

# 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_