

PA Rubric Definitions

Note: The yellow highlighted text are extra important to inquire about during a client intake. Some patients clearly benefit by using directed queries/prompts to help the patient focus on the symptom modifier in question

Air/weather/temp/wrapping

How to ask the client about temperature: When you think about temperature, does ambient temperature affect your symptoms in any way? Does applying heat /warmth or ice/cold to your body make a difference or affect your symptoms in any way? Does wearing more or less layers of clothing or wraps/blankets make your symptoms better or worse?

Desire for open air; *Only if changed during illness:* The client finds himself/herself needing or wanting to open a window or door to the outside. Seeking fresh air is something that is unusual for this client . Mostly clients will be actively seeking fresh air for relief. Wants fresh air. Wants to go outside. Or wants moving air or a fan blowing. Feels that they can't enough air on inhaling so they open a door or a window to get more air.

How to question the client? Desire for open air: Since the onset of your illness/symptoms have you wanted/needed/desired to go outdoors? Do you want a window open or a door open to the outside? This would have to be something you don't ordinarily do. In most cases, this is an action that alleviates/improves their state/symptoms.

Open air; *Only if changed during illness:* The client experiences an amelioration of symptoms or a worsening of symptoms when out in the open air or when indoors and a window or door to the outside is open. Most commonly seen with anxiety, menopause, insomnia and/or depression. Of course, other complaints can also be improved from fresh moving air.

How to question the client? Open air: What effect does being in open air have on your symptoms? Does your headache/joint pain/vertigo etc. get better or worse when you're outside or when you're inside with a window or door open to the outside? Or is being in open air just neutral for you? Do you want a fan blowing on or near you? Would you still want to go outside regardless of the season or weather? Even if it's not sunny outside?

Room; *Only if changed during illness:* This has to do with still air; the absence of moving/blowing air. No drafts. Not temperature dependent; has more to do with air flow than being in an enclosed environment. **Note:** if you already marked "Open Air" don't use this rubric. This rubric is simply the opposite of "Open Air".

How to question the client? Room: How do you feel in an enclosed space/indoors in a room? Does being indoors or in a closed room improve or aggravate your symptoms or not make a difference?

Note: Given this rubric is simply the reverse of "Open air" It is typically not used.

Weather/air/ wet, damp; high humidity, rain, (also warm) impending storm:

This is more about dampness than air temperature. This includes sultry weather. Change in barometric pressure. Showering. Steam bath. Sauna. Damp basements. **Note:** Be careful with this. People make a lot of assumptions around weather changes. Make sure to confirm that it's the dampness, NOT lack of sun or coldness. Or, at least confirm dampness is a clear modifier even though cold and sunshine may play a role.

How to question the client? Weather/air/ wet, damp; high humidity, rain (also warm) Does dampness affect your symptoms or is it more about the temp.? Does rain or damp weather or warm and humid weather affect your symptoms? Make them better or worse? Or are these weather conditions neutral?

Note: Given that many patients tend to conflate cold with damp, it's often wise to ask if the patient has been in a cold dry environment to contrast with cold damp. This helps you be more certain as to the contribution of dampness.

Weather/air, dry; low humidity and air temperature either warm or cold: This means that the absence of humidity makes the air dry. It's not temperature dependent; it can be warm or cool.

Note: This is simply the reverse of dampness. So again, this is readily confirmed by asking the patient if they've spent any time in dry vs. more damp environments to evaluate the effects on their issues.

How to question the client? Weather/air, dry: low humidity and air temperature either warm or cold Does dryness affect your symptoms or is it more about the temperature? Does a lack of humidity; very dry air, affect your symptoms? Make them better or worse? Or you're not affected by it one way or the other?

Weather/air, cold: This is literally about cold air. Whether the client is improved or worsened by being in cold air ie: standing in front of the air conditioner or going outside in the cold air. **Note:** This is worth exploring in folks with hot flashes particularly. Of course, other conditions can also confirm it. But specifically cold air is often hard to differentiate from open air. So, make sure to inquire about whether it's moving air, cold air or a combo of both - then use accordingly.

How to question the client? Weather/air, cold: Are your symptoms affected by exposure to cold air; either by air conditioned air or cold outdoor air? Does cold air make your symptoms better or worse or is it just neutral? How much of a role does moving air contribute? Would you say it's more the temperature of the air, the movement of air or a combination of the two?

