



EAT to Fight Disease, Not Feed It

Lifestyle Questionnaire



Name(s) _____ Date _____
PLEASE PRINT

Email _____ Phone No. _____

Address _____

Name of Presenter _____ Trainee _____

How often do you cook in a week? _____

Do you enjoy cooking? Why or why not? _____

1) In your daily meal planning, please number the 3 most important (1 being most important).

Nutrition Cost	Speed Variety	Clean Up Presentation	Flavor Quantity
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2) Are you trying to eat healthier? ____ YES ____ NO

3) Do you find it difficult to get your children to eat healthy? ____ YES ____ NO ____ N/A

4) Is there any predisposition to disease that you're concerned about?

Please let us know if you're comfortable doing so _____

5) Do you think your food impacts you and/or your family's health? ____ YES ____ NO

6) What can help you cook more? _____

7) What dishes would you like to learn to cook? _____

8) What is your biggest health investment so far? _____

9) On a weekly basis, how much do you spend on FOOD? Groceries & restaurants?

☐ \$100

☐ \$150

☐ \$200

☐ \$250

☐ \$300 and above

10) If you were impressed, would you recommend us to your family and friends? ____ YES ____ NO

11) Based on today's presentation, what is the most critical change you must make to cook and eat healthier? _____

12) What would be the biggest benefit when you start cooking with SALADMASTER? _____

Please rate this Presentation (Scale of 1 to 10) _____

Comments or Suggestions _____

Do you know anyone who will enjoy doing what we do? Who? _____

HEY Home Cooking

<https://heyhomecooking.com/>

469_875_0965



**How long would it take you to cook all of the food we made for 6 adults
if you were making them from scratch? _____**

Which of the following programs or classes that we have would you like to participate in?
PLEASE select as many as you want.

- | | |
|---|--|
| <input type="checkbox"/> Healthy Meal Prep Class | <input type="checkbox"/> Diabetes Prevention
& Reversal Class |
| <input type="checkbox"/> Deep Sleep, Stress Less Class | <input type="checkbox"/> Food Addiction Class |
| <input type="checkbox"/> Alzheimer's Prevention Class | <input type="checkbox"/> Cancer Prevention
& Survival Class |
| <input type="checkbox"/> Virtual Cook-Along Class | <input type="checkbox"/> Immune Boosters, Busters Class |
| <input type="checkbox"/> In-Person Cooking Class | |
| <input type="checkbox"/> African-American Nutrition Class | |

***Thank you for taking the time to see our
HEY Home Cooking presentation with SALADMASTER!***

***For a chance to win a SALADMASTER item, please write a review of
your experience in this presentation. Your name will be included
in our month-end drawing.***

May we publish your photo and review in our social media accounts and marketing
materials? Please initial. _____ YES _____ NO

Do you know someone who would be great at doing this presentation? ____ YES ____ NO

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