

NAME: _____ DATE: _____

CONSTITUTIONAL QUESTIONNAIRE

(Please answer the following questions as accurately as possible. Please know that these are non-judgmental indicators that aid in Homeopathic prescriptive practice. Thank you.)

Please do not answer those questions you have preference not to.

Y = Yes N= No Or use checkmark

All answers are strictly confidential. This questionnaire is scanned into a HIPAA compliant Electronic Medical Records system and then shredded.

FAMILY HISTORY

Did your mother have any difficulties when pregnant with you? _____ with the delivery?

Did your mother have any problems (miscarriage, stillborn, etc.) before your birth? _____

As an infant, were you fed by breast? _____ or bottle? _____

Were you an irritable (colicky) baby? _____ or a "good baby?" _____

Were you shy (timid) as a child? _____ afraid of strangers? _____

Did you have a fear of: a dark room? _____ being alone? _____ water? _____

Were you emotionally close to: mother? _____ father? _____ both? _____ neither? _____

(Women) "My menses began at age _____ years, were (regular) _____ (irregular) _____"

(Women) "My menses were: okay _____ moderately painful _____ severely painful _____"

"In high school, I liked to participate in: sports _____ singing _____ dance _____ cheerleader _____
reading books _____ making things (home econ, workshop) _____"

"In high school, I: had many friends _____ was a loner _____"

Age you were first married: _____ Age you had children: _____ Divorced? Age _____

If re-married (times)? _____

(Women) # of pregnancies? _____ deliveries? _____ abortions/miscarriages _____

EATING HABITS

Even if you don't eat any of the following foods, which do you crave (++) , like (+) or Dislike (-) :

sweets () chocolate () milk () potatoes () mustard ()

spicy (Mexican) foods () horse radish () meats, in general ()

fish () butter or fats () salt () ice cream () ice () eggs () sour pickles ()

How do you like your eggs cooked? Hard: boiled ___ fried ___ scrambled ___
Soft: scrambled ___ poached ___ "over easy" ___

Is your mouth often dry? ___ Are you thirsty during the day? ___ night? ___

Do you like acid drinks (soft drinks)? ___ fruit juices? ___ water? ___

Do you like your drinks: cold? ___ ice cold? ___ hot? ___ room temperature? ___

Do you drink liquids slowly? ___ in gulps, rapidly? ___ small sips? ___

Do you eat your food hurriedly? ___ Does time pass too slowly? ___ too fast? ___

BOWEL HABITS

Are you frequently constipated? ___ Are you comfortable, even if constipated? ___

Do you have diarrhea? ___ How many bowel movements in 24 hours? ___

Are you driven from bed with the urge to have a bowel movement upon awakening? ___

Do you have a bowel movement after each meal? ___

Do you have "loose bowels" when nervous (before an exam, speech, or test)? ___

Are you bothered when clothing touches or presses against your neck? ___

Do you have difficulty swallowing liquids? ___ solids? ___

Do you become "gassy" or develop abdominal distension? ___

Can you get relief by belching? ___ by passing gas? ___ Is the gas "foul smelling?"

SLEEP

Do you have difficulty falling asleep? ___ Do you have difficulty returning to sleep? ___

Do you urinate frequently at night? ___ How many times? ___

In what position do you sleep? Right side ___ left side ___ stomach ___ back ___

In which position do you find it impossible to sleep? _____

Do you get hot (warm) at night? ___ kick your feet out from beneath the covers? ___

Do you get cold at night? ___ keep the covers tucked up about your neck? ___

Can you sleep with your arm exposed on top of the covers? ___

How do you like the room you sleep in: cool? ___ or warm? ___

Do you sweat during the night? _____ If so, what body parts become wet? _____

Are you restless, always changing body position? _____

Do your ailments (physical or emotional) get worse at night? _____

Does your mind seem to race with thoughts, preventing sleep? _____

Describe the sorts of dreams you had as a child: _____

Describe the sorts of dreams you have had lately: _____

When I awaken in the morning, I feel... _____

Are your feet sore when you stand on them in the morning? _____

Does eating food make you feel better in the morning? _____

Do you awaken feeling worse than when you went to sleep? _____

SOCIAL ACTIVITIES

Do you like to browse or "window shop" just for the fun of it without buying anything? _____

Do you become impatient when standing in long lines in stores (cafeteria, grocery)? _____

Do you enjoy giving things away? _____ Do you collect specific things (hobby)? _____

Do you consider yourself a "pack rat," prone to save all kinds of things?

Do you use any of the following: coffee? _____ alcohol? _____ tea? _____ tobacco? _____

Do you enjoy being outdoors? ___ in direct sun? ___ indoors (cool)? ___ (warm)? ___

Do you dislike being in a crowd of people? _____ Are you challenged by small spaces? _____

Are you fearful of heights? ___ Do heights make you dizzy? ___

Are thoughts or urges to "jump" come to mind while standing on high places? _____

Do you like being at the beach? ___ in the mountains? _____

Do you like to travel to different places? ___ by car? ___ by plane? ___ biking? _____

Do you like to read? ___ If so what is your preference in books or magazines? _____

Do you feel indifference towards family members? _____

"I feel like a social leper; no one likes me; I feel like an outcast!" (yes) ___ (no) _____

PERSONAL LIKES AND DISLIKES

Do you like animals? ___ Are you afraid of dogs? ___

Do you prefer the companionship of animals more than being with people? ___

Do you keep your room neat and tidy? ___ Does being disorganized bother you? ___

Can you throw your clothes on the chair and go to bed? ___

Do you like hot showers? ___ hot tub baths? ___ cool showers? ___ cool tub baths? ___

How much time (estimate minutes) do you spend in the shower? ___

Do you fill the tub high with water? ___ Does your skin itch after a bath? ___

What part of the day do you feel your best, have the most energy, think the clearest? _____

What part of the day do you feel your least able, tired, difficult to function? _____

Do you sense sympathy with unknown people when you read sad stories? _____

Do you consider yourself unusually sensitive (sight of blood, ugly face, etc.)? _____

Are you easily troubled by scary movies or unpleasant news (media, conversation)? ___

Do you concern yourself excessively by what others think or might say about you? ___

A friend plans to visit you in an hour: do you hurry to clean the house? ___

My favorite color(s) _____; I dislike color(s) _____

When you lose control and vent your anger in the presence of others, do you:
feel relieved or better? ___ relieved, but apologetic later? ___ depressed? ___
upset at your actions? ___ very upset and apologetic later? ___ guilty? ___

Do you prefer to keep your feelings to yourself and not express them? ___

Do you remember injustices a long time, but keep your thoughts to yourself? ___

"I'm calm most of the time, but I explode angrily at times". (yes) ___ (no) ___

Do you prefer to: do things with another person? ___ do things on your own? ___

When sad does consolation from another make you feel better? ___ worse? ___

Do you have difficulty making decisions (for example, a café menu)? ___

Do you feel better when you are in motion (dancing, walking, jogging, exercising)? ___

Do thunderstorms frighten you? ___ Do you like thunderstorms? ___

Are your symptoms (mental or physical) worse before or when a storm approaches? ___

Does cold/damp weather make you feel worse? ___ cloudy/rainy weather depress you? ___

Have you had frequent throat infections or "swollen glands" (throat, neck)? ___

