



Solutions.



A Lifetime of Solutions for a Healthier Lifestyle.

Tell Us about YOU!

Name: _____ Phone: _____

Address: _____ Email: _____

Hostess/Host: _____ Date: _____

Your Saladmaster Chef: _____

1-Do you enjoy cooking or view it as a chore? _____

2-On average how many times a week do you eat out? _____

3-What is most important to you when planning meals? (Rank 1-5, 5 most important)

Nutrition __ Speed __ Clean Up __ Flavor __ Cost __ Variety __

4-Do you try to maintain nutrition & eliminate unhealthy fats when cooking?

5-Are you interested in eating healthier? _____

6-Is it a challenge to get your children and family to eat healthy? _____

7-How often do you take vitamin or food supplements? _____

8-Do you suffer from indigestion or tiredness after eating? _____

9-Do you have a family history of diet related diseases? (Circle all that apply)

*Heart Disease *High Cholesterol *High Blood Pressure *Digestive Disorders
*Stomach/Colon Irritation *Cancer *Stroke *Alzheimer's *Diabetes

10-Do you suffer any of the following symptoms related to Heavy Metal Toxicity?

*Depression *Fatigue *Muscle Weakness *Achy Joints *Anemia *High Blood Pressure
*Memory Loss *Nausea *Irritability *Hyperactivity *Headaches *Arthritis

11-How much do you spend on groceries each month? _____

___ \$300 ___ \$400 ___ \$500 ___ \$600 ___ \$700 ___ \$800 or more \$ _____

12-What type of pots & pans do you currently use? (Circle all that apply)

*Stainless Steel *Non-stick/Teflon *Aluminum *Cast Iron *Glass *Porcelain *Enamel *Other _____

13-List any foods you are allergic to or cannot eat for health reasons: _____

14-If you would enjoy receiving the Free Gifts you'll see today, are evenings or weekends better for you to host a healthy cooking show? Evenings. Weekends.

15-Interested in 'healing foods' classes with The Cancer Project? Y N