

Josef J. Diers

Jette Limberg-Diers
Ärztin



Homöopathie
Naturheilverfahren
Kinderarzt

www.homoeopathie-kinderarzt.de
www.homoeopathie-limberg.de

Josef J. Diers * Bismarckallee 21 * 21521 Aumühle

privatärztliche Praxis

Bismarckallee 21
21521 Aumühle
Tel. 04104 - 6950433 * Fax 6950434

Modified questionnaire acc. to Kent / Vithoulkas

Take your time to answer the questions – it's in your own interest. So we will have more time during the personal interview to talk about the most important matters.
Please answer briefly, tersely and **spontaneously!**

Do not forget to mark how strong a symptom is!

(0)= not existing or not typical for you, (1) = symptom existing and typical, (2) = symptom is often (frequent) or strong, (3) = often and strong, (4) = very often and very strong.

If a symptom is quite new, pls. mark it **clearly next to the degree of strength (e.g. hay fever (3) NEW !! for 1 year.**

Pls. Just an outline of the main points. We'll talk about it later in detail. If there should be any question you prefer not to answer in writing, pls. mark it clearly.

If you think a certain point is of great importance, mark it noticeable as well.

You can use the back of the paper as well.

Pls. send me this questionnaire some days before our appointment

Actual complaints

- ❖ What are the complaints and symptoms for which you are coming to see me and how have you tried to treat these in the past ?

KSK Herzogtum Lauenburg * BLZ 230 527 50 * Konto Nr. 8600 8042
Steuernummer 27 017 60 874 * Finanzamt Ratzeburg
kontakt@kinderarzt-diers.de
limberg@kinderarzt-diers.de

Zertifikat DZ.VHÄ
SHZ - zertifizierter Dozent u. Supervisor

❖ **Were there any other or different symptoms before the current ones appeared?** (skin eruptions, sweat of feet, warts etc.) How was that treated, why did it disappear? (ointment, operations ...)

❖ **How did the actual clinical picture develop?**
(When did it appear first? Pls tell me the exact chronological order of development)

❖ **!! Important !! – Do you think there is a causative factor?**
Are there any important incidents (psychological or physical trauma like death of a beloved, shock, fright, accident, exp. of violence) preceding the symptoms you are suffering from. Tell me, even if it was an interval of several months? Did it produce new symptoms or did old symptoms change in a certain way? Do you have an idea what might maintain the process? Pls. think about important incidents in your life, even if it is a long time ago or happened in your childhood. **Just a short outline of the main points!**

❖ **Main symptoms** during the last 6 months?

❖ **Exact time, duration, periodicity, intensity, exact location, quality of pain, radiation?** What **feeling** does the symptom cause, typical **attendant** symptoms?, Effects on your mind and physical system?
(Example – very exaggerated to make it clear and total fantasy: every two weeks when waking up in the morning stinging pain in the knee, radiating to the thigh, pain like the stitch of a needle, accompanied by vertigo and sadness. All symptoms better after motion.)

❖ Are there any other complaints or symptoms that appear every once in a while? Pls. tell about them even if they are not there presently.
(When did they / do they appear? **Periodicity**? Example: approx. 2 times a year herpes of the lips, desire or compulsive acts just before the menses starts.)

Modalities

- ❖ **Relief from:** (influence of weather, pressure, position, calmness, sun, stress, warmth, coldness etc.)
- ❖ **Aggravation from:** (s.a.)

Personal medical history, medicine taken

- ❖ **Actual diagnosis of orthodox medicine,** former results and diagnosis, actual medicine taken, what dose, what therapist?
(remember to use back side of the paper)
- ❖ **In the past** – did you ever take / use any **medicine, cream regularly?** (Cortisone, cortisone ointment, hormones, frequent antibiotics etc.). If so –why?)
- ❖ **Severe illnesses** (sexually transmitted like gonorrhoea, AIDS), tuberculosis, rheumatism, epilepsy, any operations, adenoids, appendicitis, gall bladder, gallstones, warts, cysts, high or low blood pressure, dysfunction of the thyroid, diabetes, allergies, hospitalisation.
If necess. Take an extra sheet
- ❖ Is there any **incompatibility** or allergy against certain medication?
- ❖ **Accidents**
also those where „nothing“ happened (heavy falls, sidings? trauma etc.) When, what happened exactly. **Esp. Important if you are suffering from headache or vertigo.**
- ❖ **Have you been treated homoeopathically before?** If so, what remedy, constitutional or acute treatment? How did the remedy work, what potency did you take, how long?
- ❖ Do you **smoke?** How much? Do you drink **alcohol?** (How frequently?)
- ❖ What do you **eat?** Homemade food, fast food, vegetarian, whole foods?

