

## Tips for using the personal Survey

By clicking on the **Personal survey** logo you have automatically downloaded this document to your computer desktop.

1. Print it on your printer.
2. Fill it manually.
3. Scan it in **PDF format** and in **200 dpi only**. Failure to follow this procedure may occur problem during the uploading.
4. Save it under a comprehensible identity (your first and last names for example) on your computer desktop.
5. On the **Your consultation page**, section **Uploading forms**, yield as follows:
  - Fill in the **Name (required)**, **Email (required)** boxes;
  - click on the Browse box in the corresponding line and click again on your file which is on your computer's desktop (see § 5);
  - click on the **To Send** box.

*Your personal survey appears on the next page.*

NAMES - SURNAMES: .....

Date, place and time of birth (the hour of birth can be supplied by your local city hall)

ADDRESS: .....

PRIVATE PHONE NUMBER: ..... PRO: ..... MOBILE: .....

PROFESSION: ..... You come on behalf of: .....

E-MAIL ADDRESS: .....

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1<sup>st</sup> R.V. the: .....

USUAL  
WEIGHT:

SIZE:

BLOOD PRESSURE  
(Voltage):

RIGHT-HANDED PERSON / LEFT-  
HANDED / ANNOYED LEFT-HD

BLOOD GROUP:  
RHESUS:

Mark **in red** your symptoms, even past or occasional ones, then underline or highlight the most important ones. You can cross off, write and comment on this document.

## A - UPPER PART OF THE BODY

### HAIR

- 1 ☐ dry                      2 ☐ greasy  
3 ☐ loss                    4 ☐ dandruff  
5 ☐ split ends  
6 ☐ bad looking, shapeless

### SCALP

- 7 ☐ itchy                      8 ☐ breakouts  
9 ☐ scars                    10 ☐ scabs  
11 ☐ greasy                12 ☐ dry

### EARS

- 13 ☐ pain or discomfort  
14 ☐ runny 15 ☐ eruptions 16 ☐ clogged ears  
17 ☐ deafness              18 ☐ buzzing noise  
19 ☐ a) whistling noise    b) hearing aids  
20 ☐ itching  
21 ☐ noise sensitivity  
22 ☐ chronic ear infections

### NOSE

- 23 ☐ bleeding                24 ☐ dryness  
25 ☐ runny nose  
26 ☐ inside the nose      27 ☐ outside the nose  
28 ☐ irritant                29 ☐ non irritant  
30 ☐ acute sense of smell 31 ☐ not enough  
32 ☐ sneezes  
33 ☐ scabs  
34 ☐ breakouts              35 ☐ polyps  
36 ☐ nasal septum deviation  
37 ☐ stuffed up nose      38 ☐ scars

### MOUTH

- 39 ☐ painful                    40 ☐ dry  
41 ☐ bitter                    42 ☐ acidic  
43 ☐ warm                    44 ☐ salty  
45 ☐ lack of saliva        46 ☐ excess of saliva  
47 ☐ bad breath            48 ☐ mouth ulcers  
49 ☐ drooling during the day / the night  
50 ☐ sand sensation / dehydrated mouth  
51 ☐ metallic taste        52 ☐ loss of taste  
53 ☐ particular taste in the mouth  
54 ☐ mucous disorder

### TONGUE

- 55 ☐ pain or discomfort  
56 ☐ heavy                    57 ☐ stiff  
58 ☐ spasms  
59 ☐ tongue biting  
60 ☐ dry                      61 ☐ swollen  
62 ☐ chapped                63 ☐ scars  
64 ☐ ulcers

### CHEEKS

- 65 ☐ pain or discomfort  
66 ☐ do you bite your cheeks?  
67 ☐ mucous disorder

### TEETH

- 68 ☐ pain or discomfort  
69 ☐ teeth getting loose 57 ☐ friable  
71 ☐ loose teeth            61 ☐ loss  
73 ☐ root canal treatment  
74 ☐ numerous caries  
75 ☐ sensitive to cold and to heat  
76 ☐ sensitive to cold / hot  
77 ☐ do you grind?        78 ☐ excess of tartar  
79 ☐ implants  
80 ☐ prothesis              81 ☐ amalgam(s)  
82 ☐ crown(s)                83 ☐ braces

### GUMS

- 84 ☐ pain or discomfort  
85 ☐ detachment        86 ☐ inflammation  
87 ☐ easy bleeding  
88 ☐ pyorrhea or receding of gums  
89 ☐ ulcers

### LIPS

- 90 ☐ dry                        91 ☐ chapped  
92 ☐ buttons pushins    93 ☐ cracked  
94 ☐ do you bite your lips?

