



**DINNER**

Do you have dinner every day?  Yes  Sometimes  No  Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_  
\_\_\_\_\_

Do you have a snack at night?  Yes  Sometimes  No  Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_  
\_\_\_\_\_

**OTHER**

Are you a vegan?  Yes  No

Strict vegans do not qualify due to too many dietary restrictions.

Are you a vegetarian?  Yes  No

Do you smoke?  Yes  No

If so, how many per day? \_\_\_\_\_

For how many years? \_\_\_\_\_

Do you drink alcohol?  Yes  No

If so, what and how often? \_\_\_\_\_

How many glasses of water do you drink per day? \_\_\_\_\_ glasses per day

How many cups of coffee do you drink per day? \_\_\_\_\_ cups per day

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_

The Protocol

Revised January 18, 2017 (US)