

HERE'S YOUR CHANCE TO TELL US Help us get to know you better so that we can give you the information you need — and want — most. what you think of *GreatLife*

Name (optional): _____

Sex: Male Female

Age: _____

Marital Status: Married Single

Number of Children _____ and Ages: _____

Do you have (check all that apply):

Dog(s) Cat(s) Other pet(s) (please specify) _____

Occupation: _____

Household income: _____

Where did you get this copy of *GreatLife*?

(check one)

Your health food store From a friend or family member Other (please specify) _____

How much do you spend on health and/or natural products per month in a health food store? (please check the one that most applies)

Less than \$20 \$20 - \$50 \$50 - \$100

\$100 - \$150 \$150 - \$200 \$200 or more

In addition to your independent natural foods store, do you also purchase natural products at any of the following types of stores? (check all that apply)

Natural foods markets (e.g., Whole Foods Markets, Wild Oats) Wal-Mart, Target, Costco, etc.

Pharmacies General Nutrition Centers, Vitamin Shoppe, Vitamin World, Great Earth, etc.

Other (please specify) _____

Have you ever purchased natural products for family members and/or friends? Yes No

Do you purchase natural products online?

Yes No

What other health-related magazines do you read regularly? _____

YOUR HEALTH & NUTRITION

How would you rate your total health and sense of well-being on a scale of 1 to 10, with 10 being the best health? _____

Which supplements do you take regularly? _____

How would you define your primary diet?

Low carb Low fat Vegan Vegetarian

Whole foods, without a low-carb emphasis

Other (please specify): _____

Have you ever gone to a holistic practitioner?

If so, what type (check all those that apply):

Acupuncturist Chiropractor Homeopath

Naturopathic Doctor Nutritionist

Other (please specify): _____

What is your most troublesome health problem(s)? _____

Do you use any prescription medications? If so, what are they? _____

OUR ARTICLES

Which recent articles have you liked best? _____

Which articles have you liked least and why? _____

What is your favorite monthly department in *GreatLife*? (check no more than 3)

Alternative Medicine Clinic (Q&A) Antiaging

Report Healthy Habits Low-Carb Corner

Natural Man/Woman Natural Rx Other

(please specify) _____

What health issues/conditions would you like to see written about in upcoming issues? _____

What supplements would you like to see written about in upcoming issues? _____

Are there any specific elements that you feel are not adequately addressed in the magazine? (e.g., dosage guidelines, how-to-buy information, etc.) _____

RECIPES

Have you tried any of the recipes from our magazine? If so, what did you think of them? _____

What types of recipes would you like to see? _____

What factors influence your decision on whether to make a particular recipe?

Preparation time Number of ingredients/expense

Personal taste Nutritional counts (such as calories, fat, carbs, cholesterol, etc.) Other (please specify): _____

WEIGHT LOSS & FITNESS

Are you following a carb-restrictive weight-loss program? Yes No

What types of weight-loss stories would you like to see in *GreatLife*? _____

How do you like our eight-page "Low-Carb Corner" section? What would you like to see in this section? _____

Do you exercise regularly? Yes No

What types of exercise/fitness stories are you most interested in seeing in *GreatLife*? _____

MISCELLANEOUS

Do you have any other general comments? _____

GreatLife is dedicated to helping you live a healthier and more natural lifestyle. Each month, we aim to bring you informative, well-researched articles on natural healing, the low-carb lifestyle, nutritional supplements, as well as recipes and news updates. In an effort to keep producing a publication that best reflects your needs, we would like to know what you think of *GreatLife*. We'd also like to know more about you, your particular health issues and the types of information you would like to see in the magazine. Please take a moment to fill out the following questionnaire — your thoughts, ideas and comments are greatly valued and will go a long way toward shaping *GreatLife*. Thank you for your time and consideration, and I look forward to hearing from you.

In good health,

Nicole

Nicole M. Brechka

Editor in Chief, *GreatLife*

4 EASY WAYS TO REPLY

Select any one of these options for submitting your survey responses (you may need to use a separate sheet of paper):

1. Log on to www.greatlifemag.com to take an online version of this survey.
2. Email your comments to me directly at nbrechka@greatlifemag.com.
3. Fill out this page and return it in the mail to: *GreatLife* Reader Survey 2004, 11050 Santa Monica Blvd., 3rd Floor, Los Angeles, CA 90025.
4. Fax this page to (310) 445-7583.

SHARE YOUR STORY AND WIN A FREE HEALTH BOOK

Do you have a natural remedy, weight-loss plan, or some type of holistic therapy that has worked for you? We would love to hear from you! If we use any of your information in an upcoming issue, we'll send you a free copy of the comprehensive book *User's Guide to Nutritional Supplements*, valued at \$31.95. Please include your address and a phone number somewhere on this survey to qualify.