### EYES (without glasses or lenses)

- 95 ☐ pain or discomfort  
96 ☐ bulgin eyes            97 ☐ red  
98 ☐ excess of tears      99 ☐ itchy

- 100 ☐ poor far vision  
101 ☐ poor close vision  
102 ☐ presbyopia    103 ☐ myopia  
104 ☐ astigmatism  
105 ☐ sensitive to bright light  
106 ☐ difficulty in seeing at night  
107 ☐ in distinguishing colors  
108 ☐ do you see bright colors?  
109 ☐ do you see stars?  
110 ☐ do you see floating dots?  
111 ☐ frequents blinking  
112 ☐ cannot open or close the eyes  
113 ☐ chronic conjunctivitis  
114 ☐ eyelash disorder  
115 ☐ eyebrow disorder  
116 ☐ swollen eyelids  
117 ☐ styes  
118 ☐ retina disorders  
119 ☐ glasses or lens  
120 ☐ history of glaucoma  
121 ☐ history of surgery

### FACE-HEAD

- 122 ☐ swollen face  
123 ☐ hot flushes  
124 ☐ empty head sensation  
125 ☐ heavy head    126 ☐ dizziness  
127 ☐ skin face problems  
128 ☐ bags under the eyes  
129 ☐ facial neuralgia  
130 ☐ facial paralysis / Bell's palsy  
131 ☐ sinusitis  
132 ☐ problem in the chin  
133 ☐ headache    134 ☐ chronic headache  
135 ☐ facial hair disorders  
136 ☐ jaw problems  
137 ☐ dental articulation problems  
138 ☐ blush easily  
139 ☐ acne rosacea    140 ☐ paleness  
141 ☐ scars

## B - SPINE

- 1 ☐ pain or discomfort  
2 ☐ shifting                    3 ☐ localised  
4 ☐ at night                    5 ☐ during the day  
6 ☐ cold                        7 ☐ warm  
8 ☐ spasms/stiffness    9 ☐ laxity

- 10 ☐ at rest                    11 ☐ during an effort  
cannot:  
12 ☐ bend forward  
13 ☐ ben backwards    14 ☐ sideways  
15 ☐ remain seated

- 16 ☐ remain standing up for an extended time  
17 ☐ turn around    18 ☐ get up  
19 ☐ bayonet posture  
20 ☐ fall or injuries / accident  
21 ☐ pain in the coccyx

**THIS QUESTIONNAIRE IS GUARANTEED STRICTLY CONFIDENTIAL**

## C - CERVICAL AND CEPHALIC AREAS

### THROAT, LARYNX, PHARYNX

- 1 ☐ pain or discomfort
- 2 ☐ swollen
- 3 ☐ tight
- 4 ☐ dry
- 5 ☐ warm
- 6 ☐ «frog in the throat »
- 7 ☐ spasms
- 8 ☐ larynx disorder
- 9 ☐ angina pectoris
- 10 ☐ difficulty in swallowing
- 11 ☐ choke often
- 12 ☐ can't stand rollnecks
- 13 ☐ hoarseness
- 14 ☐ loss of voice
- 15 ☐ anxiety in the throat ?
- 16 ☐ trembling voice
- 17 ☐ pain or discomfort while talking
- 18 ☐ frequent throat clearing

### NECK

- 19 ☐ pain or discomfort
- 20 ☐ cannot turn the head round
- 21 ☐ stiff neck
- 22 ☐ frequent cricks in the neck
- 23 ☐ cracking sounds
- 24 ☐ ganglions
- 25 ☐ swollen neck
- 26 ☐ injuries or accident

### THORAX

#### pain or discomfort in:

- 27 ☐ the rib / thoracic cage
- 28 ☐ the shoulder-blades area
- 29 ☐ the collar-bones area
- 30 ☐ oppression or cramps
- 31 ☐ discomfort in the armpit area
- 32 ☐ oppressed breathing
- difficulties:
- 33 ☐ with exhalation
- 34 ☐ with inhalation
- 35 ☐ abnormal sounds when breathing
- 36 ☐ frequent yawning

