

# HOMEOPATHIC QUESTIONNAIRE

NB. WRITE ANSWERS ON SHEETS OF A4 SIZE PAPER, numbering them same as question no.

Write your name, address and PHONE NUMBERS including EMAIL on top of the page.

Also write your DATE, PLACE & TIME OF BIRTH and what you know about the birth - traumatic or regular.

**HOMEOPATHY TREATS THE WHOLE PERSON.** As a general rule homeopathic medicines that are prescribed which have been 'matched' to mental/emotional state, and/or physical symptoms.

Read up a simple description of how homeopathy was discovered and developed on [www.drDIGBY.co.za](http://www.drDIGBY.co.za)

The Body and mind are ONE INTEGRATED FIELD OF CONSCIOUSNESS. ie. the WHOLE BODY, ITS PARTS AND ORGANS ARE AN EXPRESSION OF A PERSONALITY. Mind and emotions originate and operate more within the body and its organs than the brain!!! The mind, beliefs and emotions affect the vital fluids, hormones, organs, muscles, joints and tissues of the body....

Consider examples of emotional effects on the main vital organs:- anger loss of confidence and depression are often associated with the liver; fear and victim states with kidneys and adrenals, grief or loneliness with lungs, pride issues or over-intensity with the heart etc... This is why, in addition to physical symptoms, a written summary of character and description of mental/emotional state, moods and attitudes are important. Mind and body are like a computer system - past experiences literally 'program' mind and body, creating emotional imprints, 'reactive beliefs', negative attitudes, tension and DIS-EASE. TO SUMMARIZE - YOUR PAST BIOGRAPHY AND PRESENT BIOLOGY ARE CLOSELY LINKED...

**READ THIS QUESTIONNAIRE VERY CAREFULLY.**

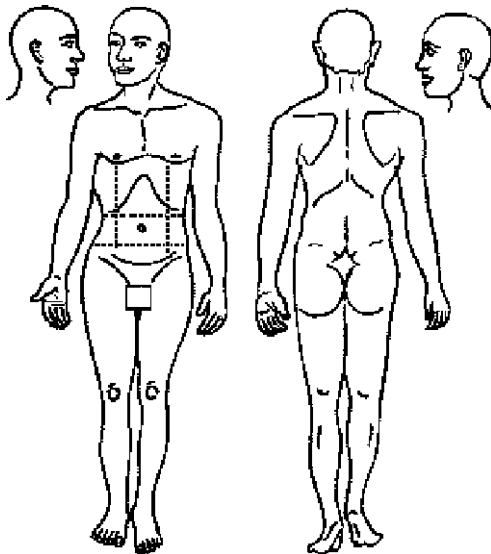
**FIRST MAKE A LIST OF YOUR COMPLAINTS** and describe exactly where on the body the complaint occurs, also describing the pathway that pain follows if it extends over an area of the body.

**THINK THROUGH CAREFULLY FROM HEAD TO TOE, AND WRITE DOWN ALL SYMPTOMS** . Start with what you think are the most important. \* Include assessment of heart, lungs, circulation, digestion, bowels, bladder, mouth, eyes, nose, teeth, gums, skin, nails. (eg. mouth ulcers, herpes, warts, moles) 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:-

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.

**ON THE PICTURE OF THE BODY BELOW, DRAW INDICATIVE LINES OR SHADE PARTS OF BODY AFFECTED AND WRITE ALONGSIDE A BRIEF DESCRIPTION OF SYMPTOMS WHERE POSSIBLE**



**USE BLANK SPACES TO ANSWER FULLY, OR USE ANOTHER SHEET OF PAPER, AND THE OTHER SIDE OF THIS PAGE. NUMBER YOUR ANSWERS IF YOU CAN.**

**USE THE OTHER SIDE OF THIS PAGE OR ANOTHER SHEET OF PAPER TO ANSWER FULLY. AND PLEASE NUMBER YOUR ANSWERS.**

[2] 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.**

[3] PLEASE LIST ALL THE ILLNESSES YOU HAVE HAD IN THE **PAST FROM EARLY CHILDHOOD**, and include any venereal infections.

