

Health and Lifestyle Survey

Hello. Can you spare me just two minutes? I am doing a survey on important health and lifestyle issues.

1 Which of these words best describes your own lifestyle?

Calm Active Stressed

2 Do you think you get 100% of the daily nutrition needed for good health?

Yes No Sometimes

3 Do you take nutritional supplements (vitamins/minerals/proteins)?

Daily Never Sometimes

4 Do you experience a loss of energy during the day?

Yes No Occasionally

5 Do you, or does any member of your family or friends need to lose, gain or maintain weight?

Lose weight Gain weight
 Maintain weight Can't say for certain

6 Approximately how much weight do you/they need to lose?

You _____ lbs.
Family _____ lbs. _____ lbs. _____ lbs.
Friends _____ lbs. _____ lbs. _____ lbs.

7 Have you tried diet programs in the past?

Yes No

Which ones? _____

8 Do you eat a variety of healthy foods from the basic food groups every day?

Yes No

9 If no, why not?

Not enough time for shopping/preparation

Too expensive Too complicated

10 Are you interested in learning about a nutritional program to control weight while still eating the foods you like, without feeling hungry?

Yes No

11 When is the most suitable time to contact or telephone you?

Day _____ Time _____

12 Would you prefer further information to be sent to your home or office?

Yes No

Name: _____ Occupation: _____

Address: _____

Zip Code: _____ Telephone: (work) _____ - _____ - _____ (home) _____ - _____ - _____

Is there anyone else you know who would take part in this survey?

Name: _____

Telephone: _____ - _____ - _____

Name: _____

Telephone: _____ - _____ - _____

Name: _____

Telephone: _____ - _____ - _____