Weather/air, wet cold; *aggravates only rain, fog + cold air temperature:* It's the combination of both the dampness and the cold air temperature together. It not about just one or the other. It has to be a combination of both elements. **Note:** You can try this yellow rubric, or instead use both green rubrics - damp agg/amel + cold agg/amel. Best to start out with the green shaded rubrics and add the yellow shaded rubrics as a "garnish" to see if it meaningfully adds to the remedy differentiation.

How to question the client? Weather/air, wet cold: rain, fog + cold air temperature Does being in a cold, damp, or cool and humid environment make your symptoms worse? Do you know that it's the combination of cold and damp that alters/affects your symptoms? **Note:** Given that many patients tend to exchange/mistake cold with damp, it's often wise to ask if the patient has been in a cold dry environment to contrast with cold damp. This helps you be more certain as to the contribution of dampness.

Weather/air, warm: The air temperature is warm/hot (dry) either indoors or outdoors. **Note:** This is rare, but may be more useful with respiratory issues given the medium is air. Similar to the “cold air” rubric, you need to specify the distinction between whether it’s the temperature of the air or the ambient temperature that alters symptoms.

How to question the client? Weather/air, warm: Does being in a warm/hot and dry environment either indoors or outdoors make your symptoms better or worse? **Note:** This is rare, but may have more utility with respiratory issues given the medium is air. Similar to the “cold air” rubric, you need to specify the distinction between whether it’s the temperature of the air or the ambient temperature that alters symptoms.

Cold in general; ambient temperature: The temperature in an indoor/outdoor environment is cold. Mainly, we’re looking to see if ambient cold is a true modifier for the client.

How to question the client? Cold in general; ambient temperature When you are in a cooler environment does it affect your symptoms? Make them better or worse? Or is it just a non-issue/neutral for you? This refers to both indoor and outdoor. The main issue is relative to ambient, i.e. surrounding temperature. If there’s a consistent response to cold - one way or the other - this is a likely rubric to include.

Cold; when getting cold; cooling of the body also partially: Chilling oneself with cold showers; swimming in cold water. Applying ice to parts of the body to cool themselves down. Also applies to clients opening a window to get cold air on them (which begets further inquiry into the “Cold air” rubric). ANY active application of cold that alters symptoms for better or worse is important. This includes clients that once chilled/cooled down, they have great difficulty warming themselves up.

How to question the client? Cold when getting cold; cooling of the body also partially Do you try to cool yourself down using cool air, cold water, apply a cold/ice pack to or taking a cold shower? Does cooling yourself off make your symptoms better or worse? In addition, If you get too cold, is it challenging to warm back up?

Warmth in general; ambient temperature: This relates to the ambient/surrounding temperature. Is the patient notably better/worse from ambient warmth.

How to question the client? Warmth in general; ambient temperature When you are in a warmer environment does it affect your symptoms? Does the surrounding/ambient warmth alter your symptoms in a significant way?

Warmly from wrapping up; putting on clothes, covering up: Client wants to wear layers of clothing or wants to be wrapped/covered with a blanket. Does the patient adjust layers to alter their symptoms/comfort. Are they adding layers when they are symptomatic.

How to question the client? Warmly from wrapping up; putting on clothes, covering up When you experience your symptoms would wrapping up, putting on additional layers of clothes, or covering up with a blanket make you feel better or worse?

Uncovering; taking off clothes, uncovering: Client wants to remove layers of clothing or does not want to be covered with a wrap or blanket. Can be used for hot flash situations. **Note:** This rubric also applies to claustrophobia or being closed in/confined. The clients seeks relief by removing layers of clothing.

How to question the client? Uncovering: taking off clothes, uncovering When you are experiencing your symptoms do you feel better or worse relative to uncovering or removing layers? When feeling poorly/symptomatic, do you find yourself predictably removing layers?

Position

How to ask the client about position: Do any static positions such as sitting, standing, or lying down affect your symptoms? Does hunching over in a seat alter symptoms? For many static positions are neutral. However, have you found you are either actively seeking or avoiding certain static positions?

Lying position; Lying, also at daytime: Lying down. A horizontal body position. This is to be distinguished from “Lying down after”. In other words, if the patient feels better/worse immediately after lying down - use the rubric “Lying down after.” If the patient feels better/worse only after lying for a while, then use this rubric.

