

**Dear patient, to offer u a complete individually adapted medicine, it is important that you answer as many question as possible.**

**Questionnaire of Mrs./ Mr./ child/ academic degree:**

**Date of birth:**

**Address:**

**Postal code + City/ town:**

**Email:**

**Private phone number:**

**Phone number at work:**

**Health insurance:**

**Level of education?**

**What do you do for a living?**

Courant complaints? (when, where, how often, specific occasions, what did u try already to improve the complaints)

Preceding illnesses?

Operations?

Accidents?

Injuries to the spinal column or to the head?  
Whiplash injury?

Scars?

Allergies?

--hay fever? ( trees, grass)

--dust?

--certain nutrients?

--animals

Illnesses/ symptoms of the mother?

Illnesses/ symptoms of the father?

Illnesses/ symptoms of the grandmother (at mother's side of the family)?

Illnesses/ symptoms of the grandmother (at father's side)?

Illnesses/ symptoms of the grandfather ( at mother's side)?

Illnesses/ symptoms of the grandfather (at father's side)?

Illnesses/ symptoms of own children (if present)?

Medication/ Dietary supplements?

--Which products? 1. 2. 3. 4.

--Dose? 1. 2. 3. 4.

--Frequency? 1. 2. 3. 4.

--since when? 1. 2. 3. 4.

Herbs/ Herbal teas/ medication?

Do you smoke? \_\_\_\_\_ since when?

How much?

What?

Other drugs?

Alcohol?  
How frequent in a week?  
How much?

Were you breastfed? \_\_\_\_\_ How long?  
How was the own pregnancy? Any peculiarities?  
How was the own birth?  
When did you grow your first teeth?  
When did you start speaking?  
When did you start walking?

**Psyche:**

Lack of drive?  
Depression?  
Restlessness?  
Problems of concentration?  
Memory disorders?

Anxieties ( scared of heights, darkness, animals, tunnels, elevator, strangers, future, exams, worries about health, children, family, parents....?)

Strains at the workplace?

Strains in the relationship/ with your partner/ partner search?

Strains in the family?

Strains with friends?

Hobbies:

Description of the workplace?

**Skin:**

Rash?  
Neurodermitis?  
Cradle cap?  
Herpes simplex?  
Warts?  
Nosebleeds?  
Aphthous ulcers?  
Tears/ bursts in between the toes?  
Tears/ bursts at fingertips?  
Tears/ bursts in the corners of your mouth?  
Tears/ bursts in your nose?  
A lot of callus?  
Easily bruised?  
Dry skin?  
Psoriasis?  
Can you handle sheep wool on your skin?  
Dry hair?  
Greasy hair?  
Greasy skin?  
Moles?  
How often did you go a tanning salon?  
Allergy for nickel?

**Nails:**

Do they break easily, are they fragile?  
spots?  
Fungal infection of the nail?  
--Where?  
--How much?

### **Hair**

Loss?  
--Diffuse  
--Regionally  
--Localization  
Fragile hair?

### **Ears**

Tinnitus, ear noises?  
Reduces hearing?  
Ear pain?  
Cracking in the ears?  
A lot of earwax?  
Itching?  
Dizziness?  
Tears/bursts behind the ears?  
Inflamed ear holes?

### **Headache**

Migraine?  
--How often each month?  
--With vomiting?  
--With visual problems?  
--With nausea?  
--With diarrhea ?  
--With other neurological disturbances?  
Headaches?  
--How often each week?  
Is sun on the head a problem?

### **Nose**

sinuses?  
Allergy?  
Snoring?  
Sneezing?  
Slime/ mucus?  
Crusts?  
How is the humidity in per cent?  
--in your house?  
--On your job?  
--how long do you drive a car? each day?

### **Eyes**

Dry eyes?  
tears?  
Visual disturbances?  
Cataract?  
Glaucoma?  
Last investigation of eye pressure?  
Last eye background investigation?  
Itching?  
Contact lenses?

### **Mouth/ throat**

Dead teeth?

Inflammations of the roots of your teeth?

Inflammations of the gums?

Aphthous ulcer/ canker sore?

Metals:

--Amalgam?

--Gold?

--Palladium?

--Titanium?

--Plastics?

--Ceramic(s)?

--Implants?

Root end surgery/ apicoectomy?

Smelly breath?

Coated tongue?

strange taste in your mouth?

-- no special taste, often sour taste, often bitter taste, often rotten taste, often bloody taste?

### **Thyroid:**

Enlargement?

Inflammation?

Cysts?

Knots?

Anti-body?

Autoimmune illnesses?

Can you stand closely fitting clothes around the neck?

### **Thorax:**

Cough?

--Acutely?

--Chronically?

Hoarseness?

Weak immune system/ often ill?

Asthma?

