**Individual Health Information Sheet**

**All paperwork MUST be completely filled out prior to appointment time**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

St/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_

Relief from what top 3 symptoms (see symptom page): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of exercise do you do weekly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many ounces of water do you drink daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you eat breakfast, lunch, and dinner? \_\_\_\_\_ How many eliminations per day? \_\_\_\_\_

How many daily digestive enzymes? \_\_\_\_\_ How many breathing exercises? \_\_\_\_\_

How often do you consume the following: (1D= Once a day, 3M= 3 times a month)

Soda \_\_\_

Coffee \_\_\_

Fast Food \_\_\_

Raw Fruit \_\_\_

Milk \_\_\_

Meat \_\_\_

Whole Grains \_\_\_

White Flour \_\_\_

Raw Veggies \_\_\_

Marijuana \_\_\_ (Recreational or Medical)

Energy Drinks \_\_\_

Sports Drinks \_\_\_

Alcohol \_\_\_

Tobacco \_\_\_

Circle the types of food you crave: Salty, Chocolates, Sweet, Breads. Others: \_\_\_\_\_\_\_\_\_\_\_\_

1 to 10, 10 being the highest level of energy, how much daily energy do you have? \_\_\_\_\_\_\_

How many hours of TV do you watch? Daily \_\_\_ Weekly \_\_\_

How many hours of spiritual enrichment each week? (Bible, Prayer, Church, Etc.) \_\_\_

How many hours a week do you spend with family/friends? \_\_\_

How many hours of sleep do you get each night? \_\_\_ How many hours do you need? \_\_\_

How much time do you practice gratitude? \_\_\_

What surgeries have you had and when? NONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What kind of prescription medications do you take? (List medication name) NONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What supplements are you taking if any including brand name? NONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who referred you for your appointment today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Disclosure**

Pursuant to the Nevada Business and Professions Code, Michelle Morales makes the following disclosures: Michelle Morales is a professional practice that provides services that are alternative and complementary to healing arts services licensed by the state. Each client will be interviewed and if it is determined that the services we provide can be of benefit, Michelle Morales will provide services in accordance with the education training and experience she has.

**I offer the following services:**

1. Nutritional Counseling.
2. Level 1 Iridology reading.
3. Zyto Compass reading.
4. Emotional balancing with flower remedies.
5. **NLP** – Using the language of the mind to model excellence and install behavior.
6. **Hypnosis** – The bypass of the critical factor of the conscious mind to produce change.
7. **TIME Techniques** – Techniques for eliminating negative emotions from the past.
8. **Emotional Freedom Techniques** - Techniques for eliminating negative emotions in the now.
9. **Coaching** – Performance enhancement with ongoing support using the above techniques.

These services are not licensed by the state. The services do not include the practice of medicine or psychology or any other licensed healing art, since we are not licensed physicians.

Your practitioner, Michelle Morales, has the following education, training, experience and other qualifications regarding the services we provide:

* Certified Hypnotherapist
* Certified NLP Practitioner
* Certified TIME Techniques Practitioner
* Certified Success Coach
* Legally Ordained Minister with Universal Life Church
* Board Certification by International Board of Coaches and Practitioners
* Diploma of Naturopathic Doctor
* Diploma of Master Herbalist
* Diploma of Certified Health Specialist
* Certificate in Nutritional Counseling
* Certified Natural Health Professional

I understand that I am here to learn about nutrition and better health practices. I will be offered information about food supplements and herbs as a guide to general good health. This consultation is offered as a personal ministry.

I fully understand that those who counsel me are not medical doctors, and I am not here for medical diagnostic purposes or treatment procedures. I am not, on this visit or any subsequent visit, an agent for federal, state or local agencies or on a mission of entrapment or investigation.

The services performed here are always restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health, and do not involve the diagnosing treatment of prescribing of remedies for disease.

If you have concerns or complaints about the services provided, please speak to us. If we cannot resolve your concerns, you may contact the International Board of Coaches and Practitioners at 6080 Center Dr., Suite 600, Los Angeles CA 90045 or call them at 888-731-8375 or 714-243-8701.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), hereby acknowledge that I have been provided with the above information, have read such, and have received a copy of this disclosure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client's Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner's Signature Date