How to question the client? Lying position Lying, also at daytime Does lying down affect your symptoms in any way? Does lying down give you relief or make your symptoms worse? Do you prefer being in a horizontal position or do you avoid it?

Lying on back:

Lying on side:

Lying, on right side:

Lying, on left side:

Lying, on painful side:

Lying, on painless side:

The more important rubrics in this set are “Lying on the painful side” and “Lying on the painless side”. One possible exception is if the patient’s side pain is due to an internal organ issue. For instance, if the patient has liver cirrhosis (right sided) or spleen involvement (left sided), use the “Lying on right/left side” rubrics. Right or left sides can also be considered for various heart ailments.

How to question the client? Does any lying position make you feel better or worse? Does lying on any particular side of your body make your symptoms better or worse? Give you relief or is more aggravating? Do you avoid lying on a particular side of your body? Does lying on the side of the body that is pained/injured/uncomfortable make the sensation/pain/discomfort feel better or worse?

Sitting: Any sitting position in chair, bed, etc. **Note:** This needs to be distinguished from the act of rising from a seat or lowering oneself to sit down. Sometimes patients hear the question and don't distinguish between the static position of sitting, versus what it takes to get out of or into a seat/chair.

How to question the client? Does sitting affect your symptoms any way? Does sitting give you relief or make your symptoms worse? Or neither? Do you prefer being in a sitting position or do you avoid sitting?

Sitting, bent over; sitting hunched over: The sitting position while bending forward such as bending over to tie your shoes while sitting or hunched over a desk. Sitting forward/hunched/bent over, as opposed to sitting erect. This can be an important rubric in cases with chronic GI complaints and many musculoskeletal complaints. Given that it's a yellow rubric, use it when the patient is markedly or clearly better or worse from this position. It is really not common that a client's symptoms are noticeably affected by sitting hunched over.

How to question the client? Sitting, bent over sitting hunched over. Are your symptoms affected by sitting in a hunched position ie: sitting leaning forward from the waist or sitting with slouched your shoulders. Or actually bending over from a seated position as if to tie your shoe or as if to pick up something from the floor. Or are your symptoms affected by working hunched over at a desk?

Standing: upright posture without walking: Standing upright in one place; not moving. The time spent standing is less relevant than comparing the client's capacity or comfort in their healthy state vs. now during their illness/issue. For example: A client suffering with chronic back pain, standing can amel. or agg. regardless of how long they are in a standing position.

How to question the client? Standing upright posture without walking Are your symptoms better or worse when in the standing position or is that not an issue for you? (not immediately after rising, only while maintaining a standing position). Often, it's helpful to ask, for instance, if the issue occurs while standing doing dishes or in other standing positions such as folding towels.

Lying down after; right after lying down: Any time of day, immediately or right after lying down in a horizontal position in bed, on a couch, etc.

How to question the client? Lying down, after Do your symptoms get better or worse immediately or very soon after lying down or does it take a while after lying down before there is a change? If the patient reports clearly being better/worse after lying down for an extended period, then you want to switch to the rubric "Lying position amel/agg."

Rising from bed, after getting up; right after standing up: Immediately or right after having risen to a vertical position (standing). This rubric is used when rising from a lying position - it is not limited to only rising from bed in the morning. It is also applicable when standing up from any lying position regardless of the time of day or the surface they were resting on.

How to question the client? Rising from bed, after getting up Once you get up and put your feet on the floor and stand erect, in a vertical position, do your symptoms get better or worse? Or is it just neutral or unchanged?

Rising from seat, after: Immediately or right after having risen from a seated position to a vertical (standing) position. After having straightened up and become erect.

How to question the client? Rising from seat, after getting up from a seated position, and are standing up vertically, do your symptoms get better or worse? Or is it neutral or unchanged?

Hang down, letting arm/leg; *dangle arms or legs*: Limbs hanging down unsupported or dangling eg: over the edge of a bed or stool or chair etc.

How to question the client? Hang down, letting arm/leg. Are your symptoms affected by dangling your arm or leg over an edge unsupported? Such as sitting on a tall stool with your legs dangling? Dangling a limb out of bed etc.

Movement

Resting, (not moving); *not moving*: Being still, stationary, or motionless. This rubric is usually compared to the rubric “Motion ameliorates”. It is not position specific, it speaks only to lack of motion, regardless of position. After you have confirmed with the client that resting makes them better or worse, there may also be specific static positions that are clearly better/worse. For example, if the client says resting/not moving ameliorates headaches yet, lying flat on their back markedly aggravates their headache, then both rubrics “Resting amel.” & “Lying on back agg” may apply. Verify with the client for accuracy.