--Allergic?

--asthma through strain?

Pain?

--when breathing?

--when doing an effort?

--after a meal?

--when upset/ through anger?

### **Heart/circulatory system:**

Blood pressure?

Pulse?

Palpitation?

tachycardia?

Heart passes?

### **Nutrition:**

How tall are you?

How much do you weigh?

BMI?

mass of fat?

How often do you eat fruit/drink fresh fruit juices? per week: \_\_\_\_\_

Which fruits?

How often do you eat salad (raw vegetables)? Per week: \_\_\_\_\_

Which salads/raw vegetables?

How often do you eat vegetables/drink vegetable juices? Per week: \_\_\_\_\_

Which vegetables?

How often do you eat full grain products? Per week: \_\_\_\_\_

Vegetarian?

How often do you eat sausage/cold cuts? Per week: \_\_\_\_\_

How often meat? Per week: \_\_\_\_\_

How often fish? Per week: \_\_\_\_\_

How often fried meals? Per week: \_\_\_\_\_

How many eggs a week?

How often nuts? Per week: \_\_\_\_\_

What kind of oil do you use? \_\_\_\_\_

Do you eat butter or margarine? \_\_\_\_\_

How often milk products? Per day: \_\_\_\_\_ Pro week: \_\_\_\_\_

Which kinds of milk products? \_\_\_\_\_

How often alcohol? \_\_\_\_\_

What kind of alcohol? \_\_\_\_\_

How often do you drink soft drinks? Per week: \_\_\_\_\_

How often do you eat light-products? Per week: \_\_\_\_\_

How often do you eat candy or sugar? Per week: \_\_\_\_\_

How often do you consume diabetic products? Per week: \_\_\_\_\_

How often do you use sugar substitutes? Per week: \_\_\_\_\_

Which other beverages? \_\_\_\_\_

--Total liquid quantity per day (all beverages together) \_\_\_\_\_ liters?

--Do you drink at night? \_\_\_\_\_

--Black tea, quantity? \_\_\_\_\_

--Green tea, quantity? \_\_\_\_\_

--Coffee, quantity? \_\_\_\_\_

Do you chew sugar-free chewing gum?

Which food do you like in particular? \_\_\_\_\_

Which food don't you like at all? \_\_\_\_\_

Which food you can't eat because you have a bad physical reaction afterwards? \_\_\_\_\_

Food allergies?

Do symptoms appear after the consumption of:

-- Bread, muesli, potatoes, rice, noodles? Gluten-intolerance?

-- Hard cheese, Emmentaler-cheese, red wine, tuna, sauerkraut or salami? Histamine intolerance?

-- Sugar substitutes, diabetic food, dietary products and/or artificially sweetened foods?

-- Milk or milk products? Lactose intolerance?

-- Fruit, fruit juices, soft drinks? Fructose-intolerance?

### **Stomach/ intestines**

Frequency of defecation/stool? \_\_\_\_\_ x/day \_\_\_\_\_ x/week

Did the frequency change?

Stool mostly is: Hard - normal - soft/porridge-alike - like sheep excrements (dark pellets) - sticky?

Color of the stool? Dark - brown - light brown - yellowish - greenish - reddish - black?

Does the stool contain impurities? slime - blood - indigested food - pus?

Stomach pain?

Irritable bowel syndrome/ spastic colon?

flatulence's?

abdominal pain?

--spreads as far as the back or shoulder?

--spreads as far as underneath the navel following the beltline

--in the right lower abdominal region

--immediately after the meal?

--20 min. after the meal?  
--1 hr. after the meal?  
--when?: in the morning? during the day? at night? On an empty stomach?  
--during the meal?

Hemorrhoids ?  
Anal fissures/tears?  
Fistulae?

Loss of appetite?  
Nausea? \_\_\_\_\_ before? During? After the meal? Better with meals?  
vomiting?  
heartburn?  
Abdominal fullness? \_\_\_\_\_ if so, where?  
Pot belly?  
Burps/ructus?  
--how do the burps taste? like nothing, often sourly, often bitterly, often rotten, often like blood?  
--How is the smell? (bad, rotten, sour, like fish, like rotten eggs, odorless)  
Rumbling stomach/noises in the belly/stomach?  
Blood in/after stool?  
slime in the stool?

Do you have or did you ever have worms or other parasites?  
--Do they have pets?  
--did you go on vacation to a foreign country?

### **Urinary Bladder**

Inflammations?  
Urinary incontinence ?  
--while coughing?  
--while laughing?  
--while jumping?

urge to urinate?  
--during the day \_\_\_\_\_ times  
--At the night? \_\_\_\_\_ times

### **Kidney:**

Stones?  
Inflammations?  
cysts?

