

THE NEVADA CLINIC
3663 Pecos-McLeod
Las Vegas, Nevada 89121

PATIENT: _____ DATE: _____ CHART: _____

CONSTITUTIONAL QUESTIONNAIRE:
MEN/BOYS

(Please answer the following questions as accurately as possible)

FAMILY HISTORY:

Describe your childhood memories of your mother (affectionate, strict, etc.) _____

Describe your childhood memories father (mean, spankings, kind, etc.) _____

How many children were there in your family? _____ Which were you (first, second, etc.)? _____

Did your mother have any difficulties when pregnant with you? _____ with the delivery? _____

Did your mother have any problems (miscarriage, stillborn, etc.) before your birth? _____

As an infant, were you fed by breast? _____ or bottle? _____ ?

Were you an irritable (colicky) baby? _____ or a "good baby" _____ ?

Were you shy (timid) as a child? _____ afraid of strangers? _____ ?

Did you have a fear of: a dark room? _____ being alone? _____ water? _____ ?

Were you emotionally close to: mother? _____ father? _____ both? _____ neither? _____

"In high school, I liked to participate in: sports ___ (list what you played) _____

singing _____ dance _____ cheerleader _____ reading books _____

making things (home econ., workshop) _____ "

Do you like to keep your hands busy (mechanical or wood work, etc.)? _____

Did you act in plays? _____ Did you speak before the class or groups? _____

Were you frightened or nervous, anticipating the event? _____ Did you enjoy performing? _____

"In high school, I had: many friends _____ was a loner _____ was rebellious _____ "

Age you were married: _____ age you had children: _____ divorced (age): _____

How many times have you been married? _____

Describe your first spouse: _____

Why did you divorce? _____

Describe your second spouse _____

Why did you divorce? _____

Describe any other partners or spouses: _____

EATING HABITS:

Even if you don't eat the following foods, which do you crave [++], like [+], or dislike [-]

sweets [] chocolate [] milk [] potatoes [] mustard []
spicy (Mexican) foods [] horse radish [] meats, in general []
fish [] butter or fats [] salt [] ice cream [] ice []
eggs [] sour pickles [] oranges [] tomatoes []

List other foods that you crave: _____

List other foods you dislike: _____

How do you like your eggs cooked?

hard: boiled _____ fried _____ scrambled _____

soft: scrambled _____ poached _____ "over easy" _____

boiled _____ yolk runny _____ white runny _____

Is your mouth often dry? _____ Are you thirsty during the day? _____ night? _____

Do you like acid drinks (soft drinks)? _____ fruit juices? _____ water? _____

Do you like your drinks: cold? _____ ice cold? _____ hot? _____ room temperature? _____

Do you drink liquids slowly? _____ in gulps, rapidly? _____ small sips? _____

Do you eat your food hurriedly? _____ Does time pass too slowly? _____ too fast? _____

Do you become anxious, anticipating an upcoming appointment (dentist, lawyer, etc.)? _____

Are you usually late? _____ If so, how do you feel? _____

BOWEL HABITS:

Are you frequently constipated? _____ Are you comfortable, even if constipated? _____

Do you have diarrhea? _____ How many bowel movements in 24 hours? _____

Are you driven from bed with the urge to have a bowel movement upon awakening? _____

Do you have a bowel movement after each meal? _____

Do you have "loose bowels" when nervous (before an exam, speech, or test)? _____

Are you bothered when clothing touches or presses against your neck? _____

Do you have difficulty swallowing liquids? _____ solids? _____

Do you become "gassy" or develop abdominal distension? _____

Can you get relief by belching? _____ by passing gas? _____

SLEEP:

What time do you retire to bed? _____ What time do you fall asleep? _____

Do you have difficulty falling asleep? _____ Do you have difficulty returning to sleep? _____