How to question the client? When you’re at your worst does it matter if you’re moving around or being still? Is either movement or rest more comfortable? Does either one change your state? Make your symptoms better or worse. Or are they just neutral or unchanged?

Movement; *Targeted movement, Sport, not restlessness*: Intentional movement with a purpose. Physical activity like walking, swimming, biking, etc. Not restless movement. **Note:** Restlessness is small nervous movement patterns like twirling hair, restless sleep, tapping foot. Active pacing spurred by symptom aggravation is not restlessness and can be used for this rubric.

How to question the client? Movement desire or aversion: When your symptoms are at their worst, you feel compelled to be more sedentary or markedly more active? For example, ask the client when symptoms are worse, do find yourself feeling sluggish/lethargic/lazy as opposed to what is a normal activity level for you? Or do you feel very energetic? Feel the need to be physically active eg: clean your house in a frenzy? Most of us fall somewhere in the middle of that arc/gamut. Do you fall into either extreme? Or are you more in the middle?

Movement; *Movement of the whole body*: Moving entire body such as dancing, swimming, hiking, working out, or even walking. Then how does this differentiate the Walking rubric?

How to question the client? Does general movement improve or worsen symptoms during the height of your complaints? Or is movement essentially neutral relative to your symptoms?

Movement; *Movement of affected parts*: Moving just the limb or body part that is causing pain/discomfort/symptoms.

How to question the client? Does moving the affected part eg: your arm or leg or fingers or neck etc., make your symptoms better or worse, or is it neutral?

Walking: Walking at the client's normal everyday pace/stroll. Not quicker or slower than usual. Does walking notably aggravate/ameliorate patient's presenting complaint?

How to question the client? Does walking make your symptoms better or worse? Or neither?

Running, jogging: aggravates only Going out for a run or a jog aggravate.

How to question the client? Does running or jogging make your symptoms worse?

Stepping hard; also by vibration: This rubric is relative to the concept that some people's pain/illness is aggravated by jarring motions. In this instance, we are looking to see if the patient has become vigilant about stepping because it hurts their headache, or they notice if they haphazardly step down off a curb too hard their symptoms worsen.

How to question the client? Have you noticed that your pain/symptom is affected by jarring motions like stepping too hard going down the staircase or stepping off of a curb? In addition, since your symptoms began, have you been walking more carefully due to fear of the pain of hitting your foot or stepping on ground too hard?

Physical effort: aggravates only Physical effort eg: carrying or moving heavy boxes/grocery bags or gardening. Effort that is physically taxing. Anything that feels like it requires a good amount of bodily energy ie: doing vigorous/strenuous/hard physical work. **How to question the client?** Does exerting yourself such as lifting heavy boxes or grocery bags make your symptoms worse? Moving your body with effort in a taxing way? Do you find that now when you exert yourself you are either weakened by it or in some other way worsened? Have you noticed since your illness began that relatively minor exertion has now weakened you or wiped you out?

Raising affected limb; arms, legs, fingers: Lifting/elevating the body part or limb that is distressed / affected or in pain.

How to question the client? When you raise or lift the affected/painful body part does it improve your symptoms? Or worsen them? Or have no effect?

Stretching out affected limb; arms, legs, fingers: Extending the fingers/toes/ arms/ legs to lengthen the muscles.

How to question the client? Extending the fingers/toes/ arms/ legs to lengthen the muscles. Does this action/movement improve or aggravate your symptoms? This rubric is not common. Be careful because people often circle it when what they mean is movement of the affected parts. Make sure to confirm it is actually stretching, not moving, that makes the change.

Bending over, while *hunching*: Folding your body over (at the waist) as if to pick up something from the floor or touch your toes. If unsure, have the patient bend over a few moments during the consult and see if it makes a difference.

How to question the client? When your symptoms are flared, does bending over at the waist improve or aggravate your symptoms?

Sitting down, while the *movement of sitting down*: The actual physical movement/effort of transitioning from standing upright to sitting down. The focus is on the transition not the actual final **sitting position**.

How to question the client? Have you noticed that as you are going from standing to sitting that the physical transition markedly worsens or improves your symptoms?