**Emotions**

**Rare/Low/Medium/High/Extreme**

|  |  |
| --- | --- |
| Anger R/L/M/H/E | Humiliation R/L/M/H/E |
| Anxious R/L/M/H/E | Hurt R/L/M/H/E |
| Belonging R/L/M/H/E | Jealous R/L/M/H/E |
| Blame R/L/M/H/E | Joy R/L/M/H/E |
| Curious R/L/M/H/E | Self-Judgement R/L/M/H/E |
| Disappointed R/L/M/H/E | Judgement—Others R/L/M/H/E |
| Disgust R/L/M/H/E | Lonely R/L/M/H/E |
| Embarrassment R/L/M/H/E | Self-Love R/L/M/H/E |
| Empathy R/L/M/H/E | Love—Others R/L/M/H/E |
| Excited R/L/M/H/E | Overwhelmed R/L/M/H/E |
| Fear/Scared R/L/M/H/E | Regret R/L/M/H/E |
| Frustrated R/L/M/H/E | Sad R/L/M/H/E |
| Gratitude R/L/M/H/E | Shame R/L/M/H/E |
| Grief R/L/M/H/E | Surprised R/L/M/H/E |
| Guilt R/L/M/H/E | Vulnerability R/L/M/H/E |
| Happy R/L/M/H/E | Worried R/L/M/H/E |

**Symptom List**

**Check all that apply to you**

|  |  |  |
| --- | --- | --- |
| * Acne
 | * Cataracts
 | * Gout
 |
| * ADD/ADHD
 | * Chest Congestion
 | * Gums
 |
| * Adrenal Glands
 | * Chest Pain
 | * Hair Issues
 |
| * Allergies
 | * Cholesterol
 | * Headaches
 |
| * Alzheimer’s Disease
 | * Circulation
 | * Heart Issues
 |
| * Anemia
 | * Cold—Common
 | * Heartburn
 |
| * Anger
 | * Cold—Temperature
 | * Hemorrhoids
 |
| * Anxiety
 | * Colic
 | * Herpes
 |
| * Appetite
 | * Colon
 | * Hiatal Hernia
 |
| * Arteriosclerosis
 | * Constipation
 | * Hives
 |
| * Arthritis
 | * Cough
 | * Hormones
 |
| * Asthma
 | * Cravings
 | * Hyperactive
 |
| * Back Pain
 | * Dandruff
 | * Hyperthyroidism
 |
| * Bad Breath
 | * Depression
 | * Hypoglycemia
 |
| * Bed Wetting
 | * Diabetes
 | * Hypothyroidism
 |
| * Bell’s Palsy
 | * Diarrhea
 | * Impotence
 |
| * Bites
 | * Digestion
 | * Indigestion
 |
| * Bladder
 | * Dizzy Spells
 | * Insomnia
 |
| * High Blood Pressure
 | * Ear Infection
 | * Joint Pain
 |
| * Low Blood Pressure
 | * Ear Ringing
 | * Kidney Issues
 |
| * Boils
 | * Edema
 | * Kidney Stones
 |
| * Bones
 | * Emphysema
 | * Laryngitis
 |
| * Breathing
 | * Epilepsy
 | * Leprosy
 |
| * Bronchitis
 | * Eyesight
 | * Leukemia
 |
| * Bruises
 | * Fatigue
 | * Liver
 |
| * Burns
 | * Fever
 | * Lung Issues
 |
| * Cancer
 | * Flu
 | * Lupus
 |
| * Candida
 | * Gallstones
 | * Lymph Glands
 |
| * Canker Sores
 | * Gangrene
 | * Menopause
 |
| * Carpal Tunnel

Syndrome | * Gas
 | * Menstrual Cramps
 |

|  |  |  |
| --- | --- | --- |
| * Migraines
 | * Respiratory
 | * Urinary Infections
 |
| * Mononucleosis
 | * Rheumatism
 | * Varicose Veins
 |
| * Mucous
 | * Ring Worm
 | * Vertigo
 |
| * Nails
 | * Seizures
 | * Weight—Overweight
 |
| * Nausea
 | * Shingles
 | * Weight—Underweight
 |
| * Nervousness
 | * Sinus
 | * Yeast Infections
 |
| * Nose Bleeds
 | * Skin Issues
 | ***Other: (List Below)*** |
| * Parasites
 | * Snoring
 |  |
| * Parkinson’s Disease
 | * Sore Throat
 |
| * Perspiration
 | * Stomach
 |
| * PMS
 | * Stress
 |
| * Pneumonia
 | * Stroke
 |  |
| * Polyps
 | * Sty
 |
| * Pregnancy
 | * Teething
 |
| * Prostate
 | * Tennis Elbow
 |
| * Psoriasis
 | * Tonsillitis
 |  |
| * Rash
 | * Tumors
 |
| * Reproductive
 | * Ulcers
 |

