

# Comprehensive Homeopathic Constitutional Questionnaire

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**Use this questionnaire as a foundation for writing a comprehensive, detailed, honest and candid life history of your symptoms and nature. Please answer every question! Describe exactly what you feel most deeply, what sensations you have, and how they affect your life. It may be as long as you need to tell your whole story. You are encouraged to be very thorough. The information that you provide about yourself will be critical in helping your homeopathic physician select the most suitable homeopathic medicine for you. Focus on what is most important. Many of the details will be discussed during your interview. All of your responses will be kept in the strictest confidence.**

1) Describe the beginning and exact nature of your complaints, esp. your main complaint (or those of your child, if the child is the patient). State just how they began as well as the changes that may have taken place since. State exactly how the complaints feel. Precisely describe in great detail the sensations of the complaints you feel in your body and mind, how these sensations affect your life, and, in what ways do you feel that they limit you.

2) Mention all previous illnesses. A complete history of your health is important, even of such things as skin diseases, children's diseases and their after-effects; tell of fevers, colds, flus, sores, ulcers, etc.; also injuries, if any. Tell their location and what treatment was used.

3) Tell, if you can, all therapies that have been used and your response.

4) Describe all mental or "nervous" feelings and conditions, such as likes and dislikes, desires, fears, timidity, hurried feelings, lack of interest, persistent thoughts, discouragements, discontent, over-conscientiousness, whether critical, irritable, easily confused, aversion to business or work, preoccupation with work or business, absentmindedness, changeable moods, difficulty of concentration, dullness of mind, whether easily startled or starting from sleep or when falling asleep, or from noise or being touched; whether annoyed by noise or talking of others or by children; whether easily affected by bad news or upsetting media (TV, movies, news); whether better or worse from mental exertion, or when occupied, whether sensitive to offense or contradiction; and, if your feelings are easily hurt.

5) As to appetite, tell what is craved or disliked, including such things as salt, sweets, fats, sour, spicy things, eggs, milk, cheese, ice cream, butter, yoghurt, chocolate, meats, fish, shellfish, chicken, smoked foods, fruits, vegetables, onions, garlic, soup, ice, cold things, warm things, bread, etc. Also, is there thirst or lack of thirst, and what type of drink and temperature of the drink is preferred? Is there any craving or aversion to coffee, tea, tobacco or alcoholic beverages (specify whether wine, beer and/or liquor)? Are there any ill effects (allergies or any adverse reactions) to any of the abovementioned items?

6) Do the symptoms remain the same or do they change character and/or shift from one place to another?

7) Describe all pains; what kind, what exactly it feels like, e.g., burning, stinging, throbbing, aching, bursting, stitching, stabbing, tearing, needle-like, tearing, etc., and whether constant, changeable, or periodical; also, in what direction it may go or extend, if any; whether it comes slowly or suddenly and also how it leaves. Mention those things that make the pain either better or worse, such as the effects of heat, cold, weather, time of day, pressure, touch, motion, position, etc.

8) Write down the time of day, night, month or season that you are better or worse; whether before or after eating, sleeping, moving, resting, exercising, when occupied, when thinking of your complaint, etc. Write just what things or conditions make you feel worse and whatever relieves the pain or sickness. This is important!

9) How are you affected by different kinds of weather, by cold, heat, dryness, humidity, an approaching storm, during and/or after storms, thunderstorms, frost, cloudiness, seashore, low or high altitudes, etc.?

10) Sensations are very important information! State just what kind, where, at what time they are better or worse, and whatever makes them better or worse. Tell about all sensations, however slight, strange, rare or peculiar, such as "as if \_\_\_\_\_," e.g., sensations as if floating, sensations as if cobwebs on face,

sensations as if a body part is enlarged or feels smaller, sensations as if something alive inside the abdomen or inside the chest or inside the head, sensations as if someone behind you, etc.