Rising from bed, while getting up; *transition from lying to standing*: This rubric relates to the transition of moving from being in a prone position to standing. For some people, as they are putting a load on their joints or muscles, their symptoms improve or aggravate - much more often it will aggravate rather than an improve.

How to question the client? Is the transition from lying to getting into a standing position particularly challenging or difficult for you or is it just neutral,? Doesn't affect your symptoms at all?

Rising from seat, while; *transition from sitting to standing*: The actual physical movement/effort of transitioning/action of changing from a sitting position to standing upright. The focus is on how the client feels while moving, not the actual final standing position.

How to question the client? Have you noticed that as you are going from sitting to standing, that transition markedly worsens or improves your symptoms? This is a rubric most commonly found in patients with low back, hip, headaches, and/or vertigo. However, there are other conditions where this rubric applies.

Writing; *cramped handwriting, fatigues quickly*: How the hand and/or fingers feel while doing the manual activity of writing or typing. The hand and/or fingers may feel tight/cramped/sore or tired from what feels like too much effort. This rubric applies to clients who have a consistent experience of their fine motor function being hampered in light of their worsened condition/symptoms. **How to question the client?** Have you noticed that your fine motor function- this pertains to the mechanical use of your hands for such activities as keyboarding and/or writing - has declined as a consequence of your current illness/symptoms?

Traveling (bouncing) in a car; *motion sickness, shocks*: Driving over speed bumps or winding roads. Unpaved or poorly paved roads; potholes. Driving in a car causes/worsens some symptoms such as nausea, car sickness, headaches, or some other sensations.

How to question the client? Have you noticed that any of your symptoms are notably aggravated/worsened from the movement/bumping/ jarring/jostling motion when traveling in a car or other motor vehicle?

Perception

Light (bright) aggravates only; hypersensitivity to bright light: Bothered by bright light.

Light is experienced as being too strong.

How to question the client? When you encounter or are exposed to bright light (this includes sunlight flash /strobe/fluorescent) do you find the light too strong? Do you squint, cover or shade your eyes, put on sunglasses?

Looking; eyes strained aggravates only screen work, TV, mobile/cell phone etc.:

Looking at a backlit screen. Fixation to screens; gets too absorbed in screen time. Sits down at a computer/cell phone for 5 min. and hours go by unnoticed.

How to question the client? Do your eyes get tired or strained from looking at a screen ? Do you avoid viewing a screen because it'll hurt/aggravate/cause eye discomfort. Do you find that you lose track of time when you sit down to use your computer/cell phone? Is it hard for you to turn off your phone at bedtime?

Reading aggravates only reading causes symptoms, dyslexia, aversion to reading:

Anything that make reading difficult, this includes: transposing letters, words, or numbers. Can't read at all.

Inability to read. Gets easily distracted. Inability to focus on reading the words.

How to question the client? Do you have trouble reading? Or do you avoid reading?

Touch aversion: touch is painful: Dislikes being touched or physical contact. This refers to a light touch.

How to question the client? Do you startle or does it bother you when someone or something touches/taps/brushes against you eg: touches your leg or shoulder? How about your own hair touching your face or neck? Or a texture or fabric touching you. Do you need to be asked permission before you allow someone to touch you?

Pressure external Better / worse by mechanical pressure: Overt pressure or pressing on a body part.

How to question the client? Does putting pressure on forehead or temples make your headache better or worse? Does pressure from a waistband alter your symptoms notably? Is there some area of your body you routinely press and hold to give yourself temporary relief? Is this a gesture you do commonly or once in a while? Do you find yourself avoiding physical pressure because it aggravates your complaints?

Rubbing: "Rubbing" here is defined as self-massage/rubbing or having someone else perform the massage. Sometimes folks will feel improvement in mental states as well as physical issues from massage.

Sometimes, rubbing/massage aggravates symptoms. Verify that the client is actually receiving /experiencing actual massage or brisk rubbing?

How to question the client? Does massaging/rubbing on forehead/temples makes your headache better or worse? Does massaging the abdomen improve/worsen symptoms notably? Is there some area of your body you routinely massage to give temporary relief? Is this a gesture you do commonly or only once in a while?

Head

Shaking head; aggravates only: Moving the head from side to side or up and down in a somewhat vigorous motion.

How to question the client? When you are experiencing your symptoms does shaking or nodding your head worsen your symptoms?

Teething, during, in children; aggravates only: When a child's teeth are erupting. This could apply to young adults getting their wisdom teeth in.

