



TrulyU Functional Nutrition - Getting To Know You Survey

1. What is your name (please include first and last names)? (Required) *

First Name

Last Name

2. What is your email address?

3. Tell us where you are located? (City, Prov/State and Country)

4. Are you filling out this survey for yourself or on behalf of another person?

For myself

For another person, please note relationship below

Other (please specify)

5. What are your main goals for your interest in working with a functional nutritionist at TrulyU? (Select all that apply)

Lose some weight and increase energy and feel better in general.

I don't feel right, but nothing wrong has been found with me.

Support with a specific health condition(s).

I have been chronically ill for a long time and no has been able to help me feel better

I was referred by another practitioner (please let us know who in the space below)

Other (please specify)

6. Do you have any known health or medical conditions? If yes, please explain.

7. What have you tried so far to address your goal? (Diets, testing, modalities, etc.)

Not much, just getting started

I've tried a few things, but am overwhelmed by the information out there

I've been to more than 3 practitioners trying to figure this out, and understanding or relief is still a mystery

I have completed other TrulyU programs and am interested in delving deeper into my health concerns,

8. Which of the following items are currently in your diet in any amount: (select all that apply)

Soda

Diet soda

Refined sugar

Alcohol

Fast food

Snack foods (chips, pretzels, etc.)

Dessert/candy (chocolate, cookies, candies, Twinkies, etc.)

Gluten (wheat, rye, barley)

Dairy (milk, cheese, yogurt)

Coffee

Please include any additional notes, here.

9. What percentage of your meals are currently home cooked?

Less than 25%

25-50%

50-70%

80-100%

10. Please let us know anything else about you, your goals for functional nutrition counselling with TrulyU or your health aspirations.

Thank you for completing the survey. Click the "Done" button below and we will get back to you shortly.

Please note that this survey is transmitted with SSL secure submission.