* This questionnaire is for short term illnesses e.g. Cold, flu, fever etc. for everyone i.e. adults, children & infants
* If you are unsure whether this is the right questionnaire, please ask us at support@payaftercure.com before filling the questionnaire.
* Your name:
* Email:
* Where do you live (Country):

IMPORTANT: Please read these instructions before answering

* It will take you around 30 minutes to answer this questionnaire.
* Homeopathy works only if you give truthful answers, no matter how awkward or intimate. If you don’t want to do that, it’s better you stop here and don’t proceed.
* Please reply to all that is being asked and give details.
* Short answers such as Yes/No/Normal are not helpful.
* Answers should explain the What, When, Where, Why, Better by & Worse by.
* Example: I have a sore throat (it explains the “what”), since 3 days (it explains “when”), on the left side of my throat (explains “where”), due to eating sour food (explains “why”), the pain is better when I drink warm fluids (explains “Better by”), the pain is worse when I swallow food (explains “worse by”)

The space for answers will increase automatically to accommodate longer answers.

|  |  |  |
| --- | --- | --- |
|  | QUESTION | ANSWER |
|  | Your appearance, answer all these (gender, age, weight, height) |  |
|  | What are the symptoms of the problem |  |
|  | In your view, what caused this problem |  |
|  | What non-medicinal action makes the problem better |  |
|  | What non-medicinal action makes the problem worse |  |
|  | How are you feeling emotionally during the problem e.g. restless, calm, stubborn, weepy, want to be alone, fear of death etc |  |
|  | Are you feeling cold or warm |  |
|  | How is your level of energy |  |
|  | How is your thirst |  |
|  | Are your lips or mouth dry |  |
|  | Any strong like or dislike regarding food taste that has developed during this illness e.g. salty, sweet, sour, bitter etc |  |
|  | Any strong like or dislike regarding food temperature that has developed during this illness e.g. cold, hot etc  |  |
|  | Any other health issues that you have |  |
|  | What allopathic medicines are you taking |  |
|  | What homeopathic medicines have you taken in last 3 months (dates, dose, potency) |  |

FEVER

If you have fever during this illness, please answer these questions also:

|  |  |  |
| --- | --- | --- |
|  | QUESTION | ANSWER |
|  | Are you feeling cold or hot |  |
|  | Any shivering |  |
|  | Are you sweating or not |  |
|  | What makes you feel better e.g. covering up, in front of a heater, removing clothes  |  |
|  | What makes you feel worse |  |
|  | Are your hands/feet cold |  |
|  | How is your thirst |  |

COUGH

If you have cough during this illness, please answer these questions also:

|  |  |  |
| --- | --- | --- |
|  | QUESTION | ANSWER |
|  | Is the cough dry or loose |  |
|  | What causes cough e.g. tickle in throat, nasal drip in throat etc. |  |
|  | What type of cough e.g. short, barking etc |  |
|  | If loose cough please tell:  |  |
|  | Phlegm color |  |
|  | Phlegm type (e.g. sticky, lumpy, bloody etc.) |  |
|  | Is chest congested e.g. rattling noise, wheezing breath |  |
|  | What makes the cough better e.g. drinking, eating, lying down, at night, sleeping, talking, running etc |  |
|  | What makes the cough worse e.g. drinking, eating, lying down, at night, sleeping, talking, running etc |  |

SORE THROAT

If you have sore throat during this illness, please answer these questions also:

|  |  |  |
| --- | --- | --- |
|  | QUESTION | ANSWER |
|  | Type of pain e.g. sore, bruised, scraped, dull pain, extending to ears etc |  |
|  | Is the pain more on any one side, if yes, which |  |
|  | What non-medicinal action makes the pain better e.g. warmth, cold, drinking warm liquids, swallowing etc.  |  |
|  | What makes the pain worse  |  |
|  | Is your nose runny, if yes, color of discharge |  |
|  | Is nose blocked, if yes, both sides or one or alternating |  |
|  | Any sneezing, if yes, what makes it better and worse |  |

NOSE

If you have nasal symptoms during this illness, please answer these questions also:

|  |  |  |
| --- | --- | --- |
|  | Is the nose runny, if yes, color of discharge |  |
|  | Is nose blocked, if yes, both sides or one or alternating |  |
|  | Any sneezing, if yes, what makes it better & worse |  |