

Questionnaire (English)

Instructions:

- Please don't neglect any question thinking that it is unimportant. What you seem unimportant could be very important for a homeopath for your remedial selection
- All the information provided would be kept secret. Kindly answer all questions honestly
- PLEASE TYPE IN CAPITALS OR USE BOLD FONT FOR THOSE SYMPTOMS WHICH ARE STRONG OR YOU FEEL AS IMPORTANT.
- Please write NA (not applicable) under questions which don't apply to you.

1. What is your main complaint? (write in detail your all complaints, since when they began, how the disease progressed-slowly or rapidly)

- a) -----
- b) -----
- c) -----
- d) -----

2. What are factors that cause increase or decrease in your complaints (ex. heat, cold, exertion, pressure, touch, sleep, menses, stress, exams etc)

3. Is there any time when your complaints increase or decrease (morning, noon, afternoon, evening, night etc)

4. Is there any relation of your complaints with moon phases (weather they increase or decrease in new-moon and full moon)

5. Was there any major incident in your life after which these complaints started? (Financial loss, death of loved ones, disappointment in love, failure in exams etc)

6. How is your appetite? Can you tolerate hunger? You prefer warm food or cold food?

7. How is your thirst? (How many times in a day you feel thirsty? How much water you drink at a time?)

8. Which is your favorite taste? (sweets, pungent, spicy, sour etc)

9. Any specific food cravings or aversions? (vegetables, onions, fruits, milk, fats, cheese, eggs, chicken etc)

10. How much salt you require? (compared to those around you)

11. How many times in a day you go for stools? How much is time required to pass stools? Do you feel satisfied after passing stools? Any problem before, during or after stools?

12. How are stools (color, odor, hard, soft ,full of mucous/blood etc)

13. Any problem with urine?
14. How is your sweating (weather it is excess or scanty, any specific odor) Any specific part of your body perspires more? Does your sweat stain your clothes? Do you have any problem before or after sweating?
15. How is your sleep? How do you prefer to sleep? (on back or on sides), How do you feel when you wake up in the morning?
16. Any nightmares/ dreams during sleep? Is there salivation or talking or walking or grinding teeth during sleep?
17. How are your energy levels in 24 hours?
18. Which is best and worst time for you in 24 hours?
19. How are your menses? Are they regular? After how many days menses come? How many days discharge is present? How many pads a day? Any specific color or odor of discharge?
20. Any complaints increase before, during or after menses? (ex irritability, white discharge, pain in breasts, backache, pain in abdomen etc)
21. In general, you feel more hot or cold? (tell about your tolerance of heat and cold)
22. Do you prefer open air or closed rooms?
23. How do you feel when you are at hill station and seashore?
24. How many coverings do you require? Your feet are inside or out of covers when you go to sleep?
25. What is the effect of sun on you?
26. Which is your favorite season?
27. Please give some details of your sexual life. (when it began, how is your sexual desire now and how it used to be in past etc)
28. Please tell us something about your nature. (You can tell about yourself - weather you are timid or fearless person, open or closed person, happy go lucky or serious type, anxious, nervous etc)
29. Do you have any specific fears? (like fear of dark / high places / thunderstorm/ being alone /Animals like dog or cat or birds or snakes etc)
30. How much you believe on god?
31. How is your decision making power?
32. You are mostly happy or sad?
33. How is your anger?
34. What is the effect of consolation on you?
35. How is your memory?
36. Anything else that you would like to add...