#### crises:

- 37 ☐ hiccup attacks
- 38 ☐ sigh attacks
- 39 ☐ palpitations
- 40 ☐ arrhythmia
- 41 ☐ at rest
- 42 ☐ during an effort

### CHEST

- 43 ☐ pain or discomfort
- 44 ☐ oppressed
- 45 ☐ pain across the chest
- 46 ☐ burning sensation
- 47 ☐ heat
- 48 ☐ cold
- 49 ☐ tickling sensation
- 50 ☐ pricking pain
- 51 ☐ stabbing pain in the heart area
- 52 ☐ can't stand being oppressed at the chest
- 53 ☐ lump in the chest
- 54 ☐ out of breath at rest
- 55 ☐ out of breath during an effort

### COUGH

- 56 ☐ coughing fits
- 57 ☐ in the morning
- 58 ☐ at night
- 59 ☐ dry
- 60 ☐ loose
- 61 ☐ chronic
- 62 ☐ occasional
- 63 ☐ do you spit a lot ?
- 64 ☐ in cold weather
- 65 ☐ in warm weather
- 66 ☐ after a meal
- 67 ☐ during an effort
- 68 ☐ humid conditions
- 69 ☐ windy conditions
- 70 ☐ at rest
- 71 ☐ during an effort
- 72 ☐ when lying down
- 73 ☐ when you change position or when the temperature fluctuates

### SPITS

- 74 ☐ sticky
- 75 ☐ watery
- 76 ☐ light-coloured
- 77 ☐ coloured
- 78 ☐ bloody
- 79 ☐ difficulty in expectoration
- 80 ☐ in the morning
- 81 ☐ during the day

### KNOWN DISEASES

- 82 ☐ lungs
- 83 ☐ ribs
- 84 ☐ bronchia
- 85 ☐ pericardium
- 86 ☐ pharynx
- 87 ☐ larynx
- 88 ☐ heart
- 89 ☐ pleura
- 90 ☐ thoracic arteries
- 91 ☐ others

## D - ABDOMEN AND PELVIS

### KNOWN DISEASES

- 1 ☐ stomach
- 2 ☐ liver
- 3 ☐ gall-bladder
- 4 ☐ spleen
- 5 ☐ pancreas
- 6 ☐ colon
- 7 ☐ small intestine
- 8 ☐ anus
- 9 ☐ kidneys
- 10 ☐ bladder
- 11 ☐ renal colics
- 12 ☐ other diseases of the abdomen and the diaphragm

### ABDOMEN AND STOMACH AREA

- 13 ☐ painful skin
- 14 ☐ itchy skin
- 15 ☐ hernia of the muscle wall

- 16 ☐ cramps
- 17 ☐ scars
- 18 ☐ pain or discomfort
- 19 ☐ spasms
- 20 ☐ heaviness
- 21 ☐ burning sensation
- 22 ☐ miscellaneous pain
- 23 ☐ pain in the lower abdomen
- 24 ☐ abdominal bloating
- 25 ☐ frequent acid or bitter attacks
- 26 ☐ do you have acid air reflux ?
- 27 ☐ history of hiatal hernia

### PAIN

#### discomfort, swelling:

- 28 ☐ on the sides
- 29 ☐ in the groin

- 31 ☐ in the umbilical region

### ANUS AND PERINEUM

- 32 ☐ pain or discomfort
- 33 ☐ haemorrhoids
- 34 ☐ cold
- 35 ☐ warm
- 36 ☐ dryness
- 37 ☐ itching sensation
- 38 ☐ chapped skin
- 39 ☐ fistulas
- 40 ☐ prolapse
- 41 ☐ burning sensation
- 42 ☐ discharges
- 43 ☐ heaviness
- 44 ☐ mistaken urge to go to the toilet

## E - UPPER LIMBS

### SHOULDERS

- 1 ☐ pain or discomfort, calcification
- 2 ☐ at night
- 3 ☐ during the day
- 4 ☐ cold sensation
- 5 ☐ warm sensation
- 6 ☐ stiffness
- 7 ☐ blocking
- 8 ☐ swelling
- 9 ☐ luxation

