



HEALTH QUESTIONNAIRE

cGPMAX™ Brain Health

To help you track how cGPMAX™ Brain Health has benefited your health and wellbeing download and complete this questionnaire before you start taking cGPMAX™ , and complete it again 3 months later to see how well cGPMAX™ has worked for you.

1. Do you have one or more diagnosed medical conditions? For example: Diabetes, Parkinson’s Disease. If so please list below. You may wish to list any specific complications or symptoms such as cognitive decline or anxiety, as this will give you a better idea of your progress after taking cGPMAX™.

2. How often do you visit your GP or specialists?

3. Are you taking any other prescribed medication or treatments, including health supplements? Circle which applies (For example: treatment for cancer, medication for blood pressure etc...)

Medication	Yes	or	No
Health Supplements	Yes	or	No
Treatments	Yes	or	No

4. What are the 3 most pressing health issues you worry about at the moment?

- 1.
- 2.
- 3.

5. Life Balance Scale - Please rate the below on a scale of 1-10

Stress	Rarely stressed	1	2	3	4	5	6	7	8	9	10	Highly stressed
Diet	Eat healthily	1	2	3	4	5	6	7	8	9	10	Have a poor diet
Sleep Quality	Deep restful sleep	1	2	3	4	5	6	7	8	9	10	Light interrupted sleep
Exercise Level	Exercise Most Days	1	2	3	4	5	6	7	8	9	10	Hardly Exercise
Ability to relax	Find time to relax	1	2	3	4	5	6	7	8	9	10	Unable to easily relax
Social life	Active/ enjoyable social life	1	2	3	4	5	6	7	8	9	10	Rarely socialize/ find it stressful

6. What is your level of physical ability in the below areas? Please rate the below between 1 to 10

Physical Strength	Feel strong, able to do most things	1	2	3	4	5	6	7	8	9	10	Feel weak a lot of the time
Exercising	No real discomfort	1	2	3	4	5	6	7	8	9	10	Have difficulty exercising
Mobility Level	Cope with daily tasks	1	2	3	4	5	6	7	8	9	10	Difficulty coping with daily tasks
Aches & Pains	Rarely. Specific reason only	1	2	3	4	5	6	7	8	9	10	Regular pain in same spots
Headaches	Rarely	1	2	3	4	5	6	7	8	9	10	Often and Severe

7. Do you have any other areas of physical pain or discomfort not listed above that impacts your quality of life? (eg: pain in leg)

8. How do you assess your Brain Function? Please rate the below between 1 to 10

Forgetfulness	Mostly Remember	1	2	3	4	5	6	7	8	9	10	Often forgetful
Energy Levels	Feel energized	1	2	3	4	5	6	7	8	9	10	Often feel sluggish
Clarity of Thought	Very focused	1	2	3	4	5	6	7	8	9	10	Easily distracted
Mood	Rarely feel low or flat	1	2	3	4	5	6	7	8	9	10	Often feel low or flat
Motivation	Generally motivated	1	2	3	4	5	6	7	8	9	10	Not very motivated
Irritation	Rarely Irritated	1	2	3	4	5	6	7	8	9	10	Easily Irritated
Anxiety	Rarely / or particular reason only	1	2	3	4	5	6	7	8	9	10	Often / No particular Reason

9. Detail below anything else worries you about your health and wellbeing that is not covered in the above questions?