**PROLON QUESTIONAIRE**

**Please answer the following questions to help us determine if ProLon is right for you.**

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| --- | --- | --- |
|  | **yes** | **no** |
| Are you under the age of 18? |  |  |
| Are you pregnant or nursing? |  |  |
| Are you allergic to nuts, soy, tomato or any other ingredient of the ProLon meal plan? |  |  |
| Is your Body Max Index below 18.5? |  |  |
| Have you been diagnosed and currently suffering from a medical condition or disease? |  |  |
| Have you been severely weakened by a disease or medical procedure? |  |  |
| Are you taking medications which may not be safely consumed with a calorie restricted diet? |  |  |
| Have you been diagnoses with Type I or Type II diabetes, cardiovascular disease or cancer? |  |  |
| Have you been diagnosed with a metabolic disorder, particularly those that affect gluconeogenesis (where fasting is prohibited)? |  |  |
| Do you have a history of significant cardiac disease, particularly uncompensated congestive heart failure? |  |  |
| Do you have a history of syncope (fainting) with calorie restriction or other medical comorbidity which would make calorie restriction particularly dangerous? |  |  |
| Do you have any special dietary needs that are incompatible with the ProLon meal program? |  |  |

**If you have answered yes to any of the above questions, please provide details below.**

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