

IASIS Questionnaire Form

Do you get headaches, if so how often and what part of your head? Do you have a headache now?

How is your digestion on a scale from 1 to 10, 10 being the most troublesome with zero being the least. Explain how you would characterize it.

How would you characterize your sleep, 10 being the most troublesome and zero being the best possible sleep?

What are the three most concerning symptoms that you feel physically or emotionally, and give us an idea of how you would rate them 10 being the most troublesome zero being the least?

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2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel pain from light (photophobia)?

Do you feel pain from Sound (hyperacusis)?

What is your hope from today's session?