

## PATIENT HEALTH SURVEY

1. Are you presently taking any type of nutritional supplements (such as vitamins, minerals, herbs, amino acids, fish oils, etc.)?

Yes

No

2. Name the supplements that you are presently taking:

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3. Who recommended you take these supplements?

family member or friend     advertisement

health professional     other (please specify)

4. Where did you purchase these supplements?

mail-order     nutrition or vitamin shop

pharmacy     healthcare provider

other (please specify)

5. If this practice offered an advanced, high quality line of supplements, would you consider purchasing them?

Yes

No

6. If this practice offered simple genetic testing to determine what supplemental regimen is best for you, based on your genetic variation, would you consider doing it?

Yes

No

7. If this practice offered a comprehensive weight management program, would you consider doing it?

Yes

No

8. If this practice offered a nutrition education program to improve your health and vitality, would you consider it

by appointment with one of our staff?     Yes     No

by a class exclusively for our patients?     Yes     No