

Wellness Survey



Name: _____

Are you a current patient of Better Health, DC, MD.? _____

- On a scale of 1 to 10 (with 10 being very important), how important is the state of your health to you? _____
- Are you interested in anti-aging and disease prevention? Yes No
- Do you exercise at least 3 times a week? Yes No
- Do you consistently drink at least 64 ounces water a day? Yes No
- Do you take vitamin and mineral supplements? Yes No
- Are you aware of the evidence against vitamins/minerals as efficient for the prevention of disease? Yes No
- Have you heard that the USDA recommends eating 7 to 13 servings of fruits and vegetables every day? Yes No
- Is that hard for you to do? Yes No
- Do you use a juicer? Yes No
- What level of importance (on a scale of 1 to 10) do you place on eating fruits and vegetables for better health and prevention? _____
- Are you interested in a convenient way to add more fruits and vegetables to your family's diet? Yes No