

HOMEOPATHY SYMPTOMS CHECKLIST

Mark 8 to 16 of the following characteristics about your main symptom only. If unsure it is best to leave it blank.

AIR, WEATHER, TEMPERATURE, WRAPPING

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|-------------------------------------|-----------|--------------------------|------------|--------------------------|
| • Desire for open air | increased | <input type="checkbox"/> | diminished | <input type="checkbox"/> |
| • Open air | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Room (indoors) | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Cold weather | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Warm weather | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Wet weather | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Dry weather | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Cold in general, being exposed to | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • When getting cold | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Becoming warm in bed | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Warmth in general | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Warm room or hot stove/fire | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Wrapping up warmly | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Uncovering | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Wet compress on body | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Getting wet | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |

MOVEMENT, EXERCISE, REST

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|---------------------------------------|------------|--------------------------|-------------|--------------------------|
| • Resting/Not moving | improves | <input type="checkbox"/> | | |
| • Movement | desire for | <input type="checkbox"/> | aversion to | <input type="checkbox"/> |
| • Movement, during | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Movement, of affected parts | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Walking, while | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Walking, in open air | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Running (jogging) | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Physical effort | | | aggravates | <input type="checkbox"/> |
| • Raising affected limb | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Hanging down, letting limb | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Stretching out affected limb | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Bending over, while | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Standing up / straightening up | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Sitting down, while | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Rising from bed, while | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Rising from seat, while | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Turning affected part | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Rising from bed, while | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Walking up stairs, hill | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Walking down stairs, hill | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Writing | | | aggravates | <input type="checkbox"/> |
| • Travelling (bouncing) in a vehicle: | | | aggravates | <input type="checkbox"/> |
| • Muscles | flabby | <input type="checkbox"/> | tense | <input type="checkbox"/> |

HEAD

- | | | | | |
|---------------------------------|----------|--------------------------|------------|--------------------------|
| • Wrapping up warmly | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Shaking | | | aggravates | <input type="checkbox"/> |
| • Movement, of head | | | aggravates | <input type="checkbox"/> |
| • Movement, of eyes | | | aggravates | <input type="checkbox"/> |
| • Eyes, closing | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Eyes, opening | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Pupils | dilated | <input type="checkbox"/> | contracted | <input type="checkbox"/> |
| • Sneezing | | | aggravates | <input type="checkbox"/> |
| • Teething, during, in children | | | aggravates | <input type="checkbox"/> |
| • Grinding teeth | | | | |
| • Talking, speaking | | | aggravates | <input type="checkbox"/> |
| • Mental effort | | | aggravates | <input type="checkbox"/> |
| • Inner head | left | <input type="checkbox"/> | right | <input type="checkbox"/> |

BREATHING

- | | | | | |
|------------------------------|----------|--------------------------|------------|--------------------------|
| • Breathing | quicken | <input type="checkbox"/> | slowed | <input type="checkbox"/> |
| • Breathing in (inspiration) | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Breathing out (expiration) | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Breathing deeply | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |

HEART & CIRCULATION

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|---------|----------|--------------------------|----------|--------------------------|
| • Pulse | too fast | <input type="checkbox"/> | too slow | <input type="checkbox"/> |
| • Pulse | hard | <input type="checkbox"/> | soft | <input type="checkbox"/> |
| • Pulse | strong | <input type="checkbox"/> | weak | <input type="checkbox"/> |

EATING & DRINKING

- | | | | | |
|-----------------------|----------|--------------------------|-------------|--------------------------|
| • Swallowing | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Chewing | | | aggravates | <input type="checkbox"/> |
| • Eating, before | | | aggravates | <input type="checkbox"/> |
| • Eating, during | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Eating, after | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Change of appetite | hunger | <input type="checkbox"/> | no appetite | <input type="checkbox"/> |
| • Desire to drink | thirst | <input type="checkbox"/> | no thirst | <input type="checkbox"/> |
| • Before breakfast | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • After breakfast | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Cold food and drink | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Warm food and drink | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Drinking cold water | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Drinking, while | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Drinking, after | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Coffee | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Alcohol | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Saliva | more | <input type="checkbox"/> | less | <input type="checkbox"/> |

DIGESTIVE TRACT

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|-------------------------|----------|--------------------------|------------|--------------------------|
| • Eructations (burping) | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Stool, before | | | aggravates | <input type="checkbox"/> |
| • Stool, during | | | aggravates | <input type="checkbox"/> |
| • Stool, after | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Flatus, after (gas) | improves | <input type="checkbox"/> | | <input type="checkbox"/> |

FEMALE

- | | | | | |
|--------------------------------|-----------|--------------------------|------------|--------------------------|
| • Menstruation | too often | <input type="checkbox"/> | too seldom | <input type="checkbox"/> |
| • Menstruation | too short | <input type="checkbox"/> | too long | <input type="checkbox"/> |
| • Menstruation | profuse | <input type="checkbox"/> | too weak | <input type="checkbox"/> |
| • Menstruation, blood, clotted | | | | <input type="checkbox"/> |
| • Menstruation, worse | before | <input type="checkbox"/> | at start | <input type="checkbox"/> |
| • Menstruation, worse | during | <input type="checkbox"/> | after | <input type="checkbox"/> |
| • Libido | strong | <input type="checkbox"/> | weak | <input type="checkbox"/> |
| • Menstruation, blood, acrid | | | | <input type="checkbox"/> |

URINARY

- | | | | | |
|-------------|----------|--------------------------|------------|--------------------------|
| • Urination | profuse | <input type="checkbox"/> | scanty | <input type="checkbox"/> |
| • Urination | frequent | <input type="checkbox"/> | infrequent | <input type="checkbox"/> |

SLEEP

- | | | | | |
|------------------------|----------|--------------------------|------------|--------------------------|
| • While falling asleep | | | aggravates | <input type="checkbox"/> |
| • Sleep, during | | | aggravates | <input type="checkbox"/> |
| • After waking up | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |

MIND & INTELLECT

- | | | | | |
|---|----------|--------------------------|------------|--------------------------|
| • Irritability (anger, aggression) | | | | |
| • Sadness (dejection, inclined to weep) | | | | |
| • Solitude, being alone | improves | <input type="checkbox"/> | | |
| • Emotions, company of others | | | aggravates | <input type="checkbox"/> |
| • Consolation | | | aggravates | <input type="checkbox"/> |
| • Understanding Difficult | | | | <input type="checkbox"/> |

SENSES

- | | | | | |
|--------------------------|--------------|--------------------------|-------------|--------------------------|
| • Light in general | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Darkness | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Looking, eyes strained | | | aggravates | <input type="checkbox"/> |
| • Reading | | | aggravates | <input type="checkbox"/> |
| • Touch | | | aggravates | <input type="checkbox"/> |
| • Pressure, external | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Rubbing | improves | <input type="checkbox"/> | aggravates | <input type="checkbox"/> |
| • Noise | | | aggravates | <input type="checkbox"/> |
| • Smell | sensitive | <input type="checkbox"/> | diminished | <input type="checkbox"/> |
| • Taste | | | diminished | <input type="checkbox"/> |
| • Discomfort, side | left | <input type="checkbox"/> | right | <input type="checkbox"/> |
| • Stabbing, pricking: | inwards | <input type="checkbox"/> | outwards | <input type="checkbox"/> |
| • Stabbing, pricking: | upwards | <input type="checkbox"/> | downwards | <input type="checkbox"/> |
| • Prickling: | body surface | <input type="checkbox"/> | inside body | <input type="checkbox"/> |