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HOMEOPATHIC QUESTIONNAIRE

Optimal health is only possible when the doctor has a complete understanding of the patient. Finding the *similimum*, or your unique homeopathic remedy requires a deep understanding of your physical, mental, and emotional traits. There are no right or wrong answers, and your interpretation of the questions is part of the process. Please be as open and honest as possible. Try not leave out any information no matter how trivial it may seem.

1. Describe yourself (your personality, your attributes, your temperament, your appearance etc).
2. How is your energy? What affects your energy and how (e.g. weather, foods, exercise, emotions, sleep, time of the day, menstrual cycle).
3. Describe your body temperature. What bothers you more, a hot or cold room/day? Is there a part of your body that is often a different temperature than the rest? How do you feel in indoor heating and air conditioning?
4. How do you tolerate the sun? How do you protect yourself from the sun?
5. How is your perspiration (compared to others)? When do you perspire? If present, describe the areas that perspire, the quantity, odour, and colour.
6. How are you affected by the weather (heat, cold, humidity, rain, thunderstorms, lightning, clouds, snow and wind)? Do you have a preference for the seashore or mountains? Are you affected by the moon?
7. How is your sleep? What position do you sleep in? Do you prefer to sleep covered – with what? How is your body temperature and do you uncover any body parts during sleep? Do you sleep with the window open or closed? Do you like to sleep with a fan on?
8. Do you do anything in your sleep (talk, sleepwalk, toss, grind your teeth, snore, perspire etc.)?
9. Do you remember your dreams? What do you dream about? Any repetitive dreams or themes?
10. Do you have any unique physical traits? Do you have any current physical concerns?
11. How is your appetite? What affects your appetite (either increasing or decreasing)? What happens if you miss a meal or become very hungry?
12. How is your thirst? What do you like to drink? What temperature do you prefer your drinks?

13. What foods do you like/crave? What foods do you dislike? Are there any foods that affect you in some way, and how? What temperature do you prefer your food? What flavours do you prefer (sweet, salty, bitter, sour, spicy)?
14. How is your digestion? Are there certain foods that affect your digestion?
15. How are you emotionally with others (do you let others know how you are feeling)? When do you get emotional? When do you get sad and how do you express sadness? Do you like to be consoled by someone?
16. How is your patience? How do you respond to conflict? When do you get angry and how do you express your anger?
17. Are you a jealous or an envious person? When do you feel guilty?
18. What makes you anxious? What do you worry about? When do you worry?
19. Describe your fears.
20. What things are you most sensitive to (e.g. foods, tastes, smells, noise, light, weather, temperature, touch, people, emotions, things that irritate you etc.)?
21. Describe the most traumatic event(s) in your life.
22. Do you like company or do you prefer to be alone? When alone, what do you think about?
23. What are your limitations? What are you proud of?
24. How is your memory? (If it is poor, specify whether it is for names, faces, places, information you read etc.)
25. Describe any concerns or problems surrounding sexual intercourse, libido, intimacy, sexuality or sex life.
26. Are you an organized person? Are you tidy?
27. Do you consider yourself a leader or follower? Has this changed over time?
28. Describe yourself as a child.
29. If you could be an animal, which one would you be and why?
30. Please share anything else that you feel is important - remember nothing is irrelevant. This can include quirks, unique traits, repetitive behaviours or anything else.

Thank you very much for taking the time to complete these questions. If you were unable to answer some of the questions, or if upon reflection you have something more to add, please let me know. Your answers will help me understand more about you and your healthcare needs.