- ❖ Possibility of exposure to **harmful substances** (job, at home)
- ❖ **Have you travelled abroad?** (Possibility of tropical diseases)

Anamnesis of family

- ❖ Are your parents, brothers/sisters **still alive?** If not: cause of their death; are there typical **family diseases** (hereditary diseases, diabetes, dis. of circulation or heart, high blood pressure, tuberculosis, rheumatism, sex. transm. diseases, AIDS, allergies, mental illnesses, suicide, attempts to commit suicide, depressions)

Social anamnesis

- ❖ Do you live alone or with somebody? Children?
- ❖ What is your profession? Are you still working in that job? What is your job now? Are you content?

General homoeopathic anamnesis

- ❖ **Is there a special time** of day, night or a certain hour, where you feel better or worse, or a time when certain things are typical for you? (Examples: grumpy in the morning, activity at night; e.g. waking up every night at 3 o'clock in the morning; very hungry every morning exactly at 11 o'clock, very tired after every meal etc.)
- ❖ Is there a similar pattern with regard to seasons?
- ❖ How often do you catch a cold in winter time? Other seasons?
- ❖ **Reaction to weather?** (Cold, warm, dry, dumpy, windy, stormy, snow, melting of snow, changing)
- ❖ **Thunderstorm?** – frightening, enthusiasm, no effect? Do you have special feeling before or after stormy weather?

- ❖ Reaction on north wind, south wind? Or **wind** in general?
- ❖ Special reaction to **drafts**?
- ❖ What about **sun**? Are you sensitive to (sun)-light? Has it always been like that or is it new? (e.g.: always wear a hat in the sun, sunglasses, have to stay in the shadow, reactions of skin, eyes)
- ❖ What about **extreme temperatures**? (Very warm, very cold)
- ❖ Is a **warm/hot bath ok for you? Cold bath** / shower? Bath in the sea, sauna?
- ❖ Are you a very '**cold**' person or the **opposite, someone who always feels warm**? Are you wearing socks in bed and do you need more bed sheets than other people? Or is a very thin sheet sufficient? Do you **stretch your feet out of your bed**?
- ❖ What about **warmth in general**? Bed sheets, room temperature?
- ❖ A **whole day without being outside in the fresh air** – is that ok for you?
- ❖ Is there a **special position** you prefer / do not like or which causes your complaints?
- ❖ Do you tolerate **standing for a long time**? (e.g.: waiting for a train, at a cashdesk etc.)
- ❖ Do you tolerate **waiting**? (queue, traffic jam)
- ❖ **Behaviour when driving car** – calm or easily impatient (highway, slow car in front, looking for parking)
- ❖ **In general: are you a patient or impatient type**? Changes?
- ❖ Can you imagine yourself **parking your car illegally**? Or is that totally impossible?
- ❖ What **vaccinations** have you had? (Did your health change after that, even several months later?)

- ❖ **Seaside – mountains.** Which do you prefer or dislike?
- ❖ Do you suffer from **travel sickness?** Airplane? Boat? Car? What happens exactly?
- ❖ Can you tolerate **tight collars**, dresses, belts, ties?
- ❖ What about **injuries?** Do they heal normally? Do you **bleed easily or profusely.** Is there a tendency to **keloids (scars)?**
- ❖ What about your **finger nails:** are they strong or do they break easily, are they soft, have white spots or have the tendency to grow in?
- ❖ **Biting nails?** Former times or still doing so? Finger or / and toe nails?
- ❖ **Strange taste in the mouth** (like metal or different), **tongue coated** white or grey
- ❖ Do **easily break bones or overstretch your tendons or ligaments?**
- ❖ Do you **bleed easily in general, get blue spots or bleeding of the nose easily?**
- ❖ Pls. describe your daily **timetable** (getting up when, going to bed, breaks)
- ❖ Do you **exercise?** If so, what do you do and why? Does the exercising make you feel better mentally, too?

Food and drinks

- ❖ How is your **weight?** Did it change lately? Are you the type who gains weight easily or are you the type who can eat whatever he wants and still stay slim?
- ❖ What about your **appetite?** Are there certain times when you have to eat something (right after a meal, in the morning, hungry at night)
- ❖ **What about your thirst?** Do you have the desire to drink a lot or only little? I need to know your desire – not what you do in fact, because you know, you should. Do you prefer drinks cold or warm or at room temperature? Does the drink have to be carbonated (fizzy)? Do you empty your cup in one or two gulps or do you take many small ones?