**Self-Test Questionnaire**

|  |  |
| --- | --- |
|  | 1. Do you have vague fears that you cannot explain? |
|  | 2. Do you often find yourself distressed and anxious, but are unable to put your finger on the problem? |
|  | 3. Do you wake with a sense of apprehension and foreboding, feeling that something bad may happen, but don’t know what it may be? |
|  | 4. Do you have specific fears you can identify and would like to overcome? |
|  | 5. Are you shy and easily frightened by particular circumstances and things? |
|  | 6. When faced with situations or things that frighten you, do you become nervus and too paralyzed to act? |
|  | 7. Do you fear losing control of your mind or body? |
|  | 8. Are you compulsive, or have impulses to do things you know are wrong but have difficulty controlling? |
|  | 9. Do you fear losing control and hurting yourself or others? |
|  | 10. Do you worry over the health and safety of your friends and family? |
|  | 11. Do you fear that something may happen to those close to you? |
|  | 12. Do you over-concern and worry for others cause you considerable distress? |
|  | 13. Do you suffer from extreme terror? |
|  | 14. Do you tend to panic and become hysterical? |
|  | 15. Are you troubled by nightmares? |
|  | 16. Do you lack confidence in your ability to judge things on our own and make decisions? |
|  | 17. Do you find yourself asking other people’s advice, even when you know what you want? |
|  | 18. After taking advice from others, do you find yourself confused by the choices, constantly changing your direction according to the latest recommendations? |
|  | 19. Do you suffer from indecision, uncertainty or hesitancy? |
|  | 20. Do you have difficulty choosing between one thing and another? |
|  | 21. Do you experience extreme mood swings, or have difficulty in keeping your balance? |
|  | 22. Are you dissatisfied with your current position in life, feeling that life is passing you by? |
|  | 23. Have you tried many different jobs but nothing seems to bring satisfaction?  |
|  | 24. Would you like to find a new career or change your old one, but have difficulty deciding what you should be doing? |
|  | 25. Do you lack confidence? |
|  | 26. Do you not try things for fear of failing? |
|  | 27. Do you feel inferior, and that others are more capable and qualified than you? |
|  | 28. On rising in the morning, do you find yourself tired, not wanting to work? |
|  | 29. Do you feel some part of you needs to be strengthened before you can tackle your job? |
|  | 30. Do you find once you’ve started working your tiredness is forgotten, and you’re able to complete your task? |
|  | 31. Are you absentminded, or does your attention easily wander, making it difficult to concentrate? |
|  | 32. Do you find you have little interest in present circumstances, often daydreaming, wishing you were somewhere else? |
|  | 33. Do you find yourself dozing off frequently, regardless of where you are? |
|  | 34. Do you find you are caught between living in the present and dwelling on memories of the past? |
|  | 35. Are there things you would like to have done with your life but never had the opportunity to do? |
|  | 36. Do you find yourself reminiscing about the good old days, wishing you were able to live your life over again? |
|  | 37. Do you find you are indifferent and apathetic toward life? |
|  | 38. Are you resigned to your current circumstances, making little effort to improve things or find joy? |
|  | 39. Do you feel you’ve given up and don’t care one way or another what happens? |
|  | 40. Are you troubled by persistent unwanted thoughts? |
|  | 41. Do you worry or have mental arguments which circle around in your mind? |
|  | 42. Do you have difficulty sleeping due to mental chatter and worries? |
|  | 43. Do you find you don’t learn from past experiences, repeating the same mistakes or pattern of behavior? |
|  | 44. Due to lack of observation, do you find it necessary to go over things already done? |
|  | 45. Is there a situation or condition continually reoccurring in your life, which you would like to overcome? |
|  | 46. Are you now going through, or have you recently gone through an illness or personal ordeal, which left you physically and mentally drained? |
|  | 47. Do you tire easily with no reserve energy to complete your task or enjoy the day? |
|  | 48. Do you feel sapped of strength and vitality, where even the least effort exhausts you? |
|  | 49. Do others find you aloof, prideful, and at times condescending? |
|  | 50. Do you keep to yourself, not wishing to be interfered with or interfere in other people’s affairs? |
|  | 51. Are you self-reliant and prefer spending your time alone? |
|  | 52. Do you find yourself losing patience, becoming tense and irritable with people and things that move to slowly for you? |
|  | 53. Do you do things in a rush, racing from one place or situation to another? |
|  | 54. Do you find you need to work alone, because others can’t keep up with your pace? |
|  | 55. Do you find others avoiding conversation with you because you tend to talk a great deal? |
|  | 56. Do you dislike being alone and seeking the company of anyone willing to listen to your troubles? |
|  | 57. Do you feel the need to steer conversations back to your special interests or problems, and are reluctant to discontinue them even when the listener must leave? |
|  | 58. When worried or in pain, do you tend to conceal it from others, making light of even the trying of circumstances? |
|  | 59. Do you go out of the way to avoid burdening others with your problems, giving into the wishes of others in order to avoid an argument or quarrel? |
|  | 60. When troubled, do you find yourself drinking alcohol or using stimulants or other drugs to assist in keeping up a happy disposition? |