[4] List **FAMILY ILLNESSES** of your parents, grandparents (both sides), brothers and sisters, aunts and uncles. Include mention of diabetes, cancer, T.B., asthma, eczema, allergies, arthritis, sinusitis, alcoholism, suicide, or mental disease.

[5] Describe any foods that you like or dislike particularly. (this helps the doctor understand individual body chemistry) Foods that you are **CRAVING** or disliking lately are most important. List them. eg. Do you like or dislike sweet things, fats, salt, pepper, spices, lemons, pickles, vinegar, ice cream, milk, alcohol?

[6] Describe which are your favourite seafood, favourite meats, including dried, cured, or smoked meats. Describe some of your favourite fruits in order of preference.  
What do you like to drink? What alcohol do you drink? Are you thirsty or thirstless?

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

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

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

[10] What **WEATHER** and temperature (external and internal) do you enjoy and what do you dislike? Is there any temperature or weather that affects you, making you feel better or worse generally, or affecting your symptoms? Do you need fresh air? Are you a window opener?

[11] Describe **ERUPTIONS** or blemishes on your body. ie veins, herpes, moles, warts, cysts, lumps, spots on nails, pimples, boils, styes, red or pale skin. Describe Hair problems. Do you have excess body hair?

[12] Describe where on your body you **SWEAT** most from exertion or otherwise. Any **MOUTH ULCERS**? Do you get **SINUS** obstruction or catarrh? Any problems with **BREATHING** or **HEART** or **CIRCULATION**?

[13] Describe any problem you may have with menstrual cycle including **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.

[14] **IN YOUR OWN WORDS describe your personality** - both positive and negative aspects. Consider your inner thoughts and attitudes as you encounter people and life situations. **USE YOUR OWN BLANK SHEET TO WRITE ON..**

**IF YOU CAN'T GET GOING, THINK OF WHAT THOSE WHO ARE CLOSE TO YOU MAY SAY ABOUT YOU.** Some examples of character follow, but do not go through them until after you have made an attempt to reflect on yourself and describe yourself without any further ideas or prompts. **TRY TO WRITE SPONTANEOUSLY FIRST.**

**NOW LOOK AT THE NEXT PROMPTS -**

Are you **anxious or worried** (in what way or in which circumstance?),

**Confident or lack confidence** – Explain in which situations.

**Closed off, shy** (in which situations?), **too serious?**

**Extrovert, gregarious**, Maybe you are very open, sociable, maybe too open, and scattered?

Are you **happy in your own company**? Do you prefer to be alone?

Are you **independent** or **too dependent and maybe needy**?

**Impatient** or patient (when?),

**Angry or irritable** (what triggers irritability and is there a time of day its worse?)

**Critical** (what are you critical of? **domineering** (in what way?),

**Hateful, spiteful, resentful**, (towards whom?),

**Weepy, depressed** (describe), fearful, pessimistic, optimistic, proud, easily hurt (by what behaviour of others?), etc.

Are you too **submissive, people-pleasing, lacking confidence, pessimistic**?

**How are you in your dealings with others** – kind, helpful, caring, compassionate, gentle. Or are you hard at times, domineering, controlling, critical and judgemental, pushy?

**How is your inner attitude toward others?** Are you closed, guarded, distrusting, negative or resentful toward others?. Is there anyone who you resent or cannot forgive? Please write a little about that.

Once you have completed the above, then **describe in a little detail the PRIVATE positive and negative thoughts and feelings which you are aware of (ie. your thinking and emotional patterns).**

**YOUR RECENT THOUGHT PATTERNS AND MOODS ARE MOST IMPORTANT.**

[15] **WRITE DOWN WHAT MOTIVATES YOU**, and what interests you in life. What is important to you? What do you want from life? **WHAT DO YOU NEED TO WORK ON IN YOURSELF?** Where do you feel blocked, tense or disharmonious, within yourself, or in which area of your life? Sit quietly and feel inside your body – where does it feel tense, knotted or restricted?

[16] **WHAT IN PARTICULAR ARE YOU SENSITIVE TO OR REACTIVE TO?** ie. WHAT UPSETS YOU OR MAKES YOU REACT ABOUT PEOPLE, RELATIONSHIPS, OR LIFE?

