

the better nutrition mens health evaluation

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Did you know that one of the best ways to get better health, more energy, and improve overall performance is nutrition? The secret to a long, healthy, happy life is better nutrition. What goes in and on your body most often is what impacts your health the most!

But we all know that eating the right thing can be difficult. We're here to help!

Follow the steps below, take the evaluation, and get started on your path to better health, more energy, and improved performance.



Step 1 = Take a moment to jot down a day or two of "regular" eating.

Quick Tip #1: If you hit a ball game and have a hot dog, but don't usually do that, then the answer would be "never" in that section. But if you have coffee every day, then answer accordingly. Answer for how much you take in most days.

Step 2 = Answer the questions in the evaluation below. It only takes a few minutes.

Quick Tip #2 = There's no perfect nutrition or perfect answers here. This is a guide to help you and your practitioner know about your current total nutrition. Then you will know what adjustments you can make to get the biggest positive impacts, most easily.

Step 3 = Take what you learn here, speak with your health practitioner, and take action! You and your body will be glad you did!

Section A:

What food are you using to fuel up and how often?

NEVER | SOMETIMES (2-5 days/wk) | DAILY (6+ days/wk)

FRUIT

Berries (blueberries, raspberries, strawberries) -serving size: 1 cup

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Apples, pears - serving size: 1 apple / pear

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All others - serving size: ½ cup

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VEGETABLES

Cabbage, cauliflower, broccoli, Brussels sprouts, onions -serving size: 1 cup

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Leafy greens (spinach, collards, lettuces) -serving size: 1 cup

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Tomatoes (fresh, dried or cooked) -serving size: 1 cup, tomato sauce (½ cup)

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Potatoes, corn, peas, sweet potato -serving size: 1 cup

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I DON'T KNOW | NEVER | SOMETIMES | OFTEN

Are your fruits & vegetables organic?

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NEVER | SOMETIMES (2-5 days/wk) | DAILY (6+ days/wk)

FISH / SEAFOOD

Salmon, sardines, cod -serving size: 6 oz

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Tuna, swordfish, shrimp, crab -serving size: 6 oz

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I DON'T KNOW | NEVER | SOMETIMES | OFTEN

Is your seafood wild-caught?

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NEVER | SOMETIMES (2-5 days/wk) | DAILY (6+ days/wk)

NUTS & SEEDS

Almonds, cashews, walnuts, pecans, Brazil nuts (2 nuts), pumpkin, sesame, hemp, chia, ground flax, sunflower seeds
-serving size: ¼ cup nuts or 2 Tbsp seeds or nut/seed butter or as noted

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NEVER | SOMETIMES (2-5 days/wk) | DAILY (6+ days/wk)

MEAT

Steak, chicken, pork, lamb -serving size: 4 - 6 oz

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Deli meats (turkey, ham, bologna, pastrami, roast beef)
-serving size: 2-3 oz. (4-6 slices)

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I DON'T KNOW | NEVER | SOMETIMES | OFTEN

Are your meats grass-fed/organic?

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NEVER | SOMETIMES (2-5 days/wk) | DAILY (6+ days/wk)

DAIRY

Yogurt, cheese, milk (including what is in your latte or coffee drink)
-serving size: 1 cup yogurt / 1.5 oz. cheese/ 1 cup milk

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I DON'T KNOW | NEVER | SOMETIMES | OFTEN

Is your dairy non-fat?

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Is your dairy plain?

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Is your dairy organic?

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NEVER | SOMETIMES (2-5 days/wk) | DAILY (6+ days/wk)

NON-DAIRY PRODUCTS

Soy, almond, oat etc. yogurt, cheese, milk (including what is in your latte or coffee drink) -serving size: 1 cup / 8 oz milk & yogurt, 1.5 oz cheese

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I DON'T KNOW | NEVER | SOMETIMES | OFTEN

Is your Non-dairy non-fat?

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Is your Non-dairy plain?

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Is your Non-dairy organic?

