

Aromatherapy/Essential Oil Questionnaire

Aromatherapy is a form of alternative medicine that uses essential oils (EOs), and other aromatic compounds from plants for the purpose of affecting a person's mood or health.

Emotional and Psychological Well-Being

Rank yourself from 1-10 (1=do not struggle with, 10=daily struggle)

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|--|---|---|---|---|---|---|---|---|---|---|
| 1. Anger (expressed, verbal or physical) | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 2. Anger (unexpressed or internal) | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 3. Anxiety | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 4. Apathy | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 5. Depression | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 6. Suicidal emotions or tendencies | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 7. Insomnia | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 8. Lethargy (can't get started) | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 9. Digestive trouble | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 10. Fear | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 11. Grief | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 12. Lowered Self-Esteem | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 13. Loss/Death | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 14. Mental stress | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 15. Calming | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 16. Physical pain | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 17. Oversensitivity/Irritability | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 18. Spiritual protection | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 19. Stress (overall) | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

Major Organ and Meridian Emotions

Please answer the following questions yes or no.

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|--|---------------------------|--------------------------|
| a. Would you say that you have a hard time dealing with sadness or possessiveness? | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Would you say that you have been trying too hard or perhaps pretending that you're ok when your really not? | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Do you feel that you may struggle with worrying too much or obsessing (about anything?) | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Do you struggle with anger, resentment, bitterness or frustration on a consistent basis? | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Would you have a tendency to say that you live in fear, or struggle with fear? | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Do you feel that on a day to day basis you have a tendency to struggle with any or all of the emotions mentioned above? | <input type="radio"/> Yes | <input type="radio"/> No |

Physical Symptoms or Ailments

Please fill in the circle if it applies to you within the last 30 days.

- | | | | |
|---|-------------------------------------|--|--|
| <input type="radio"/> Headache | <input type="radio"/> Fatigue | <input type="radio"/> Soreness in Muscles | <input type="radio"/> Chapped Skin |
| <input type="radio"/> Constipation or Loose Bowels | <input type="radio"/> Tendinitis | <input type="radio"/> Nausea | <input type="radio"/> Immunity Problems |
| <input type="radio"/> Stomach upsets or indigestion | <input type="radio"/> Nervousness | <input type="radio"/> Faintness/Dizziness | <input type="radio"/> Respiratory problems |
| <input type="radio"/> Pains in chest or heart | <input type="radio"/> Poor Appetite | <input type="radio"/> Feeling of cold hands and feet | <input type="radio"/> Cellulite |