

Nutrition Questionnaire

1. What did you eat and drink yesterday?

Breakfast: _____

Snacks: _____

Lunch: _____

Snacks: _____

Dinner: _____

Snacks: _____

2. Do you believe your health could be better if you ate differently? Yes / No

3. Do you know which of the things listed above are healthy are not? Yes / No

4. Do you believe your health could be better if you knew which vitamins and minerals you were lacking and took the right supplements to make up the difference? Yes / No

5. Did you take any supplements over the past month? Yes / No

6. If you did take supplements, how did you know you were taking the best ones for your particular needs?

7. If you did take supplements, did you take them based on symptoms you may have had or to improve your overall health? Symptoms / Health / Both

8. Do you feel they were beneficial? Yes /No

9. What are the last five conditions or symptoms you experienced:

1. _____

2. _____

3. _____

4. _____

5. _____

10. What are your feelings regarding the importance of eating a healthy diet and taking supplements to make up for nutritional deficiencies? _____
