

NUTRITIONAL QUESTIONNAIRE



Discover if you have a need for additional dietary changes and nutritional supplementation due to deficiencies in your diet or nutrient-destroying dietary or lifestyle habits or practices.

	NO	YES
1. I eat mostly processed, packaged, pre-prepared foods		
2. I primarily use canned or frozen fruits or vegetables		
3. I eat white bread and other white flour products		
4. I use white sugar and products containing white sugar		
5. I drink pasteurized, homogenized milk		
6. I use a lot of salt		
7. I drink coffee or caffeinated tea		
8. I drink soda, cola, carbonated, or energy drinks		
9. I cook my vegetables until they are soft		
10. I have little appetite		
11. I have an excessive appetite		
12. I have unsatisfied cravings		
13. I crave sugar after a meal		
14. I often eat quickly, not chewing my food well		
15. I am tired most of the time		
16. I am on a special diet because of a medical condition		
17. I eat out a lot		
18. I live in an area with significant air pollution		
19. I have skin problems		
20. I smoke		
21. I drink alcoholic beverages frequently		
22. I am dieting to lose weight		
23. I am taking medication		
24. I use birth control pills		
25. I lack normal sex drive		
26. I am in a stressful family situation		
27. I am having financial problems		
28. I don't exercise regularly		
29. I don't get enough rest		

- Yes to less than 8 of the statements, some need for supplements and dietary changes.
- Yes to 8 to 16 of the statements, a moderate need for supplements and dietary changes.
- Yes to 16 or more of the statements, a great need for supplements and dietary changes.