



Your personalized health builder

CONTACT INFORMATION

First name _____ Last name _____

Email _____ Phone _____

DEMOGRAPHICS

 What is your age? _____

 What is your gender?

Male Female

 What is your weight and height?

Height _____ Weight _____

For women, please select which of the following apply to you:

- I am trying to conceive
- I am pregnant or nursing
- I experience PMS
- I am going through perimenopause or menopause
- None

LIFESTYLE Please select only one option from the questions below

 How is your energy level on a normal day?

- I can take the day by storm
- I've got just enough to make it through the day
- I occasionally need a little pick-me-up
- I feel tired all the time

 How often do you get stressed?

- Rarely: I don't let things bother me
- Occasionally: I have my moments, but it's manageable
- Frequently: I've got a lot on my plate
- Always: I'm a total stress-mess

 How do you sleep?

- Great, 7-8 hours of uninterrupted bliss
- Fine, I just don't get enough
- I have trouble falling asleep
- Not great, I wake up several times throughout the night

 How is your memory and concentration?

- Great, I'm sharp as a tack
- No problems now, but I worry about it getting worse
- Ok, but I occasionally lose my train of thought
- It seems to be progressively deteriorating

 How often do you exercise each week?

- Less than 1 hour
- 1-2 hours
- 2-4 hours
- More than 4 hours

 How would you describe your weekly exercise?

- Light (*walking, some stretching, etc.*)
- Mostly cardio (*jogging, elliptical machine, etc.*)
- Moderate balance of cardio and weight training
- Intense (*interval training, weight lifting, training for marathons, etc.*)

 Do any of your cleaning products contain bleach or ammonia?

- No
- Yes

DIET Please select only one option from the questions below

 **How many times per week do you eat fruit?**

- Less than 7 times
- 7-13 times
- 14-20 times
- More than 20 times

 **How many times per week do you eat vegetables?**

- Less than 7 times
- 7-13 times
- 14-20 times
- More than 20 times

 **How many times per week do you eat whole grains?**

- Less than 7 times
- 7-13 times
- 14-20 times
- More than 20 times

 **How many times per week do you eat dairy?**

- Less than 7 times
- 7-13 times
- 14-20 times
- More than 20 times

 **How many times per week do you eat omega-3-rich fish, such as salmon?**

- None
- Rarely
- About once a week
- Two times or more per week

 **How many 8-ounce glasses of water do you drink each day?**

- Less than 2 glasses
- 2-4 glasses
- 5-7 glasses
- 8 glasses or more

 **How many times per week do you consume sugary drinks (soda, juices, etc.)?**

- Rarely
- 1-2 times
- 3-6 times
- More than 6 times

 **How many times per week do you eat unhealthy snacks or fast food?**

- Less than 2 times
- 2-6 times
- 7-13 times
- More than 13 times

 **What do you typically eat for breakfast?**

- I rarely eat breakfast
- I tend to eat things like toast, bagels, muffins, cereal, and oatmeal
- I like a classic American breakfast (*bacon, eggs, hash browns, etc.*)
- I opt for lighter options like yogurt and fruit
- I get a mix of protein, fruit, and/or veggies from shakes and smoothies, or look for other sources of lean protein like eggs or egg-whites

 **Do you purchase organic foods?**

- Always, whenever available
- I do for certain types of food
- I'd like to, but it's too expensive
- No, I don't think it's worth it

 **Do you have any dietary restrictions?**

(Please select all that apply)

- Gluten Free
- Soy Free
- Nut Free
- Dairy Free
- Vegetarian
- Kosher
- None

HEALTH GOALS

 Please identify your top 3 health goals and rank them in order of importance to you.

- | | |
|---|---|
| <input type="checkbox"/> Overall Health | <input type="checkbox"/> Healthy Heart |
| <input type="checkbox"/> Joint Comfort | <input type="checkbox"/> Strong Bones |
| <input type="checkbox"/> Healthy Aging | <input type="checkbox"/> Immune Support |
| <input type="checkbox"/> Sharp Memory and Focus | <input type="checkbox"/> More Energy |
| <input type="checkbox"/> Healthy Digestion | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Staying Fit |



How much would you spend each day to achieve your optimum health?

- Less than \$3 per day
- \$3–\$5 per day
- \$5–\$8 per day
- More than \$8