### ARMS

- 10 ☐ pain or discomfort
- 11 ☐ tight sensation
- 12 ☐ spasm

### ELBOWS

- 13 ☐ pain or discomfort
- 14 ☐ cold
- 15 ☐ heat
- 16 ☐ stiffness
- 17 ☐ blocking
- 18 ☐ eruptions
- 19 ☐ itches
- 20 ☐ slackening
- 21 ☐ spasm

### FOREARMS

- 22 ☐ pain or discomfort
- 23 ☐ numbness

### WRISTS

- 24 ☐ pain or discomfort
- 25 ☐ cold sensation
- 26 ☐ warm sensation
- 27 ☐ stiffness
- 28 ☐ outbreak
- 29 ☐ deformation
- 30 ☐ cysts

### HANDS

- 31 ☐ pain or discomfort
- 32 ☐ stiffness
- 33 ☐ warm palms
- 34 ☐ moist hands
- 35 ☐ deformation
- 36 ☐ scabs

### EXTREMITIES

- 37 ☐ stiff
- 38 ☐ cold
- 39 ☐ red
- 40 ☐ pale

- 41 ☐ painful
- 42 ☐ deformation
- 43 ☐ swollen
- 44 ☐ burning sensation
- 45 ☐ do you bite your nails ?
- 46 ☐ do you eat the skin around the nails
- 47 ☐ nail disorder
- 48 ☐ marks on nails

### THE WHOLE MEMBER

- 49 ☐ loss of the tactile sense
- 50 ☐ muscle spam
- 51 ☐ tingling sensations
- 52 ☐ numbness
- 53 ☐ paralysis
- 54 ☐ cracks
- 55 ☐ fractures
- 56 ☐ cracking joints
- 57 ☐ swelling
- 58 ☐ œdema
- 59 ☐ scars
- 60 ☐ neuralgias
- 61 ☐ history of surgery

## F - LOWER LIMBS

### PUBIS - PELVIS

- 1 ☐ pain or discomfort  
2 ☐ fracture

### BUTTOCKS

- 3 ☐ pain or discomfort  
4 ☐ cold 5 ☐ spasm

### HIPS

- 6 ☐ pain or discomfort  
7 ☐ during an effort 8 ☐ at rest  
9 ☐ limitation of movement  
10 ☐ stiffness 11 ☐ burning sensation  
12 ☐ history of dislocation  
13 ☐ prosthesis

### THIGHS

- 14 ☐ pain or discomfort  
15 ☐ cramps 16 ☐ cold  
17 ☐ cellulitis

### KNEES

- 18 ☐ pain or discomfort  
19 ☐ during an effort 20 ☐ at rest

- 21 ☐ stiffness 22 ☐ limitation  
23 ☐ cold 24 ☐ warm  
25 ☐ unstable 26 ☐ swelling  
27 ☐ pain in popliteal hollow  
28 ☐ blocking 29 ☐ prosthesis  
30 ☐ ligaments and disorder

### LEGS AND CALF OF LEGS

- 31 ☐ pain or discomfort  
32 ☐ cramps 33 ☐ swelling  
34 ☐ atrophy

### ANKLES

- 35 ☐ pain or discomfort  
36 ☐ swelling  
37 ☐ frequent ankle twist  
38 ☐ unstable 39 ☐ squeezing pressure

### FEET

- 40 ☐ pain or discomfort  
41 ☐ warm feet 42 ☐ painful  
43 ☐ pain in the heels

- 44 ☐ cold feet 45 ☐ warm sole  
46 ☐ mycosis/athlete's foot 47 ☐ corns  
48 ☐ wears inner soles  
49 ☐ nails problems  
50 ☐ cramps 51 ☐ red colour  
52 ☐ pain in the toes  
53 ☐ swollen feet  
54 ☐ pain in the big toe  
55 ☐ abnormal perspiration

### LOWER LIMB IN GENERAL

- 56 ☐ paralysis 57 ☐ atrophy  
58 ☐ spasms 59 ☐ no strength  
60 ☐ pricking sensation 61 ☐ slackening  
62 ☐ numbness 63 ☐ cramps  
64 ☐ veins 65 ☐ varicosity  
66 ☐ fractures 67 ☐ cracking  
68 ☐ pain in the joints  
69 ☐ pain in the legs  
70 ☐ nervous tics at night  
71 ☐ scars 72 ☐ neuralgias  
73 ☐ history of surgery