How to question the client? Does teething aggravate your or your child's symptoms in anyway?

Talking, speaking; aggravates only Speaking painful, speech defect: Expressing oneself verbally. Speaking. The physical mechanics of talking. (Focus is on the mechanics of the mouth and jaw - getting the words out) The ability to form spoken words. Enunciating. Stuttering. If they have a facial deformity and their speech is slurred or unclear. Applicable after a stroke.

How to question the client? Have you noticed since you have been ill, or when experiencing symptoms, the act of talking is challenging or difficult in some obvious way? (relates to mouth not vocal cords) Note: this does not apply to patients who are experiencing "word hunting" or try to recall of find a word. That is a function of memory.

Mental effort; aggravates only Concentrating. Reflection: Thinking something through. Problem solving. Mental processing of ideas. **Note:** It is important to differentiate between "Mental effort" aggravates and the rubric "Understanding" difficult. "Mental effort" relates to mental strain, or cognitive load. While "Understanding" relates to whether it has been comprehended/understood /registered. Both of these rubrics can apply to ADD and/or brain fog.

How to question the client? Has it become more difficult to concentrate or focus since you have been ill, or while symptoms are worse? Would you describe yourself as "having brain fog"? **Note:** If client replies "yes" to having brain fog the homeopath must determine if the rubric "Mental effort" agg. and the rubric "Understanding" difficult both apply. The homeopath should determine which of those rubrics most accurately describes the client's experience.

Eating and Drinking

Swallowing; Improves a symptom or is painful: The act of swallowing food or water.

How to question the client? Does swallowing make your symptoms better or worse or is it just neutral?
Note: This more commonly applies to sore throat, earache, nausea, and heartburn. However, it can also apply to more unusual or peculiar phenomena such as anxiety or other unexpected complaints.

Chewing: aggravates only The mechanical act of opening and closing the jaw to bite and work (food) in the mouth with the teeth (masticating). Eg: chewing gum

How to question the client? Does chewing notably worsen your symptoms in some consistent way?

Eating, before: aggravates only Before eating any food and/or between meals.

How to question the client? Before eating or between meals, are your symptoms worse?

Eating, during: During the act of eating any food.

How to question the client? Have you noticed that while you are eating, your symptoms are notably improved or worsened?

Eating, after: After eating any food.

How to question the client? Have you noticed that after eating your symptoms are notably improved or worsened?

Change of appetite; Only if changed during illness: This relates to appetite changes relative to the onset of patient's symptoms/illness. For example - during the overall length of illness, has the appetite notably and consistently changed?

How to question the client? Have you noticed that your symptoms/illness has markedly altered your appetite one way or the other?

Desire to drink; Only if changed during illness: Either diminished or increased sensation of thirst.

How to question the client? Do you have more thirst or less thirst than is usual for you?

Before breakfast, fasting; Only use if better/worse after breakfast: This relates to the time between waking and before taking the first meal.

How to question the client? Are your symptoms notably worse or better before having breakfast in the morning.

After breakfast: This relates to the time after taking the first meal of the day.

How to question the client? Are your symptoms notably worse or better after having breakfast in the morning.

Food and drink, cold things; Eating or drinking cold/icy food or beverages:

How to question the client? Have you noticed that since you have been ill you've been seeking out warmer or colder foods or beverages?

Food and drink, warm things *Eating or drinking warm/hot food or beverages.*

How to question the client? Have you noticed that since you have been ill you've been seeking out warmer or colder foods or beverages?

Drinking while; aggravates only: While drinking. Temperature is irrelevant; it could be either warm/cold beverages.

How to question the client? When you are experiencing your symptoms does drinking aggravate them? Have you noticed that your symptoms are changed while you are drinking? eg: headache, during menses, sore throat etc.

Drinking after; aggravates only: After drinking any liquids/fluids. Temperature is irrelevant; it could be either warm or cold beverages.

How to question the client? Have you noticed that your symptoms are better or worse after drinking?

Alcohol - *aggravates only* During or after drinking any form of alcohol eg: beer, wine, liquor etc.: (temperature is irrelevant).

How to question the client? Have you noticed your symptoms change from drinking alcoholic beverages? When you are experiencing your symptoms eg: headache, during menses, sore throat etc., are they even worse or aggravated after you drink alcohol or any beverage that contains alcohol - possibly even a food that was cooked with wine or alcohol.