- ❖ Do you have a strong **aversion to certain kind of food or drinks?** (e.g.: milk, onions, garlic, fish, aubergines, stuffed potatoes, olives ...)

- ❖ **Are you disgusted easily?** (Situations, food)

- ❖ Are there certain kinds of **food or drinks that make you sick?** What happens? Do you love them although they make you sick?

- ❖ **What about wine, beer, coffee, milk, vinegar, eggs OK for you?**

- ❖ Do you have a very **strong desire for special kinds of food or drinks?** (Sweets, chocolate – sweet or bitter, ice cream, cookies and cakes, sugar, pickles, spicy food, fat or oily food, smoked ham or salmon or eel, butter, bread, fruit, tomatoes, eggs, milk, whipped cream, olives, fish, raw fish, meat, raw meat, coffee, wine, beer, champagne, things people normally do not eat). **Important: I need to know your desire - what you would like to eat often or a lot – even if it is *not* healthy or it makes you grow fat. I do not need to know whether you really eat it or not.**

What about salt? Do you put salt on your food automatically without having tasted or would you like to do so, if it was not unhealthy? Was it always like that or did it change. If so – when?

Sleep and dreams

- ❖ **When do you go to bed in the evening?** Are you tired early or are you the type who loves to stay up long in the evening?

- ❖ **Do you fall asleep easily?** Do you need **light** to fall asleep? If not – did you need light when you were a child?

- ❖ Is your **sleep disturbed** by waking up? If so, are there special times typically? Do you wake up in the middle of the night and have the impression to have slept enough? Are there reasons for your waking up and /or keeping you awake: worries about family, money, job, urinating – or what else?

- ❖ Some people talk while **sleeping**, cry, shout or laugh. They have fear, are restless in bed, walk in the house or garden, grind their teeth, sleep with open mouth or are snoring. Some people have very strong salivation during sleep, which makes the pillow a little wet in the morning (or when they sleep in the afternoon). **What about you?**

- ❖ Do you have a **special sleeping position?** (Position of your arms? Hands? Legs? Head? Do you prefer to sleep flat or with the head a little higher? Just one side possible? On the abdomen only?)

- ❖ **When do you wake up** in the morning? Do you wake up by yourself, by alarm clock or because you need to use the toilet?
- ❖ Do you feel **refreshed** after sleep or are you **grumpy**?
- ❖ Is there a special time **during the day when you feel tired** and maybe even have to lie down for a while?
- ❖ A short **nap in the afternoon** – does it refresh you or are you even more tired afterwards?
- ❖ Are there **particular dreams** that follow you? Or did you have **recurring** dreams in your childhood? Or does it seem you never dream or **cannot remember** your dreams?

Function of the body

Women:

- ❖ **Menses:** About what age your menses started? Complaints former times?
- ❖ **Menses:** How often? Regularly? Length?
- ❖ **Menses:** Complaints now? PMS? Accompanied by (e.g. mentally)? Ameliorated by?
- ❖ **Menses:** What does the blood look like, colour, structure, smell, when most strong?
- ❖ **Menses: State of mind** before, during and after (e.g.: being aggressive, dirt-obsessed house-wife)
- ❖ **Anamnesis of pregnancy and delivery**
How was your mind (Weeping? Psychosis in childbed? Other difficulties during or after delivery or in pregnancy?) **Are there any kind of complaints which started at that time?**
- ❖ **Any termination of pregnancy?**
- ❖ **Myoma? of uterus, ovarian cysts, gonorrhoea, AIDS** (if so, how treated?)
- ❖ **Leucorrhoea** (colour, when, how much, smell), **cystitis** (when, character of pain, former times?)

- ❖ Method of **contraception**? If „the pill“ – for how many years?

