



[Edward is not keen on taking pills so when his doctor gave him a prescription to lower his blood pressure, Edward asked his doctor if there were any side effects. "Yes," replied the doctor. "Longevity. www.ruioking.com](#)

- Do** you routinely skip meals? [YES/NO](#)
- Do** you often reduce calories and/or fat to lose weight? [YES/NO](#)
- Do** you eat less than 5 servings of fruits and vegetables per day? [YES/NO](#)
- Do** you eat less than 6 servings of wholegrain products, bread, cereal, or either brown rice or pasta everyday? [YES/NO](#)
- Do** you eat less than 2 servings of meat, fish, poultry, eggs, or legumes daily? [YES/NO](#)
- Do** you eat "fast" or convenience style foods more than 2 times a week? [YES/NO](#)
- Do** you often eat the same foods everyday without thinking about whether you are eating a balanced diet? [YES/NO](#)
- Are** you 65 years or older? [YES/NO](#)

- Do** you smoke or are you regularly exposed to passive smoke? [YES/NO](#)
- Are** there days when you fail to eat at least 5 servings of fruits and vegetables? [YES/NO](#)
- Do** you eat fried and fatty foods on a regular basis? [YES/NO](#)
- Do** you live in an urban or highly polluted area? [YES/NO](#)
- Do** you exercise 3 or more times a week? Do you lead a stressful life? Do you spend a lot of time in the sun? [YES/NO](#)

- Are** you a woman of childbearing age? [YES/NO](#)
- Are** you vegetarian? [YES/NO](#)
- Are** you concerned about your iron intake? [YES/NO](#)
- Do** you have intolerance or allergy to milk products? [YES/NO](#)
- Do** you eat less than 2-3 servings of dairy products or other calcium-rich food daily? [YES/NO](#)
- Do** you drink more than 2 cups of coffee or tea daily? [YES/NO](#)
- Are** you in your menopausal years? [YES/NO](#)
- Do** you believe you need extra calcium to assist in prevention of osteoporosis? [YES/NO](#)

- Are** you a vegetarian? [YES/NO](#)
- Do** you often eat less than 6 servings of wholegrain products, bread, cereal, or either brown rice or pasta everyday? [YES/NO](#)
- Do** you lead a stressful life? [YES/NO](#)
- Are** you in your childbearing age, currently pregnant or nursing? [YES/NO](#)
- Do** you drink more than two cups of coffee or tea daily? [YES/NO](#)
- Do** you consume more than one alcoholic beverage daily? [YES/NO](#)

Are MEN **FERTILE** Forever?

[Click here for the answer.](#)





- Do** you often eat less than 2-3 servings of cold water fish per week (salmon & tuna)? [YES/NO](#)
- Are** you concerned about risk of developing heart or cardiovascular disease (risk factors include smoking, overweight, elevated blood pressure, poor dietary habits)? [YES/NO](#)
- Are** you an athlete, body builder? [YES/NO](#)
- Do** you need a convenient source of protein to maintain/lose or increase weight? [YES/NO](#)
- Do** you eat less than 6 servings of wholegrain products, bread, cereal, or either brown rice or pasta everyday? [YES/NO](#)

Max's doctor wrote out a prescription for bronchitis for Max. "This is Zithromax, " the doctor said as he wrote on a pad, then he said, "Mypenzadyne." "What's Mypenzadyne?" Max asked. The doctor looked confused, then enunciated slowly, "My pen is dying." [www.rujoking.com](http://www.rujoking.com)

- Do** you suffer from symptoms associated with cold, flu, and sinus? [YES/NO](#)
- Are** you looking for help to increase stamina and endurance? [YES/NO](#)
- Do** you have difficulty adapting to the extra demands placed upon your body by stress? [YES/NO](#)
- Do** you need help to improve blood flow to the extremities of the body and assist peripheral circulation? [YES/NO](#)
- Do** you have poor circulation in your hands and feet? [YES/NO](#)
- Are** you 40 years of age or older? [YES/NO](#)
- Do** you require antioxidants in maintaining healthy eyes and sharp vision? [YES/NO](#)
- Do** you have difficulty seeing at night? [YES/NO](#)
- Do** you have trouble relaxing at the end of busy demanding days? [YES/NO](#)
- Do** you suffer from the symptoms of premenstrual syndrome (symptoms like breast tenderness, cramps, food cravings, etc)? Are you in your menopausal years? [YES/NO](#)
- Do** you suffer from menopausal symptoms like hot flashes, mood swings, etc? [YES/NO](#)
- Are** you a man of over 40 years of age? [YES/NO](#)
- Do** you have difficulty in urination or frequent urination especially at night? [YES/NO](#)

[IF YOU answered YES to any of the lifestyle assessment questions above, please click \*\*HERE\*\* to find out the type of supplements that is recommended for you.](#)

The questions are part of an article to help educate people in better nutritional intake, to read the full article, click [here](#).

Reference: 1)Calcium Nutrition, Reader's Digest. 2)Nutralite's Lifestyle Assesment Chart. 3)Get Vitamin-smart by Ilona Olsen, CLEO.



**Forward this article to at least 10 people whom you care!!!**

