

The 14-Day Sugar Challenge Questionnaire

Circle a number for each question



DATE

DENTAL	Yes	No
I saw my dentist in the last year		
I have no cavities/fillings		
My gums do not bleed when I brush		

SLEEP	Agree					Disagree				
I sleep well at night	1	2	3	4	5	1	2	3	4	5
I wake feeling refreshed	1	2	3	4	5	1	2	3	4	5

MOOD	Agree					Disagree				
I feel confident and happy	1	2	3	4	5	1	2	3	4	5

ENERGY	Agree					Disagree				
I do not frequently feel tired	1	2	3	4	5	1	2	3	4	5
My energy does not slump in the day	1	2	3	4	5	1	2	3	4	5

WEIGHT	Agree					Disagree				
I am happy with my weight	1	2	3	4	5	1	2	3	4	5

FOOD	Agree					Disagree				
I enjoy my meals	1	2	3	4	5	1	2	3	4	5
I do not crave sweet or savoury foods	1	2	3	4	5	1	2	3	4	5
I am motivated to cook	1	2	3	4	5	1	2	3	4	5

HEALTH

Please add any concerns/issues such as joints, allergies, digestion etc.