|  | 61. Are you easily imposed on because of your willingness to help others? |
|  | 62. Is it difficult for you to say no when you are asked for help, becoming more of a servant than a willing helper? |
|  | 63. Do you neglect your own needs because you are to busy taking care of other people’s needs? |
|  | 64. Are you involved in a relationship or situation you would like to be free of, but cannot break away from? |
|  | 65. Are you currently in a state of transition or change? |
|  | 66. In the midst of change, do you find that you are having difficulty in letting go of past attachments or in starting new beginnings? |
|  | 67. Are you suspicious and mistrusting of other people’s motives and intentions? |
|  | 68. Do others find you spiteful, envious, jealous or vengeful? |
|  | 69. Do you find yourself lacking compassion or warmth towards others? |
|  | 70. Are you rarely content with your accomplishments, feeling that you could always do a better job? |
|  | 71. Do you blame yourself for other people’s mistakes, feeling that their shortcomings are in some way your fault or responsibility? |
|  | 72. Are you hard on yourself when you fail to live up to the standards or expectations you’ve set for yourself? |
|  | 73. Do you tend to overextend your work commitments? |
|  | 74. Do you find yourself overwhelmed by your work, and despite being capable, feel you have taken on more than you can? |
|  | 75. Do you become despondent when faced with the magnitude of your responsibilities? |
|  | 76. Have there been past traumas or shocks in your life when you may not have completely recovered from? |
|  | 77. Do you feel a past surgery or accident is responsible for your present condition? |
|  | 78. Have you recently, or in the past suffered a personal loss, which you haven’t quite gotten over? |
|  | 79. Do you feel you’ve reached the limits of your endurance, and there’s nothing but annihilation left to face? |
|  | 80. Do you suffer from mental anguish and deep despair? |
|  | 81. Do you feel that the burden of life is more than you can bear? |
|  | 82. Have you lost hope that you will recover from or be helped in overcoming an illness or difficulty? |
|  | 83. Do you feel it is useless to seek further help for your problems? |
|  | 84. Have you given up hope that things will change for the better in some circumstance or situation in your life? |
|  | 85. Do you ever becoming gloomy and depressed for no known reason? |
|  | 86. Does this depression envelop you like a dark cloud, hiding the joy of life? |
|  | 87. Do you find this gloom and depression, for no apparent reason, lifts as suddenly as it comes? |
|  | 88. Are you easily discouraged when things don’t go your way? |
|  | 89. When setting out to accomplish a task, do you become over sensitive to small delays and hindrances, which leads to self-doubt, and at times to depression? |
|  | 90. Is it hard for you to start over again once you’ve encountered difficulties? |
|  | 91. Are you one who tirelessly struggles on despite opposition and delays?  |
|  | 92. Can you always be depended on to complete what you set out to do, regardless of the challenge? |
|  | 93. Do you tend to throw yourself into your work, neglecting your own needs, as well as the needs of those close to you? |
|  | 94. Through no fault of your own, do you feel that life has been unfair or unjust to you? |
|  | 95. Have you become resentful and bitter towards those who may have treated you poorly? |
|  | 96. Despite all you have done do you feel your best efforts have largely gone disregarded, while others not as deserving as yourself have gained? |
|  | 97. Do you feel unclean or ashamed over an act you should not have committed, or over someone or something having violated you personally? |
|  | 98. Do you find yourself preoccupied with small physical problems such as pimples, small blemishes, or rashes while overlooking more serious conditions? |
|  | 99. Do you feel there is something wrong with, or somethings you would like changed, in your physical appearance?  |
|  | 100. Are you compulsive about cleanliness, even at times to the extreme? |
|  | 101. Are you afraid of becoming, or feel you have already become, contaminated and need to be cleansed?  |
|  | 102. Are you possessive of those close to you and feel you know what’s best for them, often directing and correcting even small details of their lives? |
|  | 103. Do you feel you are not appreciated by those who care for you? |
|  | 104. Do you find yourself needing the attention and devotion of those you love, feeling it’s their duty to stay in close contact with you? |
|  | 105. When assessing people and situations, do you look for what you can find wrong? |
|  | 106. Do the small habits and idiosyncrasies of others bother you? |
|  | 107. Are you critical and intolerant of those who don’t measure up to your standards or expectations?  |
|  | 108. Do you have strong opinions, which you attempt to convince others are right? |
|  | 109. Are you easily incensed by injustice, arguing for and defending principles that you believe in? |
|  | 110. Are you high strung, at times tense and over enthusiastic, always teaching and philosophizing? |
|  | 111. Do you feel you have a mission in life to conform with or live up to? |
|  | 112. Are you strict in your adherence to a religious or social discipline or in a particular way of living? |
|  | 113. Do you feel it’s important to make an example of yourself by living up to your ideals, so that others may follow? |
|  | 114. Do you tend to take charge in circumstances and situations you are involved with? |
|  | 115. Are you strong willed and expect complete obedience (without question) from those around you?  |
|  | 116. When taken to an extreme, can you become tyrannical and domineering? |