Women and men:

- ❖ Are you **content and happy in your relation**? (Yes/No is sufficient)
- ❖ Are you the type of person who is **jealous easily**? Under what circumstances are you jealous? Also without reason? What does your partner say?
- ❖ What about **former relations**? Did important relations end involuntarily? (Divorce, death). How did you feel after that? Where there changes in your health after that?
- ❖ Do you **like/enjoy to be touched, to be petted, to get a massage**?
- ❖ Or on the other hand – do you have an **aversion against being touched**? Is this in general or does it concern the **sexual sphere only**? Or are you just **very ticklish**?
- ❖ **How is the sexual desire**?
(Are there changes? Is your body and mind/emotion refreshed after sexual intercourse? Is there an aversion or a very strong desire?)
- ❖ **Skin**: (Itching, dry, eruptions, what, where, looks like, triggered by, ointments?, Oedema = doughy swollen areas, moles, warts, others)
- ❖ Do you or have you had **herpes**? Where? Lips (exact location), genitalia? How treated?
- ❖ **Are there any other particularities** (birthmarks, moles, hair in undesirable areas, deformities – anything that is different from other people).
- ❖ **Sweat** (amount, when, where: e.g. head only at night, face, feet etc.; colouring laundry, difficult to wash out, eats hole into laundry, spec. times, smell, changes) Did you do anything against that? **Or unable to sweat**?
- ❖ **Vertigo** (when, how do you feel: turning – falling, trigger?)

❖ **Sense organs**

(**Eyes**, flashes of light, decreased visual power, **ears**, tinnitus, decreasing hearing power, very sensitive to noise or voices; capability to **smell**, very sensitive to odours etc.) – complaints, changes. Pls. short notes and telling whether right/left.

❖ Do you suffer from **headache, migraine or stiffness?**(Exact character of pain, location, side, ameliorated / aggravated by, medication up to now, special times)

❖ **Respiration:** (e.g. difficulty in breathing, sleep with the head on a thick pillow. Are you able to run up the stairs quickly? Allergies?)

❖ **Do you have chronic cough or asthma?** (sputum?, discharge? colour?, ameliorated / aggravated by, when?)

❖ Do you have any **allergy against special food, animal hair, dust, medicals, plants etc.?** How do you react exactly? Since when?

❖ **How is the stool?** (Tendency to constipation, diarrhea or alternating between them; how often? Does the stool slide back or have to be removed manually? Does the stool come out only if a certain position is taken? Special colour? Mixed with blood, strange smell or look e.g. like the stool of a sheep or thin like a pencil, do you use laxatives regularly?)

❖ **Urination:**

(frequency, amount, look, **often urination at night**, pain, particular smell, stream in parts??)

❖ Do you **lose urine involuntary** when coughing, sneezing, laughing, jogging? Since when?

❖ **Other complaints of the body that appear every once in while, but regularly?**

❖ What about your **energy and drive? Your vitality – esp. under stress?** Are there changes?

Mind symptoms

❖ **Hobbies**, what do you like to do when you have time or **what would you like to do if you had the time and money?** (e.g. sport, reading, painting, travelling etc.)

- ❖ **Are you the type who loves travelling** (or would you like to do so) **or do you prefer to stay home** (my home is my castle)?

- ❖ Do you have a special relation to **music**? If so: what kind music?

- ❖ **Do you like to dance or would like to dance?**

- ❖ How is your **relation to animals**? Do you love them, are you scared of certain animals or do you feel disgust? Do you have a lot of pity on animals or on the other hand the impulse to be cruel to animals?

- ❖ Your **childhood and youth – were they happy and carefree or more likely sad?**
(It is enough to note yes / no here.)

- ❖ How strong is your **self-consciousness**?

- ❖ **How do you act at parties?** Are you the one who talks to people first or are you waiting for people to talk to you? Do you prefer to watch the people from a safe distance?

- ❖ **Is it easy for you to make friends?** Are you an open or more likely a closed person?

- ❖ How do you feel when it is **crowded**?

- ❖ Do you **need company** or do you **prefer to be alone**. Do you reject company, but on the other hand wish you were not alone?

- ❖ Are you a **calm, balanced** person or are you more likely **impatient and quick-tempered**?

- ❖ Do you sometimes have the **impression that everthing / everybody is too slow?** Are there changes? Do you think the others are too slow or you?

- ❖ Would you call yourself **restless**? In mind or body?

- ❖ **What is your reaction in grief or when you have big problems to solve?** (e.g. the desire to talk about it with s.o., do you like the feeling when s.o. wants to help you, do you want to solve your problem alone, going for a walk, going jogging, music, sighing, lump in the throat, heaviness on the chest, stone in the stomach etc.)