## G - EVALUATION OF THE METABOLISM AND IN GENERAL

### EATING HABITS

- 1 ☐ fast eater  
2 ☐ slow digestion  
3 ☐ always thirsty 4 ☐ never thirsty  
5 ☐ cold drinks craving  
6 ☐ do you crave hot drinks?  
7 ☐ never hungry 8 ☐ always starving  
9 ☐ do not want to eat  
10 ☐ good appetite  
11 ☐ tendency to put on weight  
12 ☐ difficulty to put on weight  
cannot stand  
13 ☐ raw vegetables 14 ☐ dairy products  
15 ☐ acidic foods 16 ☐ piquant foods  
17 ☐ bloody meat  
18 ☐ starchy foods 19 ☐ others.....

- 20 ☐ feels less good right after meals  
21 ☐ feels less good long after meals  
22 ☐ vomiting 23 ☐ nausea

### tendencies for:

- 24 ☐ alcohol 25 ☐ smoking

### URINES

- 26 ☐ frequently 27 ☐ rarely  
28 ☐ less abundant 29 ☐ abundant  
30 ☐ painful 31 ☐ burning  
32 ☐ light colored 33 ☐ troubled  
34 ☐ rather dark colour 35 ☐ red  
36 ☐ with sugar 37 ☐ albumine  
38 ☐ uncontrollable loss  
39 ☐ only drops  
40 ☐ need to rush to urinate  
41 ☐ abnormal flow  
42 ☐ do you get up at night to urinate?  
43 ☐ history of enuresis  
44 ☐ urine jet flow weak

### STOOLS

- 45 ☐ include traces of medicaments  
46 ☐ frequent 47 ☐ rare  
48 ☐ dry stools 49 ☐ soft  
50 ☐ loose 51 ☐ not formed  
52 ☐ painful 53 ☐ non digested  
54 ☐ light colored 55 ☐ dark colored  
56 ☐ diarrhea

- 57 ☐ constipation without the urge to defecate  
58 ☐ constipation with the urge to defecate  
59 ☐ alternation diarrhoea-constipation

### SWELLING AND DISTENSION

- 60 ☐ related to your period  
61 ☐ occasional 62 ☐ permanent  
63 ☐ after the meals  
64 ☐ when annoyed  
65 ☐ with intestinal gurglings  
66 ☐ with wind 67 ☐ with belching

### PERSPIRATION

- 68 ☐ difficult 69 ☐ easy  
70 ☐ during the day 71 ☐ during the night  
72 ☐ hot 73 ☐ cold  
74 ☐ malodorous  
75 ☐ oily 76 ☐ acidic  
77 ☐ effortless  
78 ☐ excessive when active

### SKIN

- 79 ☐ cellulitis 80 ☐ swollen  
81 ☐ warts 82 ☐ breakouts  
83 ☐ outgrowths 84 ☐ flabby  
85 ☐ oily 86 ☐ dry  
87 ☐ warm 88 ☐ cold  
89 ☐ itching 90 ☐ rashes  
91 ☐ cracks 92 ☐ ulcers  
93 ☐ abnormal marks  
94 ☐ acne during your period  
95 ☐ elasticity + wrinkles

### SLEEP TIME

- 96 ☐ impossible 97 ☐ agitated 97bis ☐ light sleep  
98 ☐ difficulty in falling asleep  
99 ☐ wake up at night 100 ☐ nightmares  
101 ☐ abundant dreams  
102 ☐ sleepy after a meal  
103 ☐ tendency to nap during the day  
104 ☐ do you need a lot of sleep?  
105 ☐ difficulty to wake up  
106 ☐ do you snore?  
107 ☐ like sleeping on the stomach  
108 ☐ on the sides  
109 ☐ somnambulism

### YOU FEEL BETTER

- 110 ☐ in the morning 111 ☐ at noon  
112 ☐ in the afternoon 113 ☐ in the evening  
114 ☐ when you remain quiet  
115 ☐ when you are active and work out  
116 ☐ when you lie down  
117 ☐ when you go to bed after a meal  
118 ☐ after having been to the toilet

