

ANTIRETROVIRAL DRUGS

QUICK QUESTIONNAIRE FOR HOMEOPATHIC RECOMMENDATIONS

Patient's Name: _____

Date: _____

Yes

No

What is your current immune status (normal white blood count, low white blood count, increased frequency of colds, etc.)? _____

Do you have any accompanying symptoms (cough, cold, flu weakness, impaired ability of wounds to heal)? _____

Has it changed from the past? _____

Do you now or have you in the past experienced fevers?
 When was the last one? Please describe. _____

Do you now or have you in the past experienced night sweats?
 When was the last one? Please describe. _____

Do you experience fatigue?
 What makes it better? _____

What makes it worse? _____

Do you now or have you in the past experienced weight loss? Please describe. _____

Do you now or have you in the past experienced Kaposi's sarcoma? Please describe.

When was your last TB test? _____

What were the results (positive or negative)? _____

How would you describe your diet? (What foods and how often do you typically eat in a day?) _____

Is your appetite good, fair, poor? _____

Do you crave any particular foods? If so, please list. _____

Do you have an aversion to any particular foods? If so, please list. _____

What is your sleep pattern or sleep quality like? (How long, frequent awakenings, sound or restless sleep, dreams, etc.) _____

Are you experiencing any problems with your skin? If so, please describe. _____

Are you experiencing any problems with breathing? If so, please describe. _____

Are you experiencing any changes in your vision? If so, please describe. _____

Yes **No**

Describe your current bowel function. (How often do you have movements, is your stool hard, soft, etc., problems with constipation, diarrhea, color, odor, etc.) _____

Do you experience any sadness or depression? If so, please describe. _____

Is your sadness or depression better or worse at any particular time of the day or month? What aggravates it or makes it better? _____

How would you describe your personality? (Behavioral and emotional characteristics, i.e. impatient, easygoing, happy, sad, etc.) _____

How would others describe you? (Behavioral and emotional characteristics, i.e. impatient, easygoing, happy, sad, etc.) _____

Do you experience any restlessness? If so, please describe. _____

Do you have any fears? If so, please describe. _____

What brings you pleasure? _____

What brings you joy? _____

Notes: _____

