





# Modality Checklist

During a homeopathic interview, these modalities can be inquired about systematically using the following visual checkpoints:

 <p><b>Time</b></p> <ul style="list-style-type: none"> <li>• Specific time or period of day</li> <li>• Day vs. night</li> <li>• Weekly, monthly</li> <li>• Season</li> <li>• During menses</li> <li>• Recurring</li> </ul>	 <p><b>Motion</b></p> <ul style="list-style-type: none"> <li>• Initial motion</li> <li>• Rest</li> <li>• Exertion</li> <li>• Gentle motion</li> <li>• Walking, lifting</li> <li>• Rising up</li> <li>• Stretching</li> </ul>
 <p><b>Temperature</b></p> <ul style="list-style-type: none"> <li>• Heat (of sun, bed, room)</li> <li>• Cold (air, water, wind)</li> <li>• Hot compresses</li> <li>• Cold bathing</li> <li>• Change of temp</li> </ul>	 <p><b>Body Activity</b></p> <ul style="list-style-type: none"> <li>• Eating / drinking</li> <li>• Urinating</li> <li>• Defecating</li> <li>• Sleep</li> <li>• Coughing</li> <li>• Yawning</li> <li>• Sexual activity</li> </ul>
 <p><b>Environment</b></p> <ul style="list-style-type: none"> <li>• Damp &amp; cold</li> <li>• Hot &amp; humid</li> <li>• Sunny / Foggy</li> <li>• Storms</li> <li>• Weather changes</li> <li>• Clear / Overcast</li> </ul>	 <p><b>Sensory</b></p> <ul style="list-style-type: none"> <li>• Touch</li> <li>• Pressure</li> <li>• Noise</li> <li>• Music</li> <li>• Light</li> <li>• Odors</li> </ul>
 <p><b>Position</b></p> <ul style="list-style-type: none"> <li>• Lying, standing</li> <li>• Sitting</li> <li>• Stooping</li> <li>• Stretched out</li> <li>• Double up</li> <li>• Right or left side</li> <li>• Stiff or limp</li> </ul>	 <p><b>Psychological</b></p> <ul style="list-style-type: none"> <li>• Excitement</li> <li>• Effects of anger</li> <li>• Fear or shock</li> <li>• Overstudy</li> <li>• Worry, stress</li> <li>• Thinking about it</li> <li>• Better when busy</li> </ul>