dislike the following foods, drinks, or flavors:
____________________________________________________________________________________________

With regard to thirst, on an average temperature day without physical exertion, I feel the need to drink water
or another beverage to quench my thirst
Almost never    Several times per day    Several times per hour    Every few minutes

I prefer my water
Hot    Room temperature    Cold    Ice cold

I prefer my food
Hot    Cold    No strong preference

FEARS

I have a strong fear of:
Darkness    Becoming seriously ill    Knives or needles
Thunderstorms    Loved one becoming ill or injured    Blood
Heights or falling    Ghosts    Spiders or insects
Small or narrow places    Evil    Snakes
Strangers    Failure    Animals (what kind? ________________)
Robbers/intruders    Poverty    Being alone
Water, lakes, or the ocean    Death    Being in public or in a crowd
Contagious disease/germs    Insanity    That something terrible will happen

Other fears or phobias:__________________________________________________________
### MENTAL & EMOTIONAL CHARACTERISTICS

**In general, I tend to feel restless**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**In general, I tend to be perfectionistic**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**In general, I tend to feel impatient or hurried**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**In general, I tend to feel suspicious**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**In general, I tend to feel jealous or envious**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**In general, I tend to feel irritable or angry (whether you express it or not)**

<table>
<thead>
<tr>
<th>Almost never</th>
<th>Less than once a week</th>
<th>Once a week</th>
<th>Once a day</th>
<th>More than once a day</th>
</tr>
</thead>
</table>

**In general, I tend to criticize myself**

<table>
<thead>
<tr>
<th>Almost never</th>
<th>Less than once a week</th>
<th>Once a week</th>
<th>Once a day</th>
<th>More than once a day</th>
</tr>
</thead>
</table>

**In general, I tend to criticize others (either verbally or in my thoughts)**

<table>
<thead>
<tr>
<th>Almost never</th>
<th>Less than once a week</th>
<th>Once a week</th>
<th>Once a day</th>
<th>More than once a day</th>
</tr>
</thead>
</table>

**I think about disagreeable or troubling events from the past**

<table>
<thead>
<tr>
<th>Almost never</th>
<th>Less than once a week</th>
<th>Once a week</th>
<th>Once a day</th>
<th>More than once a day</th>
</tr>
</thead>
</table>

**I have urges to throw things, hit people/things, or break things (whether you act on this desire or not)**

<table>
<thead>
<tr>
<th>Never/Almost never</th>
<th>Less than once a week</th>
<th>Once a week</th>
<th>Once a day</th>
<th>More than once a day</th>
</tr>
</thead>
</table>

**I have urges to hurt myself (whether you act on this urge or not)**

<table>
<thead>
<tr>
<th>Never/Almost never</th>
<th>Less than once a week</th>
<th>Once a week</th>
<th>Once a day</th>
<th>More than once a day</th>
</tr>
</thead>
</table>

**I cry easily or often**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**If someone upsets or offends me, I feel nervous confronting that person about it**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
<th>Only with authority figures</th>
</tr>
</thead>
</table>

**I am offended easily by rudeness or injustice**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**I am overly sensitive to hearing sad or cruel stories about children, adults, or animals**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**Being scolded or criticized affects me negatively**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**I am frightened or startled easily**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**I often worry about social status and success**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Slightly disagree</th>
<th>Neutral</th>
<th>Slightly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>
I often feel impulsive, or have sudden changes in mood or behavior
Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

I have difficulty making decisions
Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

I have a strong desire to travel or to be outdoors in nature
Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

I have a strong religious or spiritual faith
Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

I am often forgetful of the following
Dates    Names    Numbers    Words    Places    Faces    Recent events    Distant past events
What I was about to say    What someone just told me    What I was about to do    What I just did    What I just said

I have had dreams or daydreams that have come true (clairvoyant or prophetic dreams)
Less than twice    Less than 4 times    Less than 10 times    More than 10 times

Regarding any past emotionally traumatic events, I feel
Grief    Guilt    Anger    Fear    Sadness    Shame    Indifference    Peace    Empowerment
Other: _________________________________________________________________________________

Regarding my health condition, and the possibility of recovery, I feel
Very optimistic    Hopeful    Somewhat doubtful    Discouraged    Fearful    Severe despair

In general, my overall outlook on life at this time is
Very optimistic    Generally positive    Indifferent    Pessimistic    Loathing life    Desire death    Suicidal thoughts    Suicidal plans

When I am feeling sad or upset, at the very worst point, I need
To be completely alone    To have someone nearby    To be distracted from my feelings
To vent about what I am feeling    To have someone talk to me about what I’m feeling, and console me

If I am feeling at my worst, the following makes me feel much better (circle any that apply)
Rest/Sleep    Massage    Crying    Yelling    Music    Dancing    Singing
Company    Being alone    Talking    Quiet    Darkness    Exposure to heat    Exposure to cold
Gentle exercise    Vigorous exercise

Anything else that consistently makes you feel better: __________________________________________________________

Anything that consistently makes you feel worse: __________________________________________________________

LIBIDO & INTIMACY

(If you have a partner/spouse) My general feeling toward my partner/spouse is
Loving    Affectionate    Indifferent    Dissatisfied    Disappointed    Resentment    Disgust    Hatred

The frequency of my sexual desire or sexual thoughts is (whether you act on this desire or not)
Never/Less than 1x/year    1-6 x/year    Every 1-2 months    Every 1-2 weeks    2-4x/week    More than once/day

(If sexually active) Approximate frequency of sexual activity
Never/Less than 1x/year    1-6 x/year    Every 1-2 months    Every 1-2 weeks    2-4x/week    More than once/day

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