

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)
- 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 1 2 3 4 5 6 7 8 9 10 At the seashore

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

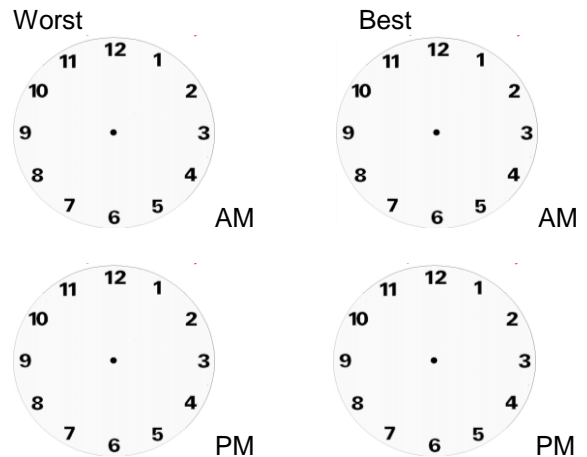
Are you generally chilly or warm?

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

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

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

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



Circle any symptoms you have during sleep.

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

Circle what you prefer. Do you sleep:

- Without Covers
- 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
- Partly Covered

	1 2 3 4 5 6 7 8 9 10	Pungent
Foods:		
What position do you sleep in most often?	1 2 3 4 5 6 7 8 9 10	Alcohol
Right Side On Back	1 2 3 4 5 6 7 8 9 10	Apples
Left Side On Abdomen	1 2 3 4 5 6 7 8 9 10	Bacon
How much do you perspire?	1 2 3 4 5 6 7 8 9 10	Bread alone
Never All the Time	1 2 3 4 5 6 7 8 9 10	Bread with butter
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	Butter alone
Do you have difficulty waking?	1 2 3 4 5 6 7 8 9 10	Cheese
Never All the Time	1 2 3 4 5 6 7 8 9 10	Chocolate
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	Coffee
Do you wake unrefreshed?	1 2 3 4 5 6 7 8 9 10	Pastries
Never All the Time	1 2 3 4 5 6 7 8 9 10	Eggs
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	Fat (on meat)
Food Desires and Aversions:	1 2 3 4 5 6 7 8 9 10	Fish
<i>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.</i>	1 2 3 4 5 6 7 8 9 10	Fruit
	1 2 3 4 5 6 7 8 9 10	Fruit (sour)
Tastes:	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 Sweet	1 2 3 4 5 6 7 8 9 10	Ham
1 2 3 4 5 6 7 8 9 10 Sour	1 2 3 4 5 6 7 8 9 10	Ice
1 2 3 4 5 6 7 8 9 10 Salty	1 2 3 4 5 6 7 8 9 10	Ice-cream
1 2 3 4 5 6 7 8 9 10 Bitter	1 2 3 4 5 6 7 8 9 10	Indigestible things (chalk, clay, paper)
1 2 3 4 5 6 7 8 9 10 Spicy (hot)	1 2 3 4 5 6 7 8 9 10	Lemonade
1 2 3 4 5 6 7 8 9 10 Smoked	1 2 3 4 5 6 7 8 9 10	Meat
1 2 3 4 5 6 7 8 9 10 Juicy		
1 2 3 4 5 6 7 8 9 10 Refreshing		

**Bluewater Natural Health at
Bluewater Chiropractic Wellness Center**

4400 Hwy 20 Ste 207 ♦ Niceville, FL 32578 ♦ (P) 850.897.1177 ♦ (F) 850.897.1377

www.blueaternaturalhealth.com www.bluewaterchiropractic.com

Name: _____

Date: _____

1 2 3 4 5 6 7 8 9 10

Milk

1 2 3 4 5 6 7 8 9 10

Others well being
(family and close friends)

1 2 3 4 5 6 7 8 9 10

Nut butters

1 2 3 4 5 6 7 8 9 10

Religion

1 2 3 4 5 6 7 8 9 10

Oysters

1 2 3 4 5 6 7 8 9 10

Social Life

1 2 3 4 5 6 7 8 9 10

Pickles

1 2 3 4 5 6 7 8 9 10

Social Position

1 2 3 4 5 6 7 8 9 10

Vegetables

1 2 3 4 5 6 7 8 9 10

The Future

1 2 3 4 5 6 7 8 9 10

Vinegar

1 2 3 4 5 6 7 8 9 10

Work

Temperature of food. Which do you prefer?

Warm Food

Cold Food

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

Irresolution

(Not being able to decide or stick to a decision)

Warm Drinks

Cold Drinks

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

Capriciousness

(Willfulness, changeable and erratic desires that are difficult to satisfy)

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

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

How thirsty are you generally?

Not at all

Very

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

How strong in general are the following emotional symptoms?

The most mark 10. The least mark 1.

Thrifty

Extravagant

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Anxiety

(worry and fear)

Hurried, impatient

Slow

1 2 3 4 5 6 7 8 9 10

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

Messy

Fastidious

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Emotions

Calm

Restlessness

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Financial Security

Indolence (Lazy)

Always busy

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Health

Shyness/Timid/Bashful

Outgoing

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Mental Functioning

Anger

Mildness

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10 Morals

(past Indiscretions)

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Name: _____

Date: _____

Lack of moral sense Guilty
1 2 3 4 5 6 7 8 9 10

Not Religious Highly Religious
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

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 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? 1 hardly ever, 10 often

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

1 2 3 4 5 6 7 8 9 10 Strangers

How impulsive are you?

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

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

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

How afraid are you of the following?

1, never. 10, very afraid.

1 2 3 4 5 6 7 8 9 10 Animals

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 Being alone

1 2 3 4 5 6 7 8 9 10 Dates

1 2 3 4 5 6 7 8 9 10 Death

1 2 3 4 5 6 7 8 9 10 Names

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

1 2 3 4 5 6 7 8 9 10 Numbers

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

1 2 3 4 5 6 7 8 9 10 Of what someone just said to you

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 Of what you just said

1 2 3 4 5 6 7 8 9 10 Failure

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

1 2 3 4 5 6 7 8 9 10 Falling

1 2 3 4 5 6 7 8 9 10 Ghosts

How often do you make mistakes with the following?

1 2 3 4 5 6 7 8 9 10 Heights

1 2 3 4 5 6 7 8 9 10 Numbers

1 2 3 4 5 6 7 8 9 10 Insanity

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

1 2 3 4 5 6 7 8 9 10 Misfortune

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

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

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

1 2 3 4 5 6 7 8 9 10 People

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

How sensitive are you to any of the following?

1 2 3 4 5 6 7 8 9 10 Snakes

1 2 3 4 5 6 7 8 9 10 Beauty

1 2 3 4 5 6 7 8 9 10 Spiders

Name: _____

Date: _____

- 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 honest are you?

Always Lie Always honest
 1 2 3 4 5 6 7 8 9 10

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
- 1 2 3 4 5 6 7 8 9 10 Striking self
- 1 2 3 4 5 6 7 8 9 10 Violence

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 Yielding/Fawning
 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 often do you have sexual desire?
*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	

