

# Patient Health Survey

Category/Question	Answer	Recommended Product
1. Do you eat a diet low in fruits & vegetables?  Would you describe your health as anything less than excellent? (i.e. only good/fair/poor)  Do you have low energy levels?	Yes / No  Yes / No  Yes / No	Clinical Nutrients for Men/50+ Men Teens/Women/45+ Women Multigenics (Chewable) Nutrient 950 Nutrient 950 without copper & iron
2. Do you experience tingling, numbness, radiating leg or arm pain (or burning sensation)?	Yes / No	B6 Complex Clinical Nutrients for Men/50+ Men Teens/Women/45+ Women
3. Do you have osteoporosis or are you at higher risk for osteoporosis (thin, smaller boned female)?	Yes / No	Bone Essentials Super Cal 600
4. Do you eat a diet low in antioxidants ( <u>dark colored</u> fruits & vegetables)?	Yes / No	Premium Greens Premium Red AlkaGreens
5. Do you have arthritis (stiff, achy joints)?  Is inflammation (swelling) present in those joints?	Yes / No  Yes / No	Pure Glucosamine Pure Glucosamine w/ Chondroitin Total Joint Complex Flex Easy
6. Do you have consistently tense/tight muscles? Do you experience muscle spasms? Do you have trouble falling asleep?	Yes / No Yes / No Yes / No	MyoCalm  MyoCalm PM
7. Are you concerned about cardiovascular disease or is there a history of cardiovascular disease in your family?	Yes / No	Omega Pure 600 EC
8. Do you frequently get upper respiratory tract infections?  Do you frequently suffer from sinus trouble due to allergies, hay fever, colds, etc.?	Yes / No  Yes / No	Zinc Lozenges
<b>Women Only</b>		
9. Do you experience any menopause related symptoms such as hot flashes, mental fogginess/forgetfulness, inability to concentrate, difficulty sleeping, cold hands and feet, sense of well being fluctuates throughout the day/mood swings?	Yes / No	Women's Hormonal Balance MyoCalm PM