### **Gynecology:**

(vaginal) discharge?  
menstruation: more than every 2 weeks\_\_\_every 2 weeks\_\_\_every 3 weeks\_\_\_every 4 weeks  
every 5 weeks\_\_\_every 6 weeks\_\_\_less than every 6 weeks\_\_\_irregularly \_\_\_no menstruation  
How many days do you experience strong bleeding? \_\_\_\_\_How many days mild bleeding?\_\_\_\_\_  
Do you experience intermediate bleeding?  
Recurring infections?  
Unfulfilled child wish?  
Date of the last menstruation?  
Symptoms or complaints about the breasts?  
breast pain/breast swelling before menstruation?  
Psychological complaints due to menstruation?

Do you use birth control? \_\_\_\_\_since when?  
IUD with progestogen or intrauterine system (IUS)? \_\_\_\_\_since when?  
IUD without progestogen \_\_\_\_\_since when?

**Prostate**

Inflammations?  
Unfulfilled child wish?  
Phimosis or inflammations of the urethra?

**Sexuality/libido:**

Libido is normal?  
Libido is increased?  
Libido is decreased?  
Complaints before/during/after sexual intercourse?

**Musculoskeletal system:**

Arthrosis: \_\_\_\_\_ which joints? \_\_\_\_\_  
\_\_\_\_\_ 1 joint \_\_\_\_\_ 2 joints \_\_\_\_\_ 3 joints \_\_\_\_\_ > 3 joints

Cold hands?  
Cold feet?  
hot hands?  
hot feet?  
Trembling?  
Hypotonia?  
Feeling of numbness?  
Tingling feelings?  
spasms in the legs?  
Growth pains?  
Varicose veins?  
Tingling?  
numbness?

**Sleep:**

Falling asleep:  
Fast \_\_ < 15 min. \_\_ < 30 min. \_\_ < 45 min. \_\_ < 60 min. \_\_ < 90 min \_\_ < 120 min  
Sleeping through the night: \_\_ 0 x awake \_\_ 1 x awake \_\_ 2 x awake \_\_ 3 x awake \_\_ > 3 x  
awake  
snoring?  
Pauses in breathing/ sleep apnea?  
Salivation while sleeping?  
Favorite sleeping position?  
Grinding teeth?  
Sleepwalking?  
Does the moon have influence on you?  
Sweating during the night?  
Dreamlessness?  
Do you put your feet outside the bed?  
Nightmares?  
Do you have electrical appliances in the bedroom?

--Which one's?

**Metabolism:**

gout?  
Diabetes mellitus type 1?  
Diabetes mellitus type 2?

**Energy:**

Generally feeling cold easily?  
Generally much body warmth?  
Draft/draught sensitivity?

desperate need for fresh air?

Sweat?:

--Fast? \_\_\_\_\_ not at all?

--Where? \_\_\_\_\_ armpits? \_\_\_\_\_ feet? \_\_\_\_\_ at night?

--sweat smell? : ..... what does the sweat smell like? .....

The sun:

--I can stand it well? \_\_\_\_\_ can't stand it?

Spring complaints?

Summer complaints?

Autumn complaints?

Winter complaints?

Big need for fresh air?

Climate/whether sensitivity?

In the mountains I feel: better – the same -- worse

At the sea I feel: better – the same -- worse

Times of day in which I feel fit:

Times of day in which I feel tired/weak :

Energy: How many percent of your "normal energy level" do you currently have at your disposal?

< 10%

< 20%

< 30%

< 40%

< 50%

< 60%

< 70%

< 80%

< 90%

< 95%

100 %

Sports:

--Which sports?

--How often per week?

--How long?

Sauna: \_\_\_\_\_ How often per week?

Yoga: \_\_\_\_\_ how often per week?

Meditation: \_\_\_\_\_ How often per week?

### **Immune system:**

How often do you have infections?

Allergic?

--for?

--for?

When did you have a fever the last time? \_\_\_\_\_ How often per year?

When did you have fever the last time?

### **Inoculations:**

Last Tetanus inoculation:

Last Polio inoculation:

Last hepatitis A inoculation:

Last hepatitis B inoculation:

Last yellow fever inoculation:

Last whooping cough inoculation:

Last tick borne encephalitis inoculation:

Other inoculation?

Did you have perceptible reactions to those inoculation?

Inoculation reaction? (redness, swelling, pus, tiredness, weakness, infections, fever, .....)

**Laboratory:**

Cholesterol values? - increased? \_\_\_\_\_ -normal? \_\_\_\_\_

Liver values? - increased? \_\_\_\_\_ -normal? \_\_\_\_\_

Iron deficiency?

Magnesium deficiency?

Calcium deficiency?

Zinc deficiency?

Selenium deficiency?

Vit D deficiency?

Vit B deficiency?

Other deficiencies?