

1. What do you most want homeopathy to do for you?
2. How are you affected by warm or cold temperatures?
3. What parts of your body, if any, get especially hot or cold at certain times or under certain circumstances?
4. How and where does your body tend to perspire?
5. How are you affected, if at all, by the various seasons of the year?
6. How are you affected, if at all, by different types of weather or climate?
7. How are you affected, if at all, by different types of geographic terrain?
8. How are you affected, if at all, by open air, drafts or stuffy rooms?
9. How are you affected, if at all, by noises, odor or light?
10. What times of the day do your symptoms tend to be worse?
11. What times of the day do your symptoms tend to be better?
12. How do you prefer your clothing to fit?
13. How is your sleep? Do you wake refreshed after sleep?
14. Do you tend to sleep in one position? If so, which one?

15. What sorts of things, if anything, do you do in your sleep (talk, laugh, cry, snore, scream, walk, grind your teeth, dream heavily, etc.)?

16. What dreams have you had consistently? If no recurring dreams come to mind, can you think of a recent dream? A dream from childhood?

17. What sorts of things frighten you?

18. Do you ever crave certain types of food? If so, which ones?

19. Are there any types of food you dislike? If so, which ones?

21. Do you tend to be more or less thirsty than average?

20. What environmental factors (foods, pollen, mold, weather, etc.), if any, cause symptoms?

22. Please list any infectious diseases you have currently or have had in the past, including the year in which each occurred.

22. Please list all drugs or supplements you are taking right now, including how long you have been taking each one.

23. Please list any major conditions for which you have been treated (any that warranted prescription medicine) or surgeries or hospitalizations you have had in the past, including the year in which each occurred.

23. Please give a brief family medical history. Include major conditions like heart disease, stroke, cancer, diabetes, mental illness, drug or alcohol dependency, life-threatening allergies and autoimmune disease.