Coffee; *aggravates only* During or after drinking coffee?

How to question the client? Have you noticed your symptoms change from drinking coffee?

Milk; *aggravates only* During or after drinking milk or any form of dairy; cheese, butter, whey etc.

How to question the client? Have you noticed your symptoms change from drinking milk or consuming dairy products?

Saliva: Oral production of saliva

How to question the client? Have you noticed that since you have been ill, your saliva has increased or decreased markedly?

Breathing

Breathing (quickenened): This relates to increased or rapid breathing.

How to question the client? When you are experiencing your symptoms do you find your breathing speeding up /becoming quicker than normal?

Breathing, in (inspiration) *aggravates only*. Hard to breath in, inspirational stridor:

The act of inhaling. Taking in air only.

How to question the client? When you are experiencing your symptoms do you find it harder or more difficult to get air? To inhale? To breathe in? Or, Does inhaling worsen your symptoms?

Breathing, out (expiration) *aggravates only* Hard to exhale effort, expiratory stridor:

The act of exhaling. Pushing/blowing/expressing air out of the lungs.

How to question the client? When you are experiencing your symptoms do you find it harder or more difficult to exhale? Or, does exhaling worsen your symptoms?

Sneezing *aggravates only* A forceful, often loud, expulsion of air through the nose.

How to question the client? When you are experiencing your symptoms does sneezing aggravate your symptoms? Or, since you have been ill, is sneezing a marked part of your illness?

Heart-Circulation

Pulse: The rhythmic throbbing of the blood coursing or circulating through the arteries. Usually, felt in the neck or the wrists .

How to question the client? When you are experiencing your symptoms can you feel your pulse pounding faster or feeling slower? Eg: tachycardia or bradycardia. Or, since you've been ill, have you noticed that your resting pulse has noticeably changed?

Pulse; Hard; High blood pressure: This is used sparingly and only with patients who have significant hypertension.

How to question the client? Do you have significantly elevated blood pressure as diagnosed by a healthcare provider? Or, do you have consistent high blood pressure readings on your home blood pressure cuff?

Digestive Track

Eructation (burping): A noisy release of air from the stomach through the mouth; belch.

How to question the client? When you are experiencing your symptoms does burping or belching improve or aggravate them? When you burp does it make you feel better or worse?

Stool, before; aggravate only: This relates to some exacerbation the patient experiences before a bowel movement.

How to question the client? When you are experiencing your symptoms do you feel worse before you have a bowel movement? Note: These yellow bowel rubrics should be used sparingly and only when the symptoms are marked/clearly noticeable and the patient has significant bowel issues as part of their presenting complaint.

Stool, during; aggravate only: This relates to some exacerbation the patient experiences during a bowel movement.

How to question the client? Are your symptoms markedly worse while passing stool? Note: These yellow bowel rubrics should be used sparingly and only when the symptoms are marked/clearly noticeable, and the patient has significant bowel issues as part of their presenting complaint.

Stool, after: This relates to some exacerbation/worsening of symptoms the patient experiences after a bowel movement.

How to question the client? After having a bowel movement are your symptoms markedly worse? Note: These yellow bowel rubrics should be used sparingly and only when the symptoms are marked and the patient has significant bowel issues as part of their presenting complaint.

Flatus, after discharge of; improves only: Passing gas/air from the anus/rectum that has been generated in the stomach.

How to question the client? After you pass gas do your symptoms feel markedly better? Note: These yellow bowel rubrics should be used sparingly and only when the symptoms are marked and the patient has significant bowel issues as part of their presenting complaint.

Gynecological/Urology

Menstruation; Cycle shorter or longer than 28 days: The female monthly cycle.

How to question the client? Have you noticed that since you have been ill, your periods come more or less often?

Menstruation; bleeding shorter / less than 4 days or more than 7 days:

How to question the client? Since you have been ill, have you noticed your cycle of bleeding has become shorter or longer than your norm?

Menstruation: profuse/too weak

How to question the client? Since you have been ill, have you noticed your menses are now heavier or lighter than what is normal for you?

Menstruation, blood, clotted (lumpy); lumpy blood: Menstrual flow includes coagulated/gel like clumps of blood.

How to question the client? Since you have been ill, is your menstrual blood more clotty or clumpy or contain gel-like coagulated blood that is different than what is normal for you?