11) In skin, scalp, or nail problems, tell the exact location, color, whether dry or moist, thick or thin, scaly, crippled, pimply, blistered, with or without discharged matter, warts or growths, appearance of surrounding skin; whether itching, burning, stinging, worse or better from scratching, and what else makes it better or worse, such as heat, the heat of the bed, cold, exercise, wool, water, etc. Tell of any enlarged veins, etc.

12) Describe discharges of any part, whether slight or heavy, the color, odor; if thick or thin, gluey or sticky; if causing redness or burning, rawness; color or stain; and what makes it better or worse and when.

13) Urine: whether pain before, during or after passing, color, odor, appearance, quantity, sediment, frequency, urgency (if hurried).

14) Bowel condition: color, odor, hard, dry, large, pasty, bloody, frothy, slimy, thin, watery, slender, flat, etc. How often, at what times worse or better, or how affected by certain circumstances; whether difficult, incomplete, urging without result; if the stool slips back in, if prevented by spasm of the rectum; or anything else peculiar.

15) Women are to give age at first menstrual period, how far apart, then and now; whether pain before, during, or after, then and now, and where; also where the pain may extend to, as to the back, sides, groins, thighs, etc. What kind of pain (see #7), what relieves or aggravates, how often the pains come. Tell whether there have been miscarriages. Tell how you feel in general, before, during and after the periods; sex desire or aversion, whether intercourse is normal, unsatisfactory, or painful.

16) Men are to give particulars as to male organs, if anything is not normal; whether any former disease or abuse; effect of intercourse; strength of sexual drive; frequency of masturbation; night discharges, etc.

17) Describe the effects of heat, cold, weather, bathing, getting wet, exposure to drafts, the sun, lying down, motion, beginning motion, the effects of perspiration; whether prone to lassitude, weakness or weariness and the effects of activity. Are you greatly influenced by being at the seashore or mountains?

18) Describe the details of your sleep. Do you sleep well or poorly? Do you have trouble falling asleep or staying asleep? Do you waken at a certain hour? In what manner; e.g., as from fright, from a dream, from a sensation of heat, from a physical pain or other sensation? In what position do you sleep? Do you stay covered or uncover? Do you uncover your feet at night? Are there any peculiarities associated with sleep, such as teeth grinding, perspiration, salivation (drooling), jerking, restlessness, talking or walking? Do you dream? Do you have any recurring dreams or dreams of a similar nature; i.e., similar theme, same object or person reappears, etc.? Please describe your dreams in some detail and how you believe their meaning(s) relates to your waking life. Mention any other peculiarities of sleep.

19) Describe yourself (separate from the illness); what you feel are your central, personal strengths and weaknesses; include a summary of your life history focusing upon the most important events in your life - major grief and losses, disappointments, the worst thing(s) that has (have) happened to you, and about your childhood. Discuss what is most important to you in life; also describe your favorite pastimes and passions, and your goals and aspirations for your life.

20) Please describe your personality and emotional nature in great detail. Tell about all your positives and negatives. What are the most stressful things in your life and how do you react to them? What are your main, most troublesome stresses, mental and emotional problems and/or limitations? Everyone, including you, has such limitations, i.e., character flaws and quirks, to varying degrees. Describe clearly how much, to what degree, to what intensity, and to what depth your main stresses, mental and emotional problems and/or limitations have affected and continue to affect your life experiences? Give examples. What sensations do you feel in your body due to these stresses, problems or limitations? What aggravates, relieves or changes in any way these sensations in your body? Please be very honest, humble and forthcoming, and do not hide anything. The more truthful and revealing that you are, the more accurate will be the analysis and selection of your most effective, and curative, constitutional homeopathic medicine.

21) Please write a narrative summarizing your principle complaints and the "reason" you think you became ill. How did your life situations, in the past or present, cause any stresses you may have experienced and/or developed any qualities and/or behaviors, e.g., selfishness, stubbornness, fearfulness, etc., in you that might have contributed to your illness. Similarly, did any physical, chemical, or biological trauma(s) contribute to your illness? Describe the significance of your illness to you, what your emotional reactions are to it, and what are your worries in regard to it.

