

CONFIDENTIAL MEMBER POLL

How long have you been a member of this facility? _____

How many times per week do you visit? _____

How many hours per week do you spend here? _____

Please circle all that apply

I joined to : Lose Weight - Improve my appearance - Improve my cardiovascular health

I eat healthfully: Most of the Time - Some of the time - All the time - Rarely

I pre-prepare my meals for the week: YES - NO - SOMETIMES

I utilize Health Supplements (i.e. vitamins, meal replacement shakes etc.): Daily - Weekly
- When I Remember - Never

I spend approximately _____ on supplementation monthly.

I am an athlete / participate in sports competition? YES - NO - OCCASIONALLY -
FOR FUN ONLY

I feel the facility's trainers are knowledgeable on Nutrition: YES - NO - SOME

Have our Trainers or staff given you nutritional advice or suggestions? YES - NO -
DO NOT REMEMBER

I would be comfortable and open to taking Supplements recommended by a trainer:

NO - SOMEWHAT - LIKELY - VERY LIKELY

Thank you for your feedback. We are currently investing time and effort into supplying you, our valued members, with nutritional supplements to meet your individual needs. Please comment below if you have any questions or concerns about this survey or the facility.
