

Homeopathic Intake

Please fill out as much information as possible. You can either type your responses, save the pdf and then email the completed form to us at office@vitalitynhc.com. Or, you can print out the form, write your answers and then bring it with you on your next visit.

Name: _____ Date: _____

Please answer the following questions carefully, thoughtfully, and accurately. 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 checking the appropriate number. For example:

Which weather conditions are you most troubled by?

Checking a number closer to the clear end means that you are more troubled by clear weather.

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

Circling a number closer to the cloudy end means that you are troubled by cloudy weather.

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

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. Checking the number "1" means that you are troubled very little while checking "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.

Health: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Some questions ask you to check the answer you think best fits you. For example:

What are your feelings towards 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 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Clear

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

Damp Cold 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

Check which seasons cause you the most trouble? Winter / Fall / Spring / Summer

Are you worse being in the:

Mountains 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 At the seashore

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

Are you generally chilly or warm?

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

Which are you generally more sensitive to?

Cold 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Warmth

What times of the day are generally worst (mood, energy, symptoms, etc.)? A.M. / P.M.

What times are you best? A.M. / P.M.

Symptoms During Sleep

Check which ones occur to you:

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

Check what you prefer when 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

Do you wake refreshed?

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

Do you have difficulty walking?

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

How much do you perspire?

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

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 love the taste of fat. Answer the question that you like fat. If you strongly desire/crave a food/taste, mark 10. If you detest a food/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 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Juicy 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Salty 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Refreshing 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Bitter 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Pungent 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Spicy (Hot) 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Foods

Alcohol 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Chocolate 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Apples 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Coffee 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Bacon 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Pastries 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Bread (Alone) 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Eggs 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Bread (butter) 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Fat (Meat, Pork) 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Cheese 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Fish 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Nut Butters 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Ham 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Fruit 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Meat 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Fruit (Sour) 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Oysters 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

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

Lemonade 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Ice 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Pickles 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Ice Cream 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Vinegar 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

Grain Products (Pasta, Bread, Cereal)

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

Temperature of Food

Warm Food 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Cold Food

Warm Drinks 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Cold Drinks

How thirsty are you generally?

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

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

Mental & Emotional State

Do you worry about any of the following? (10 means most, 1 means least)

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

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

Selfishness 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Others' Well Being (Family, Close Friends)

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 (Changeable/erratic desires that are difficult to satisfy)

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

Frightened Easily 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Never Afraid*

Answer as honestly as you can about your personality traits:

Stingy 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Overly Generous*

Thrifty 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Extravagant*

Impatient 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Slow*

Messy 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Fastidious*

Calm 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Restlessness*

Lazy 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Keep Busy*

Shyness 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Outgoing*

Anger 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Mildness*

Lack of Morals 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Guilty*

Not Religious 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Highly Religious*

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

Reckless 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Cowardice*

In regards to being with other people or in company:

Aversion 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Desire For*

Check the Expression That Best Describes Your Feelings About:

Significant past emotionally traumatic events:

- Resolved Grief Dwells on Past Inconsolable Remorse guilt

Feeling towards people close to you:

- Loving Affectionate Indifferent Hatred

Feeling towards disease/condition:

- Optimistic Doubtful Recovery Discouraged Fearful
- Despair of Recovery

Feeling towards life:

- Love Life Indifferent Bored Weary of Life
- Loathing of Life Desires of Death Suicidal Thoughts

Suicidal Disposition

Feeling towards spouse/lover:

- Loving Affectionate Dissatisfaction
- Disappointed Indifferent Resentment Hatred

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

Jealousy 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Moody 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Even Moods 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Check which best expresses your general mood:

- Morose Sad Apathy/Indifferent Excitement
- Exhilaration

How do you experience sympathy?

Like 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Dislike*

How do you feel after consolation?

Better 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Worse*

How talkative are you in general?

Aversion 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Talkative

Not Trusting 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Trusting

Gullible 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Suspicious

How often and easily do you weep?

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

How often do you experience clairvoyance?

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

How is your level of self-confidence?

Lack of Confidence 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 High

How impulsive are you?

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

How afraid are you of the following? (1 never afraid, 10 very afraid)

Animals 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Of a Crowd 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Being Alone 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

People 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Death 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Robbers/Intruders 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Relative's Death 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Snakes 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Impending Disease 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Spiders 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Downward Motion 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Strangers 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Evil 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Having a Stroke 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Falling 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Darkness 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Ghosts 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Thunderstorms 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Heights 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Wind 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Insanity 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Water 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Misfortune 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Are you forgetful of the following? (1 not at all, 10 a lot)

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

Words 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

What You Just Said 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Someone Else Just Said 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

How often do you make mistakes with the following?

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) 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

How sensitive are you to any of the following?

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

Suffering of Others 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

Cruel Stories 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 do you usually handle conflict?

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

How are you in regards to authority?

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

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 blame others?

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

How often do you blame 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 never, 1 all the time)

Abusive 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Biting 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Break Things 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Contrary Define 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

Insulting 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 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

Please check the best approximation of the level of your sexual desire (not 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

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

Not Enough Desire 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Too Much Desire*

Not Enough Sex 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 *Too Much Sex*

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/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/Desires 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10