22) What aspects of yourself and your moods are not pleasant to you? How do you imagine that your moods affect other people? Please give examples. Please describe in detail your daily moods. Tell about what makes your mood change?

23) Tell about what in Nature that you like most? What in Nature do you relate to most, and how do you relate to it?

24) Tell about what animals that you like most? What animals do you hate and/or fear most? What animal features and characteristics do you relate to most? What animal would you most like to be? What size, shape and color animal would you like to be? Imagining that you were that animal, what would you be like, i.e., your nature, attitude, behavior, etc.?

25) To what things are you most sensitive, emotionally and mentally? What have others said that you seem to be sensitive to in life? What are your feelings and physical sensations regarding your sensitivities? Please give clear examples.

26) Please give a clear and detailed picture of your life at home and at work. What is your relationship with every member of your family, your friends and your colleagues? What do you feel about your work, your relatives and the members of your family, and how do they impact your life?

27) What are your most stressful, family and/or work relationships and situations, how do react to them and how do they affect you? Please answer in as much detail as possible. This is extremely important to understand your nature!

28) Please tell about your dreams and give specific details. Describe your feelings in the dreams. Tell about at least one dream from your entire life that had an impact upon you. Describe any and all dreams and/or daydreams that you would never ever want to have. Use your imagination.

29) What are your strongest anxieties, fears and worries? Everyone has these feelings, including you, so please be honest and reveal them. How do they affect your life? What physical symptoms do you have when anxious and fearful? What happens to you when you are startled or scared? Tell about any fears that someone would never ever want to have. Use your imagination.

30) Any panic attacks? Please describe in detail how you feel in your body during a panic attack.

31) How do you feel and behave before meetings, appointments, exams and/or social events?

32) In what situations do you feel impatient and/or frustrated? How do you behave with these feelings?

33) In what situations have you felt and do you feel suspicious, jealous and/or envious? Please describe.

34) In what ways are you affected by and what do you do spontaneously in reaction to criticisms?

35) What do you feel about socializing in public? Timid, introverted, extroverted, wallflower, life of party, etc.? Please describe.

36) What do you feel about making and maintaining friendships? How do friends affect you? Please describe.

37) In what situations have you been and do you feel aggressive? How aggressive do you tend to get, verbally and/or physically? Please give examples.

38) In what situations have you been and do you tend to be depressed, sad, gloomy, brooding and despairing? Please describe in detail. What is the effect of crying upon you? Have you ever thought of suicide? In what ways did you imagine putting an end to your life? Have you ever made any suicide attempts, and, if so, please describe? What happened exactly?

39) What do you feel inside you when you are alone? How do you behave?

40) What is your sensation inside when you suppress your anger? Sadness? Fear? Your needs?

41) What are your passions in life? What makes you most happy? Please give life examples.