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NEVER | SOMETIMES (2-5 days/wk) | DAILY (6+ days/wk)

CONDIMENTS, SWEETS, & SNACKS

Do you add salt to your food? - Serving size: A pinch or quick shake

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Any sauces & dressings (ketchup, mayo, honey mustard, hot / BBQ / steak / soy sauce, dressing) -serving size: 1 tbsp

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Desserts (candy, candy bar, cookies, ice cream (dairy or non-dairy))
-serving size: 1 piece / 1 per candy bar package / 2 small cookies / ½ cup ice cream

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Are your snacks salty - chips, pretzels, jerky etc.

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Are your snacks sweet - dried fruit, chocolate or dessert-flavor bars, trail mix, granola bars etc.?

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Section B:

What liquids do you drink and how often?

	NEVER	SOMETIMES (2-5 days/wk)	DAILY (6+ days/wk)
Water - serving size 64 oz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juice - serving size 6 ounces			
Fruit Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable Juice (tomato, carrot base)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greens Juice (no fruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soda (Coca-Cola, Sprite, Pepsi) -serving size per label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee (Drip, espresso) -serving size 8 oz,1 oz espresso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (Monster, Redbull, 5-hour Energy) -serving size per label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea (green, black, white, oolong, matcha; instant, bottled or brewed) serving size 1 cup/8 oz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I DON'T KNOW | NEVER | SOMETIMES | OFTEN

Are your drinks sweetened or do you sweeten them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your drinks sugar-free or diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C:

Are you taking the following supplements?

	NEVER	SOMETIMES (2-5 days/wk)	DAILY (6+ days/wk)
Protein powder-serving size (1 scoop)			
Plant (rice, soy, pea, hemp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal product (whey, egg etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-vitamin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coq10 (coenzyme Q 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Omega 3/ Fish Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probiotics (lactobacillus, bifidobacterium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-vitamin complex or B-complex (B12,B6, folate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turmeric (also called curcumin or curcuminoids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libido enhancer (not medication like Viagra) - tribulus, maca, horny goat weed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptogens: Holy Basil, reishi, ashwagandha, ginseng	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Your Current Health

YES | NO

Is your waist circumference more than 40 inches (102 cm)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sleep <6 hrs most days	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medication(s) for any of the following:		
Diabetes / pre-diabetic	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure:	<input type="checkbox"/>	<input type="checkbox"/>
GERD / acid reflux	<input type="checkbox"/>	<input type="checkbox"/>
Crohns/IBD	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Elevated PSH (prostate)	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
ED (erectile dysfunction)	<input type="checkbox"/>	<input type="checkbox"/>
Low T (testosterone)	<input type="checkbox"/>	<input type="checkbox"/>
Inflammation / pain	<input type="checkbox"/>	<input type="checkbox"/>
Mood / depression	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about or dealing with:		
Poor sleep / fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Memory loss	<input type="checkbox"/>	<input type="checkbox"/>
Stress / anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Sexual function	<input type="checkbox"/>	<input type="checkbox"/>
Physique / body fat / muscle	<input type="checkbox"/>	<input type="checkbox"/>
Energy level	<input type="checkbox"/>	<input type="checkbox"/>
Ability to concentrate / focus	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Your Lifestyle

How active are you?

RARELY | 1-2x/wk | >3x/wk

Light intensity (walking 1.7 - 2.5 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate intensity (light-effort bicycling, calisthenics, walking 3.0 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vigorous intensity (jogging, running, jumping rope, swimming, sports, HIIT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You get in >8k steps (approx. 4 miles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You strength / resistance training with weights, bands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each week how often do you eat out?

1x/wk | 3x/wk | >3x/wk

Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NOW THAT YOU COMPLETED THE EVALUATION:

- If you took the evaluation on your own, please review the results pages, and consider sharing your answers (you can save your completed PDF with your name in the title) with anyone helping you with your healthcare. They can help you go over your results. Please let them know they can also access the "practitioner guide to the better men's nutrition evaluation" for FREE by texting MensRx to 44222. It provides additional guidance for them in helping you select your better next steps.
- If you took the evaluation at the request or encouragement of a healthcare provider, coach or as part of a program, please save your completed evaluation and share it with them. Please let them know they can also access the "practitioner guide to the better men's nutrition evaluation" for FREE by texting MensRx to 44222. It provides additional guidance for them in helping you select your better next steps.