Patient n°…

**SURVEY 1**

☐ I declare that I have been informed about the purpose of this study and that my answers may be freely used anonymously for the HOMEOCSS project.

*(if you choose not to check the box, your answer to the questionnaire will not be used for the study)*

|  |  |  |
| --- | --- | --- |
| **You are**  ☐ a man  ☐ a woman  **How old are you ?**  *…………..* | **What is your highest level of education ?**  ☐ Without professional training  ☐ Primary school  ☐ Secondary school  ☐ Highschool Diploma  ☐ Associate’s degree  ☐ Bachelor’s degree  ☐ Master’s degree  ☐ Phd | |
| **What is your professional situation?**  ☐ Self - employed  ☐ Craftsman  ☐ Farmer  ☐ Employee on a fixed contract (permanent work contract)  ☐ Seasonal worker  ☐ Unemployed  ☐ Student  ☐ Retired  ☐ on disability  ☐ Other | |  |

**What medical coverage do you have?**



**1) In your words ,what is homeopathy ?**

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**2) How often do you use homeopathic treatment ? Why ?**

☐ Often ☐ Sometimes ☐ Rarely ☐ Never

**3) If you have already used homeopathy, what led to you choice ? (recommandation by friends or relatives, medical professional).**

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**4) Have you ever consulted a homeopathic doctor ? If so, in which case?**

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**5) Do you take homeopathic medicines? Why? Or why not ?**

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**6) Do you think homeopathic medicine is more effective, less effective, or equally as effective as conventional medicine? Why ?**

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**7) Do you think homeopathic medicine has a placebo effect ? Why ?**

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**8) Where do you seek information about homeopathy? (press, research articles, friends, relatives).**

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**9) Do you take homeopathy as a preventive treatment ?**

☐ Yes ☐ No

If yes, for which pathologies?

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**10) Do you take homeopathy as a long term treatment ?**

☐ Yes ☐ No

If yes, for which pathologies?

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