- 42) What are your hobbies, interests and what do you do for recreation? Describe what attracts you to that activity and how it makes you feel inside, exactly what sensations it gives you. What hobbies, interests and recreational activities do you dislike or avoid, and why exactly?
- 43) To what degree are you sympathetic? About what are you sympathetic? Give examples.
- 44) What do you feel about events in the world, on TV, in other media? How do they affect you?
- 45) In what situations do you lose your temper? What physical symptoms do you have when you get angry? In what situations do you feel revengeful? How long do you hold a grudge?
- 46) In what life situations have you been mocking, sarcastic and sharp-tongued? In what situations have you been cruel? Please describe and give examples. How do others see you in this regard?
- 47) What do you feel about plants, flowers and greenery? What part do they play in your life? What is your most favorite plant and why? What is your most disliked plant and why?
- 48) What do you feel about music, dancing and art? What parts do they play in your life? What special talents do you have? Are you using them, and if not, why not? What do you feel about your artistic abilities and expression?
- 49) What do you feel about colors? What part do they play in your life? What is your most favorite color and why? What is your most disliked color and why?
- 50) What do you feel about being in Nature? How does it affect your life?
- 51) In what ways are you affected emotionally by weather? Rainy, cloudy days? Thunderstorms? Wind?
- 52) Describe your sense of humor. In what ways are you affected by teasing and practical jokes?
- 53) How and what do you feel about being around people? In what situations and in what ways are you either quiet or talkative? In what situations are you shy, reserved, awkward, introverted, extroverted, impetuous, lacking or full of self-confidence, cowardly or courageous? Please give examples of each of these characteristics from your life experience.
- 54) In what situations are you impulsive? Describe exactly what sort of impulses you have, both good and bad, especially any impulses that trouble you, and/or others, in some way.
- 55) In what situations do you exaggerate the truth, boast or lie? Please give examples.
- 56) Describe your self-image and self-esteem. How has it changed over the course of your life?
- 57) What is your pace in life? Are you slow paced or hurried? Please give examples.
- 58) Describe your attitude and orientation toward sexuality. What role does sex play in your life?
- 59) What is your reaction to consolation, sympathy and compassion?
- 60) What is your reaction to contradiction or conflict? What do you feel and do when in conflicts?
- 61) In what situations are you a caretaker and/or peacemaker? Please describe in detail.
- 62) In what situations are you a follower or a leader? With what role are you most uncomfortable?

- 63) In what ways are you affected by untidiness, dirt and disorder? What do you do?
- 64) In what ways are you organized or disorganized? Are you a completer or a procrastinator? Please give examples.
- 65) Please describe your daydreams and fantasies in great detail. What sort of daydreams and fantasies would someone never ever want to have? Feel free to use your imagination.
- 66) What was the most painful, disturbing experience in your life and describe its effects on you?
- 67) What were the most powerful, life transforming experiences you have had and what were their effects on you emotionally, mentally, physically and spiritually?
- 68) What is it that you dislike or hate the most? What sort of things do you most want to avoid? Give examples.
- 69) What is your short- and long-term memory like? Please describe any problems specifically.
- 70) Are you forgetful? If so, for what sort of things are you forgetful specifically?
- 71) How are your concentration, focus and attention? Please describe any problems. What sort of mistakes do you tend to make? What tend to be your weak points? What mistakes do you make when you speak, read or write? When in public versus private?
- 72) What have you regretted in your life? What would you like to change in your life?
- 73) What are your ambitions, goals, aims and hopes in life and to what extent have you been able to fulfill them? Tell what you feel about it? How do you envision your future?
- 74) Please describe any nervous habits that you have, e.g., nail-biting, etc.? What do they make you feel?
- 75) Please describe any unusual, peculiar or disturbing thoughts and/or ideas that you have and how they affect you? What thoughts and/or ideas would someone never ever want to have? Use your imagination.
- 76) What are your responsibilities in life? How do they affect you? How do you feel about them?
- 77) What are you concerned about in your personal life, your family life, your relationships, your career and your financial affairs? Give examples and describe exactly how they affect you.
- 78) What are your religious beliefs and in what ways do they influence your daily life?
- 79) Please describe your philosophy of life, and your political philosophy, in general, including your strongest beliefs, viewpoints and feelings. Give examples of your philosophical beliefs.
- 80) Please describe any other problems and concerns that you may have in detail, and exactly in what ways they make you feel, your bodily sensations, and how they affect your life.

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Thank you for your cooperation in completing this questionnaire! The more detailed, thorough, truthful, and candid are your answers, the better chance that your homeopathic physician has of discovering the correct, most deeply acting, individualized, constitutional homeopathic remedy to help relieve your suffering and support your true healing.

Completed Questionnaire should be returned to:

[info@circ1.org](mailto:info@circ1.org) or Faxed to: 540-456-6161