

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

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_ CHART: \_\_\_\_\_

**CONSTITUTIONAL QUESTIONNAIRE**  
**WOMEN/GIRLS**

(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 of your 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? \_\_\_\_\_

(Women) "My menses began at age \_\_\_\_\_ years, were (regular) \_\_\_\_\_ (irregular) \_\_\_\_\_"

(Women) "My menses were: okay \_\_\_\_\_ moderately painful \_\_\_\_\_ severely painful \_\_\_\_\_"

"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

(cross-stitch, crochet, 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): \_\_\_\_\_ widowed: \_\_\_\_\_

How many times have you been married? \_\_\_\_\_ (Women) # of pregnancies \_\_\_\_\_

deliveries \_\_\_\_\_ abortions/miscarriages \_\_\_\_\_

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? \_\_\_\_\_ Is the gas foul-smelling? \_\_\_\_\_

### **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 difficult urination? \_\_\_\_\_

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 family members? \_\_\_\_\_ Who? \_\_\_\_\_ Why? \_\_\_\_\_

"I feel like a social leper; no one likes me; I feel like an outcast!" (yes) \_\_\_\_\_ (no) \_\_\_\_\_

## PERSONAL LIKES AND DISLIKES:

Do you like animals? \_\_\_\_ List your favorites (birds, animals, reptiles, fish, etc.): \_\_\_\_\_  
\_\_\_\_ Are you afraid of dogs? \_\_\_\_ Why? \_\_\_\_\_  
Do you prefer the companionship of animals more than being with people? \_\_\_\_\_  
Do you keep your 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 home, knowing that dirty dishes remain 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 your "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)? \_\_\_\_\_  
Do you like music? \_\_\_\_ Do you play, or have you ever played, a musical instrument? \_\_\_\_\_  
What kind of instrument(s) did you play? \_\_\_\_\_  
Do you like to dance? \_\_\_\_ What kind of music do you like to dance to? \_\_\_\_\_  
Do thunderstorms frighten you? \_\_\_\_ Do you like thunderstorms? \_\_\_\_\_  
Do you enjoy outdoor experiences: camping, walking along trails, etc.: \_\_\_\_\_  
Are your symptoms (mental or physical) worse before or when a storm approaches? \_\_\_\_\_  
Does cold/damp weather make you feel worse? \_\_\_\_ cloudy/rainy weather depress you? \_\_\_\_\_

Have you had frequent infections of the throat or glands in your throat? \_\_\_\_\_

Have you ever had any type of itching rash of the skin (eczema) in the past? \_\_\_\_\_

Have you had any surgery? breasts? \_\_\_\_\_ uterus? \_\_\_\_\_ ovaries? \_\_\_\_\_ bladder? \_\_\_\_\_  
 hysterectomy? \_\_\_\_\_ rectal? \_\_\_\_\_ prostate? \_\_\_\_\_ nose? \_\_\_\_\_ hernia? \_\_\_\_\_  
 appendix? \_\_\_\_\_ heart? \_\_\_\_\_ tonsils? \_\_\_\_\_ cosmetic? \_\_\_\_\_ C-section? \_\_\_\_\_  
 Joints? \_\_\_\_\_ eyes? \_\_\_\_\_ other? \_\_\_\_\_

Do you have any other scars of any kind? \_\_\_\_\_ Where (list)? \_\_\_\_\_

Have you ever had a blow to the head or a concussion? \_\_\_\_\_

List any prescription drugs you now take: \_\_\_\_\_

Have you ever used any drug(s) or alcohol? \_\_\_\_\_ What kinds? \_\_\_\_\_

How long ago? \_\_\_\_\_

Have you ever been physically assaulted or abused, sexually or otherwise? \_\_\_\_\_

Have you ever had thoughts of suicide? \_\_\_\_\_

Would you describe yourself as a religious person? \_\_\_\_\_ or as a spiritual person? \_\_\_\_\_

Are you currently sexually active? \_\_\_\_\_

Are you Heterosexual? \_\_\_\_\_ Homosexual? \_\_\_\_\_ Bisexual? \_\_\_\_\_

(Women) When pregnant, did you develop brown spots on your face? \_\_\_\_\_

Which of the following best describes your feelings about the sexual part of life:  
 enjoy \_\_\_\_\_ dislike \_\_\_\_\_ indifferent (don't care) \_\_\_\_\_

Do you wish to discuss any problems of a sexual nature with the doctor or assistant in private? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ “Doctor, the  
 main reason I came to see you, and the thing that concerns me the most is..... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**“EVER SINCE...”**

Describe what happened just prior to your illness (surgery, viral or other infection, accidents, emotional upsets, deaths, etc.). “Ever since my mother died....” (continue on the back of this page, if necessary)

**Continued from Page 5**