### DO YOU HAVE A TENDENCY

- 119 ☐ to be easily breathless  
120 ☐ to have tremors  
121 ☐ to shiver 122 ☐ to have fever  
123 ☐ to be anaemic  
124 ☐ to suddenly feel exhausted  
125 ☐ to have high blood pressure  
126 ☐ to have drops in blood pressure  
127 ☐ to water retention  
128 ☐ to feel sick  
129 ☐ to have blood tests abnormalities  
130 ☐ to wake up tired  
131 ☐ to faint  
132 ☐ react with alcoholic drinks  
133 ☐ to cry easily  
134 ☐ to heal slowly  
135 ☐ to chronic infections  
136 ☐ to ganglions 137 ☐ to allergies  
138 ☐ to bleedings  
139 ☐ to bruise easily  
140 ☐ to feel pain in the whole body  
141 ☐ to feel slackening in the the joints  
142 ☐ to feel dizzy  
143 ☐ to balance disorders  
144 ☐ to have term memory disorders  
145 ☐ to have long term memory disorders  
146 ☐ do you suffer from a lack of coordination  
147 ☐ to feel warm inside the body  
148 ☐ to feel cold inside the body  
149 ☐ to feel your body heavy  
150 ☐ to feel tired 151 ☐ to have tics  
152 ☐ to have swollen ganglions  
153 ☐ to have allergies  
154 ☐ to expose yourself to the sun  
155 ☐ to have epilepsy 156 ☐ to have convulsions

**SURGERIES**

1. .... 2. ....  
3. .... 4. ....  
5. .... 6. ....

**ARE YOU TAKING ANY MEDICATION ? IF SO LIST BELOW**

1. .... 2. ....  
3. .... 4. ....  
5. .... 6. ....

**H - LOWER BACK, KIDNEYS AREA**

- 1 ☐ pain or discomfort 2 ☐ stiffness 6 ☐ hammering sensation 7 ☐ cold sensation 11 ☐ heavy sensation 12 ☐ swelling sensation  
3 ☐ when active 4 ☐ at rest 8 ☐ burning sensation 9 ☐ rupture sensation 13 ☐ impossibility to lie down on the back  
5 ☐ hammering pain 10 ☐ contracture type

**I - HISTORY OF DISEASES (ONESELF AND RELATIVES)**

- 1 ☐ parent's diseases. 2 ☐ grandparent's diseases. 3 ☐ during childhood 4 ☐ during youth

**J - FOR MEN**

- 1 ☐ married 2 ☐ separated 8 ☐ penis disorders 9 ☐ erection trouble 12 ☐ low sexual drive  
3 ☐ widowed 4 ☐ single 10 ☐ early ejaculation 13 ☐ sterility 14 ☐ others  
5 ☐ cohabitation 6 ☐ homosexual 11 ☐ seminal liquid leak during the night 15 ☐ venereal diseases (STD)  
7 ☐ trouble of the testicles

**K - FOR WOMEN**

- 1 ☐ married 2 ☐ separated  
3 ☐ widowed 4 ☐ single  
5 ☐ cohabitation 6 ☐ homosexual

**PERIODS****(without pill and before menopause)**

- 7 ☐ irregular 9 ☐ uncomfortable  
8 ☐ painful 11 ☐ long duration  
10 ☐ short duration 13 ☐ large amount  
12 ☐ small amount 15 ☐ early arrival  
14 ☐ late 16 ☐ dark red  
17 ☐ with clots 18 ☐ liquid

**PAIN AND DISTENSION / TENDERNESS  
(related to your period)**

- 19 ☐ before 20 ☐ during 21 ☐ after

- 22 ☐ during ovulation 23 ☐ in the breasts  
24 ☐ during intercourse

**VAGINAL DISCHARGE**

- 25 ☐ liquid 26 ☐ thick  
27 ☐ malodorous  
28 ☐ yellow 29 ☐ white

**PROVOKED ABORTION (nbr:.....)****MISCARRIAGE (nbr:.....)****PREGNANCY (nbr:.....)**

- 30 ☐ difficult  
31 ☐ improved general well-being  
32 ☐ deteriorated general well-being

**CHILD BIRTH (nbr:.....)**

- 33 ☐ natural 34 ☐ induced  
35 ☐ epidural 36 ☐ episiotomy

**SUBJECT TO:**

- 37 ☐ frigidity  
38 ☐ lack of sexual desire  
39 ☐ little or no sexual relations

