Similia
The Classical Homeopathy Clinic

# LIFESTYLE DISORDER CLINIC CLASSICAL HOMEOPATHY CLINIC 

## NAME:

## AGE: GENDER: M/F

## ADDRESS:

EMAIL:
PRELIMINARY QUESTIONNAIRE

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

## 8. Dinner

4. You consume Milk \& milk-products: $\qquad$ times/day.
5. You consume Non-vegetarian food: $\qquad$ times/day.
6. You consume Eggs: $\qquad$ times/day.
7. You consume Bread (Maida/Brown/Whole grain): $\qquad$ times/week.
8. You consume pre-cooked food packets: $\qquad$ times/week
9. You consume soft drinks: $\qquad$ times/month
10. You consume packed snacks (e.g. Wafers, Sev etc): $\qquad$ times/month.
11. You eat at restaurants : $\qquad$ 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 : $\qquad$ 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
