

Similia The Classical Homeopathy Clinic

LIFESTYLE DISORDER CLINIC

CLASSICAL HOMEOPATHY CLINIC

NAME:

AGE: GENDER: M/F

ADDRESS:

CONTACT NOS: (M) (LL)

EMAIL:

PRELIMINARY QUESTIONNAIRE

- 1. Diet followed: Vegetarian/Eggs/Non-Vegetrian
- 2. Tell us your diet for a typical day:
 - 1. Breakfast
 - 2. Lunch
 - 3. Snacks
 - 4. Dinner
- 3. Tell us your diet for a Sunday/Holiday:

- 5. Breakfast
- 6. Lunch

- 7. Snacks
- 8. Dinner
- 4. You consume Milk & milk-products: ______ times/day.
- 5. You consume Non-vegetarian food: ______ times/day.
- 6. You consume Eggs: ______ times/day.
- 7. You consume Bread (Maida/Brown/Whole grain):______ times/week.
- 8. You consume pre-cooked food packets: _____ times/week
- 9. You consume soft drinks: _____ times/month
- 10. You consume packed snacks (e.g. Wafers, Sev etc): ______ times/month.
- 11. You eat at restaurants : _____ times/week/month
- 12. When at a restaurant/party you choose to eat Junk food: Everytime/Occasionally/Never
- 13. During a social gathering you choose your food carefully? Yes/No.
- 14. You naturally love to eat fruits? Yes/No
- 15. You eat fruits : _____ times/day
- 16. You naturally love to eat raw veggies/salads? Yes/No
- 17. You have a craving for sweets? Yes/No
- 18. At your home, sugar/jaggery is added to Dal /Curry/ Vegetables/ Salads/All.
- 19. What is the type of food you choose when faced with a social gathering?

- 20. While purchasing products do you read the Nutritional Facts Label?
- 21. What do you look for in the Nutritional Facts Label?
- 22. If you were asked to make changes in your diet, what would be the most difficult thing/s for you to change? Why? (Please mention details) Not fussy about changes