Do you urinate frequently at night? _____ How many times? _____

Do you have pain or difficulty urinating? _____

In what position do you sleep? right side _____ left side _____ stomach _____ back _____
 In which position do you find it impossible to sleep? _____
 Do you get hot (warm) at night? _____ kick your feet out from beneath the covers? _____
 Do you get cold at night? _____ keep the covers tucked up about your neck? _____
 How do you prefer to be dressed for bed? _____
 Can you sleep with your arm exposed on top of the covers? _____
 How do you like the room you sleep in: cool? _____ or warm? _____
 Do you sweat during the night? _____ If so, what body parts become wet? _____
 Are you restless, always changing body position? _____
 Do you ailments (physical or emotional) get worse at night? _____
 Does your mind seem to race with thoughts, preventing sleep? _____
 Describe dreams you had as a child: _____

Describe dreams you have had lately: _____

“When I awake in the morning, I feel... _____”

Are your feet sore when you stand on them in the morning? _____
 Does eating food make you feel better in the morning? _____
 Do you awaken feeling worse than when you went to sleep? _____

SOCIAL ACTIVITIES:

Do you like to browse or "window shop" just for the fun of it without buying anything? _____
 Do you become impatient when standing in long lines in stores (cafeteria, grocery)? _____
 Do you enjoy giving things away? _____ Do you collect specific things (hobby)? _____
 What kinds of things do you collect (list)? _____
 Do you consider yourself a "pack rat", prone to save all kinds of things? _____
 Do you use any of the following: coffee? _____ alcohol? _____ tea? _____ tobacco? _____
 Do you enjoy being: outdoors? _____ in the direct sun? _____ indoors (cool)? _____ (warm)? _____
 Do you dislike being in a crowd of people? _____ Are you afraid of small spaces? _____
 Are you afraid of heights? _____ Do heights make you dizzy? _____
 Do you ever get the thought or urge to "jump" while standing on high places? _____
 Do you like being at the beach? _____ in the mountains? _____
 Do you like to travel to different places? _____ by car? _____ by plane? _____
 If you could travel anywhere and do anything you desired for one month, where would you go and what would you do? _____
 Do you like to read? _____ If so, what type of books or magazines? _____

Are you indifferent towards your family members? _____ Why? _____

“I feel like a social leper; no one likes me; I feel like an outcast!” (yes) _____ (no) _____

Why? (if you answered “yes”) _____

PERSONAL LIKES AND DISLIKES:

Do you like animals? _____ List your favorites (birds, animals, reptiles, fish): _____

Are you afraid of dogs? _____ Why? _____

Do you prefer the companionship of animals more than being with people? _____

Do you keep you room neat and tidy? _____ Does being disorganized bother you? _____

Would you say that you are fastidious? _____

Can you throw your clothes on the chair and go to bed? _____

Can you leave your house, knowing dirty dishes have been left in the sink? _____

Do you like: hot showers? _____ hot tub baths? _____ cool showers? _____ cool tub baths? _____

How much time (est. # minutes) do you spend in the shower? _____

Do you fill the tub with water? _____ Does your skin itch after a bath? _____

Describe the "dream house" you would like to build _____

What time do you feel the best, have the most energy and think the clearest? _____

What time do you begin to feel worse (physically or mentally)? _____

Do you sympathize with unknown persons when you read sad stories about them? _____

Are you unusually sensitive (site of blood, an ugly face)? _____

Are you bothered by scary movies or unpleasant news on TV? _____

What kind of shows or programs do you like to watch? _____

What TV events do you refuse to watch? _____

Do you care what others say or think about you? _____

Is it important to you that others have a good opinion of you? _____

A friend plans to visit you in an hour: do you hurry to clean the house? _____

“My favorite colors are _____ . I dislike (colors) _____ ”

When you lose control and vent your anger in the presence of others, do you:

feel relieved or better? _____ relieved, but apologetic later? _____ depressed? _____

upset at your actions? _____ very upset and apologetic? _____ guilty ? _____

Do you prefer to keep your feelings to yourself and not express them? _____

Do you remember injustices a long time, but keep your thoughts to yourself? _____

"I'm calm most of the time, but I explode angrily at times." (yes) _____ (no) _____

Do you prefer to: do things with another person? _____ do things on your own? _____

When you become ill, do you: prefer to be left alone? _____ desire company? _____

When sad, does consolation from another person make you feel better? _____ worse? _____

Do you have difficulty making decisions (choose from a cafe menu)? _____

Do you feel better when you are in motion (dancing, walking, jogging, exercising)? _____

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