

ASSESSMENT QUESTIONNAIRE



Heart Health



Blood Sugar Regulation



Brain Health



Fitness & Tissue Health



Hormone Health



Weight Balance

Who are you?

Full name

Gender

Contact number

Email address

Where are you from?

Tell us why you have chosen to do the 3X4 Genetic test.

Below are several statements. Please tick the statements that best describe your reasons for taking the test

- 1. I have battled with my weight my whole life and want to understand what is the best diet for me?
- 2. I don't understand why it's so hard for me to lose weight
- 3. I have been to health professionals for my symptoms but haven't found any answers and/or solutions
- 4. I have low energy levels and I don't know why.
- 5. I have a history of cancer and would like to stay healthy
- 6. I struggle with my gut – I'm almost always in pain / bloated / constipation and/or diarrhea, and have bad digestion
- 7. I need help understanding my hormones - I suffer from pre-menstrual syndrome, infertility, PCOS, endometriosis
- 8. I'm am menopausal and struggle with symptoms such as hot flushes, insomnia, mood changes, weight gain.
- 9. I suffer from a mood disorder that includes symptoms like depression and anxiety
- 10. I am concerned about memory loss and maintaining brain function
- 11. I have been diagnosed with an autoimmune disorder such as thyroid or Hashimoto's, rheumatoid arthritis, Crohns disease, eczema etc.
- 12. I have several food allergies and/or intolerances
- 13. I suffer from addictive behavior which may involve coffee, cigarettes, sugar, alcohol or other substances
- 14. I'm curious to find out how my genetic blueprint will help me make the most optimal diet and lifestyle choices.
- 15. I'm concerned about getting sick later in life, and want to do what I can to prevent it from happening
- 16. I want to know what the most optimal sports training program will be for my genetic blueprint?
- 17. I've hit a plateau with my training
- 18. I keep on getting injured and I don't know why

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Tell us why you have chosen to do the 3X4 Genetic test (cont).

- 19. I have noticed that I don't recover well from training or events?
- 20. I get sick easily when I increase my training
- 21. I will be doing an endurance event (for example a triathlon, marathon running and/or swimming, a multi-stage mountain biking event or trail running) and need help with my preparation
- 22. Is there a reason not included above? Please share it with us.

We want to learn more about you.

We have put together a number of questions that will be shared with your expert nutrigenomic practitioner. This will enable them to better interpret your genetic results and be prepared before you join them for your test feedback.

General questions - general helpful info (all audiences)

1. Age 2. Weight (kg or pounds)

3. Height (meters and cm) 4. Waist circumference (if you know it)

5. Is there any specific diet pattern you follow?

Vegan
 Vegetarian
 Low Carb
 Keto
 Paleo
 Gluten Free
 Elimination
 Intermittent Fasting
 Other

6. What percentage of meals do you eat out?
 90-100% 75% 50% <50% -

7. Type eg. Fast food, restaurant, friends and family

8. Do you grocery shop? If no, who does the shopping?
 Yes No Who

9. Do you cook? If no – who does the cooking?
 Yes No Who

10. Do participate in regular physical exercise?
 Yes No

– if yes, how often?
 1-2 days /week 3-4 days /week >5 days /week

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We want to learn more about you (cont).

– how long on average?

<30 min 30-60 min > 60 min

– at what intensity do you exercise most of the time?

Low
(you can comfortably have a conversation),

Moderate
(you're able to speak short sentences only)

High
(you can speak words only before having to pause for a breath).

- If no, is there a reason you don't do any activity?

11. How would you describe your digestive function?

Good Fair Poor

12. How often do you have a bowel movements?

1-2x per day >2x per day <2-3x per week

13. On average, how long do you sleep

8+ hours 6-8 hours <6 hours

14. How would you describe the quality of your sleep?

Good Fair Poor

15. Which are your greatest life stressors currently?

Work
 Family
 Finances
 Health
 Relationships
 Other

16. What do you do for relaxation?

 How often?

17. Rate your overall energy level

Excellent Good Fair Poor

18. Have you noticed a regular decline in energy during a particular time of day? If yes, when?

Yes No When

19. Describe family medical history – father, mother, grandparents, siblings

Who	What was it?	At what age?	Age deceased? (if relevant)

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We want to learn more about you (cont).

20. Do you have any allergies or intolerances? These can be to environmental toxins, food, supplements or medicines)

21. Are you currently taking any supplements? If yes, what? (Where possible please include the brand)

22. Are you currently taking any medications? If yes, what? (Please include all contraceptives)

23. How many times have you been prescribed anti-biotics in the last year, if any?

24. Have you ever experienced any form of trauma? This includes operations, accidents, physical or mental abuse, head injuries. If yes, please describe

Yes

No

Describe

25. Have you been diagnosed with any illness or condition by your doctor e.g. Diabetes, high blood pressure, arthritis?

Yes

No

Describe