



# TREE OF LIFE NATURAL MEDICINE

Dr. Andrew J. Kaufmann, ND, PLC

459 *N. Gilbert Road*, Suite A-135 *Gilbert*, AZ 85234

Phone (480) 840-1841 • Fax (480) 840-1596

## 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 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. 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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**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?**

Best \_\_\_\_\_AM \_\_\_\_\_PM

Worst \_\_\_\_\_AM \_\_\_\_\_PM

**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                      On Back

Left Side                        On Abdomen

**How much do you perspire?**

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

**Do you have difficulty waking?**

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

**Do you wake unrefreshed?**

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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**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, etc.)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

**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.)?**

**Temperature of food. Which do you prefer?**

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

**Mental and Emotional State:**

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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

**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

Hurried, 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

Easily frightened 1 2 3 4 5 6 7 8 9 10 Never afraid

Indolence (Lazy) 1 2 3 4 5 6 7 8 9 10 Always busy

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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

No Religious feeling 1 2 3 4 5 6 7 8 9 10 Highly Religious Feeling

Obstinate (stubborn) 1 2 3 4 5 6 7 8 9 10 Yielding

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

**Social/Antisocial. In regard to being with other people or in company?**

Aversion 1 2 3 4 5 6 7 8 9 10 Desire for

**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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Circle which best expresses your general mood.**

Morose  
Sad  
Apathy/Indifferent  
Excitement  
Exhilaration

**How do you experience sympathy or consolation?**

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

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

**How talkative are you in general?**

Aversion to talking 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 Pride/Haughty



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**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. 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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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 1 2 3 4 5 6 7 8 9 10 Yielding

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**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

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 Impotence

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

*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 1 2 3 4 5 6 7 8 9 10 Too much desire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Not enough sex 1 2 3 4 5 6 7 8 9 10 Too much sex

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

Please use this extra space for additional comments.