

## PATIENT 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:
  
  
  
  
  
  
  
  
  
  
3. Who recommended you take these supplements?  
family member or friend  
advertisement  
health professional  
other
  
  
  
  
  
  
  
  
  
  
4. Where did you purchase these supplements?  
mail-order  
nutrition or vitamin shop  
pharmacy  
healthcare provider  
other
  
  
  
  
  
  
  
  
  
  
5. If your doctor offered an advanced, high quality line of supplements, would you consider purchasing them?  
yes  
no
  
  
  
  
  
  
  
  
  
  
6. If your doctor offered a simple genetic test to determine what supplemental regimen is best for you, based on your genetic variations, would you consider doing it?  
yes  
no
  
  
  
  
  
  
  
  
  
  
7. If this office offered a comprehensive weight management program, would you consider it?  
yes  
no
  
  
  
  
  
  
  
  
  
  
8. If this practice offered a nutrition education program to improve your dietary habits, would you consider it  
by appointment with one of our staff? yes no  
by a class exclusively for our patients? yes no