**DISEASES**

- 40 ☐ ovaries 41 ☐ uterus  
42 ☐ fallopian tubes 43 ☐ vagina  
44 ☐ vulva 45 ☐ breasts  
46 ☐ vulva itching  
47 ☐ dates of your first period : .....  
48 ☐ menopause - year : ..... month...  
49 ☐ usual means of contraception : .....  
50 ☐ others : .....  
51 ☐ venereal diseases (STD)

**L - PERSONALITY OR DOMINANT TENDENCY***You can mark several answers. Underline the most important one.***YOU LIKE:**check ☐**YOU DISLIKE:**check ☐

- 1 ☐ spring 2 ☐ summer 3 ☐ winter  
4 ☐ autumn 5 ☐ red  
6 ☐ yellow 7 ☐ white 8 ☐ black  
9 ☐ the sea 10 ☐ mountains  
11 ☐ countryside 12 ☐ the wind  
13 ☐ warmth 14 ☐ the heat 15 ☐ dryness  
16 ☐ the cold 17 ☐ humidity

**WHICH TASTES DO YOU  
PARTICULARLY LIKE:**

- 18 ☐ pungent 19 ☐ sour  
20 ☐ acid 21 ☐ bitter  
22 ☐ sweet 23 ☐ salty  
24 ☐ spicy

**YOU ARE SENSITIVE TO:**

- 25 ☐ seasonal changes  
26 ☐ meteorological influence  
27 ☐ thunder 28 ☐ rain 29 ☐ snow  
30 ☐ electromagnetic influences

**HAVE A TENDENCY:**

- 31 ☐ be sorrowful  
32 ☐ unstable  
33 ☐ worry 34 ☐ be solitary  
35 ☐ live in the past  
36 ☐ be under therapeutic

**ARE YOU ESPECIALLY:**

- 37 ☐ irascible 38 ☐ joyful  
39 ☐ reflective 40 ☐ concerned  
41 ☐ anxious 42 ☐ émotional  
43 ☐ sad 44 ☐ frightened  
45 ☐ easily upset  
46 ☐ selfish 47 ☐ altruist  
48 ☐ dépressive 49 ☐ euphoric  
50 ☐ shy 51 ☐ ashamed  
52 ☐ jealous 53 ☐ irritable  
54 ☐ aggressive 55 ☐ slanderer  
56 ☐ not conformist 57 ☐ imaginative  
58 ☐ indecisive 59 ☐ worried  
60 ☐ lack of will 61 ☐ stubborn  
62 ☐ curious 63 ☐ anxious  
64 ☐ doubtful 65 ☐ patient  
66 ☐ perfectionist 67 ☐ artist  
68 ☐ subject to depressions  
69 ☐ misanthropist 70 ☐ enthusiast  
71 ☐ intuitive 72 ☐ sensual

**HAVE A TENDENCY TO:**

- 73 ☐ seek company  
74 ☐ overestimate yourself  
to be afraid of:  
75 ☐ the future 76 ☐ death or dying  
77 ☐ require lots of attention and care  
78 ☐ be mentally alert, to have high awareness

**DO YOU FEEL:**

- 79 ☐ stressed at work  
80 ☐ always agitated  
81 ☐ you lack self-confidence  
82 ☐ easily agressed  
83 ☐ you lack audacity  
84 ☐ incoherent 85 ☐ feel guilty  
86 ☐ appalled by injustice (shocked)  
87 ☐ you lack social abilities 88 ☐ on nerves  
89 ☐ you lack sociability

**DO YOU HAVE:**

- 90 ☐ memory loss  
91 ☐ difficulty with concentration  
92 ☐ difficulty in developping your ideas  
93 ☐ a tendency to have regrets  
94 ☐ a tendency to feel guilty  
95 ☐ a tendency to complain and to moan  
96 ☐ ideas about suicide  
97 ☐ obsessions or fixed ideas  
98 ☐ tendency to feel lazy  
99 ☐ do you feel frightened by the crowd  
100 ☐ a sensation that time passes too slowly  
101 ☐ do you find it difficult to start new activities  
102 ☐ do you find it difficult to finish current activities  
103 ☐ a tendency to feel a lack of initiative  
104 ☐ a tendency to feel susceptible