- ❖ **What is your response to consolation?** Is it very good for you, even if it makes you cry more or do you reject it totally and it makes you feel much worse?
- ❖ What is the **response to bad news?** Normal or is it harder for you to bear than for others?
- ❖ **Do you weep easily?** Which situations? Changes? (Film, emotion, anger, pity, being criticized etc.)
- ❖ **If you cry very seldom:** when did you cry for the last time and why?
- ❖ Tell me the **biggest high-light** in your life, pls.
- ❖ And your **last high-light?** When were you totally happy lately?
- ❖ **Are you a person who is quite fastidious? What do others say?**
Does everything have to be tidy and neat in the house or on the other hand are you a person that struggles with neatness. How does your writing desk look? Everything in quite good order or a certain chaos?
- ❖ **What is your relation to housework?** (No problem or done with joy; or rejection and done because it has to be done?)
- ❖ **How are you in your work / job?** Normal? Perfect – ambitious? – Bored or listless?
- ❖ **Is there a certain kind of character in others you specially do not like?**
- ❖ Do you easily take **responsibility** or only because you have to? Are you a **leader** type?
- ❖ **Are you a person who feels a lot of sympathy for others?** (If so, is the concern more the physical body or is it more social?)
- ❖ How strong is your reaction to **injustice?** (injustice against others? Yourself?)
- ❖ If you had to decide: what is worse – **injustice or lies?**
- ❖ Do you have a **compulsion to be dedicated or committed for other people**, without thinking about consequences for yourself? Strong **political engagement?**
- ❖ Are you **able to agree with authorities** (teacher, lawyer, police, boss) are you the one who always says what he thinks, not matter whom it may concern?

Fears and phobias

❖ **What scares you?**

Do not forget to mark the grade of strength!

Thunderstorm / fear of earth quakes?
Water, sea?
Fear of robbers, ghosts?
Horror films? Thriller?
Animals (dogs, cats, spiders, snakes, mice, insects etc.)?
Fear of falling? Of high places? To travel in an air plane?
Narrow places, tunnel?
In a crowd?
Fear of people? To leave the house?
To be alone?
To lose all money, to be poor?
To lose the intellect, fear of mental disease?
Fear of the night, in the dark?
Fear of mirrors?
Fear of the future?
Fear of illness, cancer, death etc.?
Fear of sharp things? (Needles, injections, scissors)
Impression of being followed by s.o.; s.o. is behind you?
Special fear something could happen to the family
Special fear something horrible might happen
Fear of examinations
Fear of talking in front of a group?
Panic attacks?

Other fears?

❖ **Are you able to be really angry? If so, what can be a reason and what is your reaction in such situations?** (red face, throwing objects, breaking objects, beating, cursing, crying, retreat, talking about the problem ...) **Or are you not able to let your anger out, is it suppressed?**

❖ **Do you easily forgive** – or are you quite unforgiving, maybe even need revenge? What do others say?

❖ **Pls tell me your reaction to criticism.** What happens? How sensitive are you? (makes you sad, crying, weeping, angry, desperate?)

❖ **Do you have extreme changes of mood?** (On remarks, criticism, laughing of others or even if you are just looked at?)

❖ **Is your joy for life restricted by emotional problems?** (Depressions, low self-confidence, apathy). What ameliorates / aggravates?

❖ Did you ever in your life think about **committing suicide or is there a certain longing for death?** Yes/No is sufficient.

❖ **Mental Symptoms** (weak memory, difficulty to concentrate or to understand, turning of words, numbers, names, compulsion to count, control (if door is locked etc.), for senseless actions like tearing paper into little pieces etc.)

❖ **Pls. try to describe yourself as a person with your very special peculiarities, strong and weak points.**

❖ **What would your partner say, your children, friends?**

❖ **What bothers you most?**

Concerning all levels: physical, mental, emotional

❖ **Are you angry with yourself every once in a while?** If so, are the reasons why always the same? It is important to know for the treatment.

❖ **Imagine you had three wishes for free (fairy godmother). What would they be?**

❖ Now you have been working for hours on this questionnaire and you have seen that for a constitutional classical homoeopathic treatment everything is important to know: the way a person sleeps, desires or aversions to particular foods, terse, distinguishing and characteristic marks of personality etc. Your main problem (the reason why you are coming to see me), is not of main importance to select the right remedy for your actual layer, but the whole personality with all his peculiarities and symptoms, just the way he / she is – what makes him/her special and unique. That is the reason why – during a hom. treatment – symptoms disappear too, which were not the reason to start the treatment. For instance somebody starts a treatment because of migraine and just – by the way – depressions and hay fever disappear as well.

So please note any other relevant details that come to mind that were not asked for in this questionnaire, or tell them during the interview.

Of course everything you tell or write will be handled with professional discretion!