[17] **DESCRIBE ANY PROBLEMS WITH YOUR INTELLECTUAL ABILITY, MEMORY, & CONCENTRATION**

[18] Write down any **FEARS or WORRIES** that you have, including *worries about others, shyness, fear of certain animals, reptiles, snakes, sharks, crocodiles, frogs, spiders, moths, bees, situations, heights, closed places, crowds, dark, water, failure, poverty, being buried alive, confrontations, violence, rape, germs, diseases - name them, growing old, being an invalid, being rejected, loneliness or being alone, public appearance or speeches, thunderstorms, injections, doctors, opens spaces, birds* etc. You may have fears that are not on this list. SCORE ALONGSIDE EACH ONE OF YOUR FEARS. (1= slight fear, 2=marked fear, 3=very pronounced fear)

**NB. YOUR PERSONAL MENTAL AND EMOTIONAL BIOGRAPHY REFLECTS & AFFECTS YOUR BIOLOGY !!!**

**The next few questions are OPTIONAL** but helpful to the doctor – you may make brief notes describing self, parents and home/school life to discuss and expand on later with your doctor if you prefer

[19] **THINK OF YOUR PAST. WRITE DOWN ANY KEY MEMORIES YOU HAVE FROM CHILDHOOD TO ADULTHOOD - THE POWERFUL EMOTIONS, EVENTS AND RELATIONSHIPS THAT YOU FELT AND EXPERIENCED WHICH SHAPED YOUR LIFE IN SOME WAY. THEY MAY BE PLEASANT OR UNPLEASANT. HOW DOES/ DID EACH EVENT/PERSON AFFECT YOU?** DESCRIBE MOODS, FEELINGS OR ATTITUDES THAT HAVE RESULTED

Eg Earliest memories were of conflict between parents. Mother submissive and father frightening, often shouting. I was the least favored of siblings. Withdrew and tried not to be seen. Lacked confidence at home and school. Feared new situations new people. Never confronted. Envied others confidence and assertiveness. As a result have needed to prove myself as an adult to gain respect and position, yet continue to bottle anger and dwell on negative issues with partner ...

[20] TO UNDERSTAND YOUR PRESENT STATE OF HEALTH IT IS HELPFUL TO **WRITE ABOUT THE PRESENT CIRCUMSTANCES IN YOUR LIFE – CHALLENGES YOU HAVE BEEN FACING (INSIDE YOUR THINKING AND OUTSIDE). MAKE A FEW NOTES ON CERTAIN PEOPLE OR RELATIONSHIPS WHICH BRING UP REACTIONS, EMOTIONS AND THOUGHTS.** [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 ].

[21] **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 recent attitudes and anxieties or desires.

**THANK YOU FOR YOUR TRUST & PATIENCE.**

**ALL THE INFORMATION YOU SHARE IS STRICTLY CONFIDENTIAL.**

**APPENDIX FOR ALL QUESTIONNAIRES to be printed and kept by patient**

**HOW TO STORE AND TAKE HOMEOPATHIC MEDICINES**

Please Print these instructions out with your questionnaire and keep them so that once you are given homeopathic medicines you clearly understand how to keep them and how to take them.

**Storage**

Keep the medicines out of direct sunlight and in a cool place.

Do not put them near mobile phones or computers

Avoid exposing them to Xrays if possible – most airport staff will allow you to pass the medicines in a packet to them before putting your bags through the Xray machine. If they don't co-operate then don't worry – we think it is best to avoid Xrays but damage to these very subtle medicines by Xray has not been proven.

**Taking the medicines**

Medicines are best taken away from food. Wait at least 10 minutes after sucking or chewing the pillules before you eat or drink or smoke.

Pillules are to be sucked or chewed

Drops are to be counted into a quarter glass of water and drunk, holding in mouth for a few seconds.

They may also be squirted under the tongue.

Powders are to be sucked

If instructions are to take pillules morning and evening then it is best to take them **ON WAKING** in the morning, and **BEFORE DINNER** in the evening.

**Repetition of dosage.**

Your homeopath will instruct you on how long to continue taking the medicines.

Generally once all symptoms are better then the medicine may be stopped and resumed if symptoms return.

However you may be asked to finish all the contents of the bottle and then wait for your next appointment for re-assessment.