Menstruation, worse; (before and at start) premenstrual syndrome, dysmenorrhea:

Physical and emotional changes before onset or during menstrual period eg: mood swings, breast tenderness, back ache, heaviness in lower limbs, irritability, food craving and fatigue.

How to question the client? Before or at the start of your period do experience any of the following: Physical or emotional changes eg: mood swings, breast tenderness, back ache, heaviness in your lower limbs, irritability, food craving or fatigue

Menstruation, worse; (during and after) dysmenorrhea, menstrual pain: During or after the end of your monthly flow/menstrual period eg: cramping, painful breasts, back ache, heaviness in lower limbs, shooting or pricking pains.

How to question the client? Are there any menstrual problems that occur during your period, during the days you have flow, or after your period ends?

Sexual instinct; sexual desire: Libido. Interest and desire for sexual intimacy.

How to question the client? Has your libido been affected one way or the other in relation to your current health complaints? This question is designed to determine if patient's health complaints have notably affected his/her libido. It may/may not stand alone.

Menstruation, blood, acid: Menstrual blood is acidic or caustic or corrosive to undergarments. Or the blood has a pungent or sharp odor.

How to question the client? Does your menstrual blood seem acidic? Does it corrode/fray your underwear? Does the blood have a strong or sharp odor?

Urination; Scanty or Profuse: Excreting or passing urine. Peeing.

How to question the client? Is the amount or quantity of urine that you are excreting noticeably more or less than what is usual for you?

Urination; Frequent or Infrequent: Excreting or passing urine. Peeing.

How to question the client? Do find yourself having to urinate more or less often than what is usual for you?

Sleep

While falling asleep; aggravate only: Is it routinely challenging to initiate sleep or to get oneself to bed at a reasonable time?

How to question the client? When you are experiencing your symptoms do you have trouble/hard time falling asleep? Or finding that you have trouble winding down or relaxing and getting settled into bed?

Sleep. During; aggravate only: While asleep.

How to question the client? Do your symptoms disturb you enough that you find yourself waking up from sleep? We are asking about night time sleep only.

While/after waking up; aggravate only: Upon awakening first thing in the morning. This applies to mornings only, not waking from a daytime nap. Sleep While/after waking up aggravate only **How to question the client?** Once you awake, before you get out of bed, are your symptoms already in play? Are your symptoms at their worst right after you wake up in the morning?

Mind and Intellect

Irritability, (anger, aggression); aggressiveness, outbursts of anger: Feeling and acting annoyed, irritated, irascible, or short tempered. Lashing out at others and/or other outward expressions of annoyance/anger.

How to question the client? Is your mood noticeably angry, annoyed, irritable or aggressive, in a way that is not usual for you? Do the people around you notice your ill temper?

Sadness (dejection, inclined to weep): Feeling down and or weepy since your illness started.

How to question the client? Is your mood noticeably down, dejected, sad in a way that is unusual for you? Do the people around you notice that you are feeling sad or unhappy? Do you find yourself crying? Weeping? Bursting into tears inappropriately or without real cause? Are all the above behaviours out of character for you?

Solitude, being alone; despondency, tearfulness: Being by yourself. Alone. Separated from or not around other people.

How to question the client? Do you prefer to be by yourself when you are experiencing your symptoms?

Company of people; aggravates only, Does not want company, not even a mother: Being in the company of others. Being with or around people or anyone at all - even a loved one.

How to question the client? When you are experiencing your symptoms does having anyone around make you feel worse? Even someone whose company you usually prefer

Consolation; *aggravates only, Cannot be comforted when sad:* Being comforted. Trying to make someone feel better by offering compassion or sympathy. Reassurance. Soothing.

How to question the client? When you are experiencing your symptoms does having someone console you or try to make you feel better make you actually feel worse or annoyed? Does someone reaching out to you with reassurance, compassion or sympathy makes your feel worse?

Grinding teeth; *use only if audible:* Grinding of teeth. Clenching the teeth with movement. **How to question the client?** Have you noticed that you grind your teeth? Can the grinding sound be heard by others? Has your dentist confirmed signs of teeth grinding? This is a yellow rubric, usually reserved to better differentiate a poorly characterized case. For example, a case with too few rubrics may call for a yellow rubric or two.

Understanding; *comprehends complex things only slowly:* Comprehension and understanding information.

How to question the client? Does mental processing seem different or slower in a way that is unusual for you? Have you noticed that it is harder for you to understand information since your health complaints began?