



Please take a moment to complete the information and email to: stacee@juiceladycherie.com.
Thank you!

Diet, Lifestyle and Dysglycemia Risk-Factor Quiz

Answer the following questions and tally your “Yes” answers to assess your risk factors.

	YES	NO
1. Do you eat sweets — such as candy, cookies, ice cream, pastries, and doughnuts — three or more times a week?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you eat fat-free foods — such as fat-free muffins, fat-free fruit yogurt, fat-free cookies, or fat-free breakfast bars — more than three times a week?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you eat potato chips, pretzels, breakfast bars, granola, or ready-to-eat breakfast cereals more than three times a week?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you eat meals that emphasize pasta, rice, corn, or potatoes more than a couple of times a week?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you eat burgers, hot dogs, fatty luncheon meats (e.g. bologna, ham, salami, pastrami), bacon, sausage, French fries, or fried chicken more than twice a week?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you eat convenience foods (pizza, fast-food Mexican food, sandwiches, or snack foods) more than twice a week?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you drink any regular (non-diet) soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you drink more than a small (6 ounce) glass of fruit juice per day?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you drink more than four glasses of wine per week?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you drink more than three beers per week?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you drink more than a pint of hard alcohol per week?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you avoid regular structured exercise?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
13. Are you physically inactive — do you avoid walking, taking stairs, playing sports, doing housework, gardening, or playing with children?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had bad eating habits or been a “couch potato” for many years?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a close relative who had or has heart disease, high blood pressure, adult-onset diabetes, or obesity?	<input type="checkbox"/>	<input type="checkbox"/>

*If you answered “Yes” to more than three questions, you are at risk for dysglycemia.
The more “Yes” answers, the greater your risk.*