

FOLLOW-UP HOMEOPATHIC QUESTIONNAIRE

NB. WRITE ANSWERS ON SHEETS OF A4 SIZE PAPER

READ THIS QUESTIONNAIRE VERY CAREFULLY.

THINK THROUGH CAREFULLY FROM HEAD TO TOE, AND WRITE DOWN ALL SYMPTOMS WHICH YOU CAME WITH BEFORE WHICH HAVE IMPROVED OR STAYED THE SAME.

1ST LIST THINGS WHICH HAVE IMPROVED AND PUT A PERCENTAGE NEXT TO THE SYMPTOMS THEN THINGS THAT ARE THE SAME AND FOLLOW THAT WITH ANY NEW SYMPTOMS WHICH YOU ARE NOTICING...

(Start with what you think are the most important. * Include assessment of head and hair and eyes, mouth, nose (eg catarrh, mouth ulcers) etc,

Work down your body - and do a check including heart, lungs, circulation, digestion, bowels, bladder, skin, nails etc

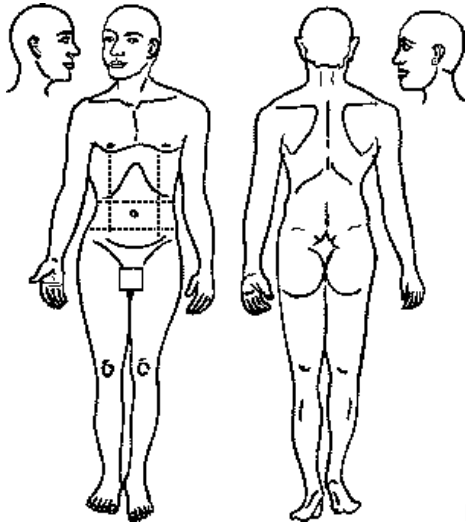
REMEMBER TO INCLUDE ALL PROBLEMS EVEN IF THEY MAY SEEM TRIVIAL TO YOU. SMALL DETAILS OFTEN GUIDE THE HOMOEOPATH TO THE PRESCRIPTION THAT FITS YOUR SYMPTOMS PICTURE BEST.

NOW PLEASE QUALIFY EACH SYMPTOM WITH MODALITIES ie. anything that makes each of your symptoms better or worse:-

Eg. Time of day or night, Temperature, Weather - hot, cold, stormy, damp etc. Locality - seaside etc., Body position, Activity, Lying, Standing, Walking, Concentrating, Emotions, Hot or Cold Bathing, Eating, Certain foods, Alcohol, Menses, etc. etc.

For example - HEADACHES Worse before menses and in mornings Better by rest or by motion.

IF YOU ARE SUDDENLY GETTING NEW SYMPTOMS - Can you relate the onset of any of your symptoms to any particular circumstance?? eg. emotional upset, stress, accident, shock, illness, operation, dietary indiscretion, exposure to cold or heat, vaccination, or any other factor not mentioned. **THINK CAREFULLY ABOUT EVENTS AND FEELINGS YOU WERE HAVING BEFORE THE ONSET OF YOUR PROBLEMS.**



AND PUT IN TEXT TO LIST COMPLAINTS

DRAW LINES POINTING TO PROBLEM AREA

Describe FOODS that you like or dislike LATELY particularly. Foods that you are CRAVING or disliking lately are most important. List them here. eg. Do you like or dislike sweet things, fats, salt, pepper, spices, lemons, pickles, vinegar, ice cream, milk, alcohol?

Mention foods that upset you lately, causing discomfort, headaches, heartburn, or gas . Describe how they affect you.

Do you have gas, bloating, abnormal stools, piles, constipation or diarrhea? Pain or itching in rectum? How is your urination - frequency, odor, colour?

What TIME or times (be specific) of day do you feel a low energy? When is your energy best?

Describe any problem you may have with menstrual cycle including REGULARITY, MOODS headaches, sore breasts, dragging pains, cramping pains etc. Describe where you get pain and what kind of pain. Describe blood (eg. bright or clots) DESCRIBE YOUR MOODS before or during menses. Be as clear as possible in describing moods and feelings.

HOW IS YOUR SLEEP – IF YOU WAKE – WHAT TIME?

**WRITE A DISCRIPTION OF MOODS AND MENTAL AND EMOTIONAL STATE LATELY.
AND WRITE DOWN IN WHAT WAY YOU ARE THINKING NEGATIVELY OR IN WHAT WAY YOUR ATTITUDE IS
NEGATIVE**

**WRITE ABOUT PRESENT CIRCUMSTANCES IN YOUR LIFE, AND CERTAIN PEOPLE OR RELATIONSHIPS THAT
YOU THINK ARE AFFECTING YOU EMOTIONALLY..** [You may note them briefly so that they can be discussed during
the consultation or write in detail if you are sending this questionnaire by mail].

WRITE DOWN ANY DREAMS YOU CAN REMEMBER. They may be past or repeated dreams that you had at any
stage - even during childhood. Recent dreams may also be a source of information about your inner self.

MAKE NOTES OF ANYTHING ELSE WE NEED TO TALK ABOUT.....

THANK YOU FOR YOUR TRUST & PATIENCE