

Date: _____ Patient name: _____

To enable us to find a suitable homeopathic remedy, we need you to *precisely record here all changes in how you feel* which have arisen during the *current illness*. To do this:

1) Below, write the main symptoms you have noticed with your illness:

MAIN SYMPTOMS (for example: chronic blocked nose, recurrent sore throat, snoring)

2) Underline below whatever applies to you during your illness.

For example: if it gets worse when you perspire, mark: during / after perspiration better / worse

OPEN AIR, WEATHER, TEMPERATURE, WRAPPING UP

- open air: better / worse
- open air: desire for / aversion to
- cold weather: better / worse
- wet weather: better / worse
- dry weather: better / worse
- cold in general, being exposed to: better / worse
- warmth in general: better / worse
- when getting cold: better / worse
- wrapping up warmly: better / worse
- uncovering: better / worse
- wrapping up head warmly: better / worse
- warm room: better / worse
- becoming warm in bed: better / worse
- during / after perspiration: better / worse
- wet compress on body: better / worse
- getting wet: worse
- draught / wind: worse
- getting hot / perspiring, want to uncover
- getting hot / perspiring, want to stay covered up

POSITION

- lying position: better / worse
- lying on back: better / worse
- lying on side: better / worse
- lying on painful side: better / worse
- sitting: better / worse
- sitting bent over: better / worse
- standing: better / worse
- bending over: better / worse
- muscles: flabby / tense

MOVEMENT, EXERCISE, REST

- movement: desire for / aversion to
- moving affected parts: better / worse
- shaking head: better / worse
- stepping hard: better / worse
- walking: better / worse
- running (jogging): better / worse
- physical exercise: better / worse
- mental effort: better / worse
- resting: better / worse
- travelling (bouncing) in a vehicle: better / worse

EATING, DRINKING, TALKING

- swallowing: better / worse
- during / after eating: better / worse
- cold food and drink: better / worse
- after drinking: better / worse
- cold water: better / worse
- thirst: thirsty / absence of thirst
- appetite: hunger / loss of appetite
- saliva: more / less
- talking: better / worse

SLEEP

- after lying down: better / worse
- while falling asleep: better / worse
- during sleep: better / worse
- while waking up: better / worse
- while / after getting up: better / worse

SIGHT

- light (bright): better / worse
- darkness: better / worse
- pupils: dilated / contracted
- reading: better / worse
- looking at something close-up: better / worse

SIDE

- in general: left / right side
- inside of head: left / right
- outside of head: left / right
- face: left / right
- eye: left / right
- nose: left / right
- ear: left / right
- mouth: left / right
- teeth: left / right
- neck: left / right

STATE OF MIND

- irritable / mild
- sad / happy
- being alone: better / worse

SENSATION

- touch: better / worse
- external pressure: better / worse
- rubbing: better / worse
- sneezing: better / worse
- smell: lost / weak / diminished hypersensitive

MOUTH / THROAT

- chewing: better / worse
 - clenching teeth: better / worse
 - burping: better / worse
 - children's teething: child feels worse
 - taste, altered - how? Please describe here:
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NOSE

- head cold: runny / blocked
 - head cold: worse
 - head cold suppressed: worse
 - head cold, discharge: bloody
burning
thick
pus
yellow
green
biting
slimy
offensive
watery
sticky
 - sneezing better / worse
 - nose bleed: bright red
dark red
clotted
 - adenoids
 - blowing nose: worse
 - sense of smell, altered – how? Please describe:
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EARS

- feeling of obstruction in ears
- dizziness
- discharge from ears: in general
bloody
pus
- noises in ear: in general
roaring
fluttering
ringing
- sounds, noises: worse

EYES

- eyelids: in general
upper
lower
inner surface
edge
- closing eyes: better / worse
- opening eyes: better / worse
- conjunctiva
- watering of eyes

FURTHER SYMPTOMS NOT MENTIONED IN THE QUESTIONNAIRE:
