

the better nutrition eye health evaluation

Eyes tell practitioners a lot about a person's current health. Learning about your total nutrition, especially the nutrients, health and lifestyle factors that impact different aspects of eye health, helps practitioners develop the most complete patient profile and personalize a nutrition plan to support eye health.

For this assessment, we collaborated with Better Nutrition Expert, Dr Rani Banik, a board-certified Integrative Ophthalmologist and Neuro-Ophthalmologist. She applies principles of functional and complementary medicine, in conjunction with traditional medical and surgical approaches to treat conditions affecting the visual system.

"Vision is the most precious of our 5 senses," says Dr. Rani. "Without it, we cannot read, drive, use a device, or see the faces of our loved ones. We often take our vision for granted, but vision loss can have a devastating impact on our lives and function. This is why promoting eye health and preventing vision loss is so important."

Let's see how your current nutrition supports your eyes and eye-identify what they may need to function better.

Section 1: Foods

	DAILY >5 days/wk	OFTEN 2-3 days/wk	NEVER <1 day monthly
A) How often do you get in these foods (as whole foods?)			
Avocado (¼)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli (½ cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blueberries (½ cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leafy greens (kale, spinach, collard greens, mustard greens, chard, dandelion greens) (1 cup raw, ½ cup cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seaweed (¼ cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coconut oil (1 tsp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra virgin olive oil (1 tsp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffalo or grass fed beef (4 oz cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild salmon (4 oz, palm size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pomegranate (seeds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almonds (10) or almond butter (1 tbsp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green tea (not supplement) (8 oz)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) How often do you get in these foods			
Seeds/oils: chia, hemp, pumpkin, flaxseed, sunflower (1 Tbsp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts: walnuts (5), pistachios (¼ cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) How often do you eat these foods?

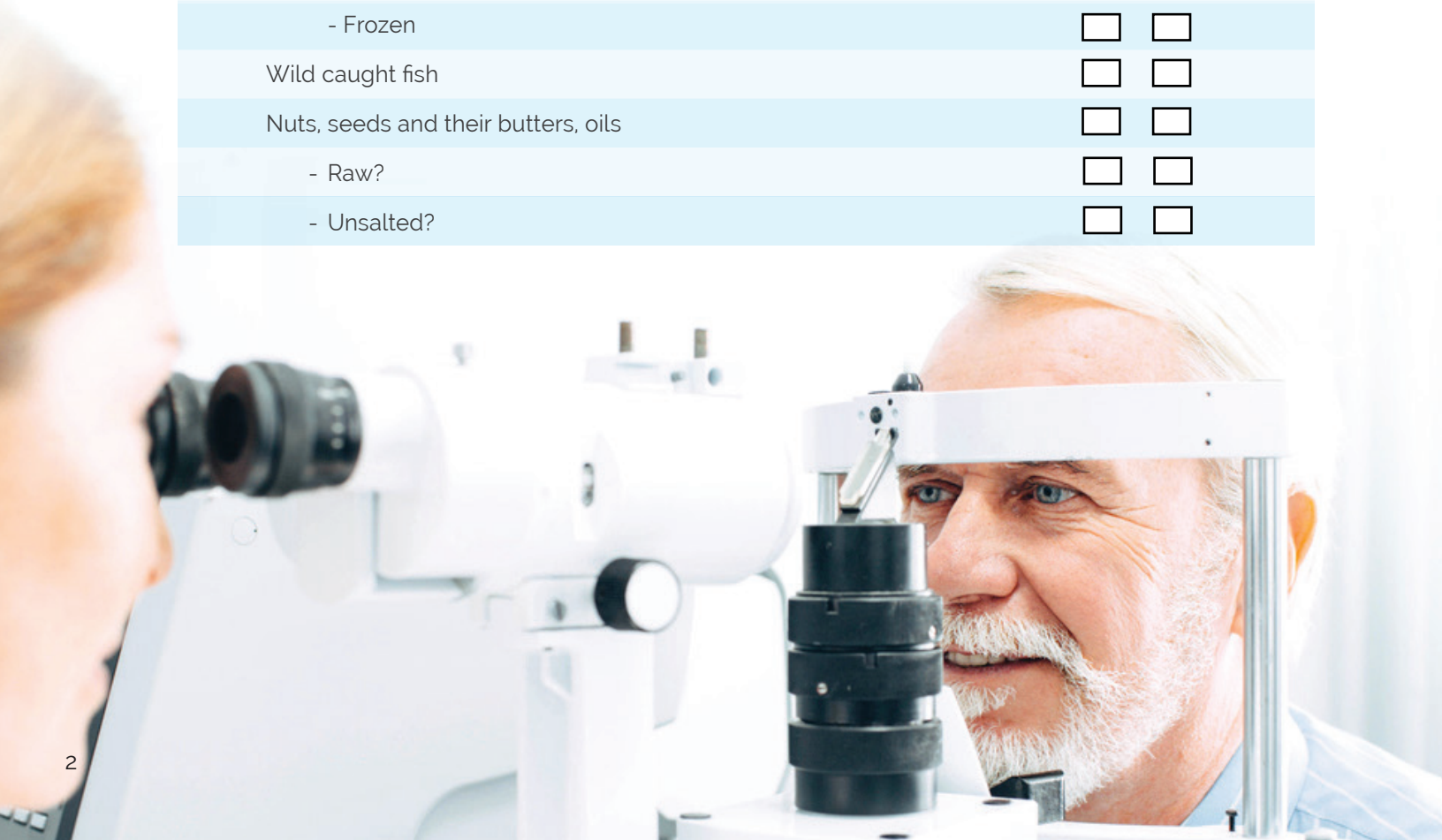
DAILY | **OFTEN** | **NEVER**
 >5 days/wk | 2-3 days/wk | <1 day monthly

	DAILY >5 days/wk	OFTEN 2-3 days/wk	NEVER <1 day monthly
Eggs (1 egg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- With yolk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Whites only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver (3 oz)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans: soybeans, lentils, garbanzo, pinto (½ cup cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet potato, winter squash, carrots, butternut squash (½ cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange and yellow peppers, strawberries, tomatoes (½ cup), goji berries (1 Tbsp), corn (½ cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romaine lettuce, arugula, bok choy (1 cup, raw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brussel sprouts, cabbage, cauliflower, radishes (1 cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mango, pineapple, cantaloupe, grapefruit, watermelon (½ cup), orange (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brazil nuts (2); hazelnuts, peanuts, pine nuts (¼ cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lemons, limes (½ cup, juiced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D) For your choices above and your other groceries, do you choose:

YES | **NO**

	YES	NO
Organic fruits and vegetables?	<input type="checkbox"/>	<input type="checkbox"/>
- Ready to eat (i.e., in the produce section, ordering cooked, ready to eat etc.)	<input type="checkbox"/>	<input type="checkbox"/>
- Frozen	<input type="checkbox"/>	<input type="checkbox"/>
Wild caught fish	<input type="checkbox"/>	<input type="checkbox"/>
Nuts, seeds and their butters, oils	<input type="checkbox"/>	<input type="checkbox"/>
- Raw?	<input type="checkbox"/>	<input type="checkbox"/>
- Unsalted?	<input type="checkbox"/>	<input type="checkbox"/>



Section 2: Beverages

Do you drink:

	YES	NO
Half your body weight (in pounds) in ounces of water daily?	<input type="checkbox"/>	<input type="checkbox"/>
Coffee or Tea?	<input type="checkbox"/>	<input type="checkbox"/>
Caffeinated?	<input type="checkbox"/>	<input type="checkbox"/>
More than 16 oz?	<input type="checkbox"/>	<input type="checkbox"/>
100% coconut or watermelon water?	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable juices? (16 oz)	<input type="checkbox"/>	<input type="checkbox"/>
Does it contain fruit?	<input type="checkbox"/>	<input type="checkbox"/>
Does it contain starchy vegetables (carrots, beets, peas, butternut squash)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink sweetened beverages once a day? (8 oz)	<input type="checkbox"/>	<input type="checkbox"/>
With sugar	<input type="checkbox"/>	<input type="checkbox"/>
With honey, maple syrup, coconut syrup	<input type="checkbox"/>	<input type="checkbox"/>
With monk fruit, stevia, Truvia, Sun Crystals, Pure Via, A Sweet Leaf	<input type="checkbox"/>	<input type="checkbox"/>
With sucralose, Splenda, aspartame, Sunnett, Sweet One, Nutrasweet, Equal, Sweet n Low, Sweet Thin, Sugar Twin	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>
Kombucha	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Supplements

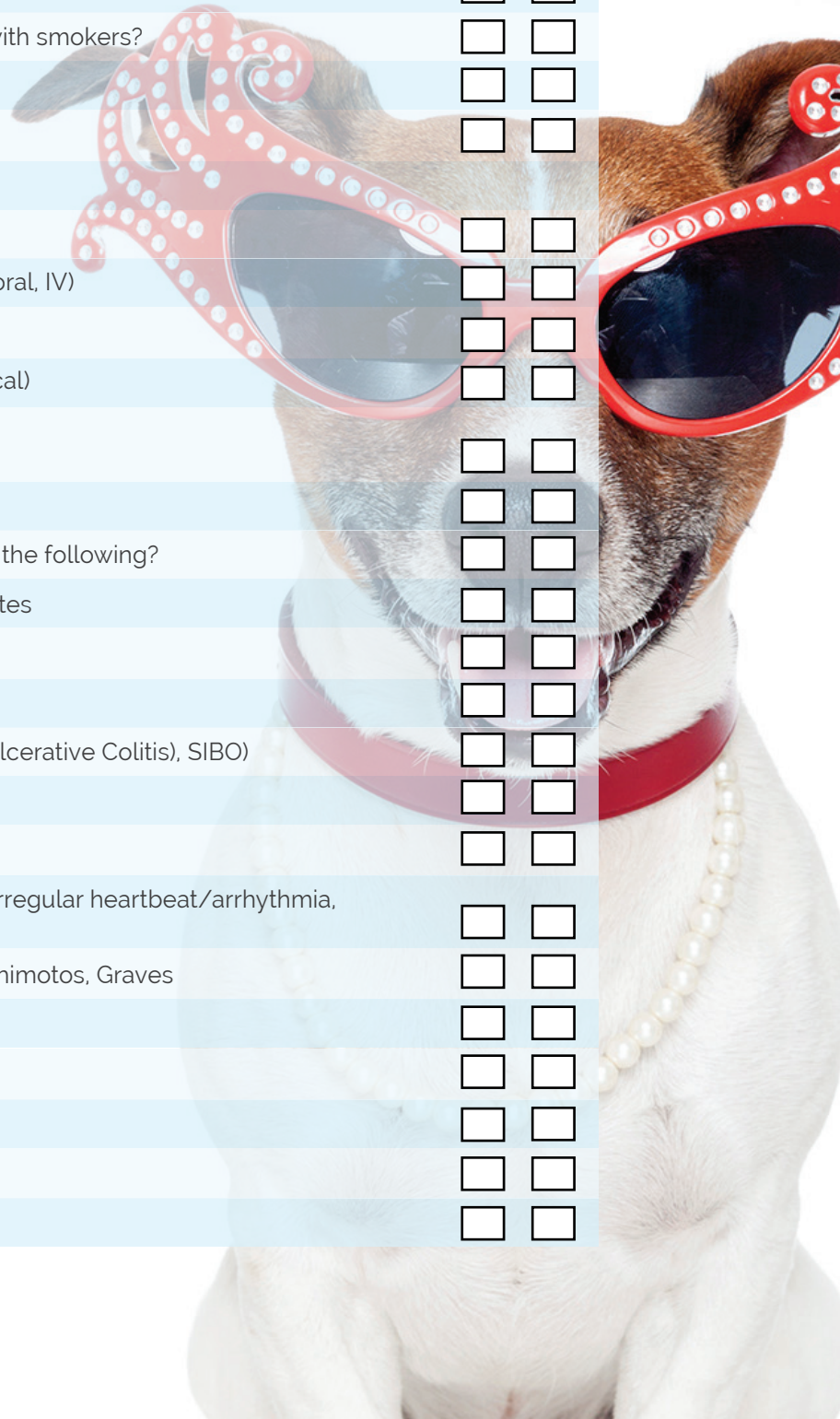
Do you take any of these nutrients as pills, powders or apply them as creams or sprays?

	YES	NO		YES	NO
Copper	<input type="checkbox"/>	<input type="checkbox"/>	Vitamin A	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	B vitamins (B1, B2, B6, B12, Folic acid)	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium	<input type="checkbox"/>	<input type="checkbox"/>	Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>
Calcium	<input type="checkbox"/>	<input type="checkbox"/>	Vitamin E	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	Omega 3s (DHA, ALA, EPA) from fish, algae, plants	<input type="checkbox"/>	<input type="checkbox"/>
Lutein	<input type="checkbox"/>	<input type="checkbox"/>	Aminos (any individual or BCAAs)	<input type="checkbox"/>	<input type="checkbox"/>
Zeaxanthin	<input type="checkbox"/>	<input type="checkbox"/>	Cod liver oil	<input type="checkbox"/>	<input type="checkbox"/>
Astaxanthin	<input type="checkbox"/>	<input type="checkbox"/>	Hemp seed oil	<input type="checkbox"/>	<input type="checkbox"/>
L-carnitine	<input type="checkbox"/>	<input type="checkbox"/>	CBD	<input type="checkbox"/>	<input type="checkbox"/>
Collagen	<input type="checkbox"/>	<input type="checkbox"/>	Niacin, NADH	<input type="checkbox"/>	<input type="checkbox"/>
Resveratrol	<input type="checkbox"/>	<input type="checkbox"/>	Meso-zeaxanthin	<input type="checkbox"/>	<input type="checkbox"/>
Coq10	<input type="checkbox"/>	<input type="checkbox"/>			

Section 4: Lifestyle / Health Factors

YES | NO

Are you protecting your eyes:	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear sunglasses when outside most days (>5) even when not "sunny"?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear wide brimmed hats in sunlight?	<input type="checkbox"/>	<input type="checkbox"/>
Do you spend > 6 hours looking at mobile devices or computers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you grill food once a month or more often?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke cigarettes or live/ work with smokers?	<input type="checkbox"/>	<input type="checkbox"/>
Are you dehydrated most days (>5)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from dry eye most days (>5)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any of these medications?		
Digoxin, plaquenil, fingolimod	<input type="checkbox"/>	<input type="checkbox"/>
Steroids (topical, intranasal, ophthalmic, oral, IV)	<input type="checkbox"/>	<input type="checkbox"/>
Birth control	<input type="checkbox"/>	<input type="checkbox"/>
Retin-A derivatives for acne (oral or topical)	<input type="checkbox"/>	<input type="checkbox"/>
Cycline antibiotics for acne (minocycline, tetracycline, doxycycline)	<input type="checkbox"/>	<input type="checkbox"/>
Cancer treatments	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with any of the following?		
Diabetes, prediabetes, gestational diabetes	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Digestive issues (IBS, IBD (Crohn's and Ulcerative Colitis), SIBO)	<input type="checkbox"/>	<input type="checkbox"/>
Parkinsons, Alzheimers, Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Sleep apnea	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease (coronary artery disease, irregular heartbeat/arrhythmia, valvular disease)	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid health issues - hyper, hypo, Hashimotos, Graves	<input type="checkbox"/>	<input type="checkbox"/>
Anemia - macrocytic or iron-deficiency	<input type="checkbox"/>	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>



Lifestyle / Health Factors (continued)

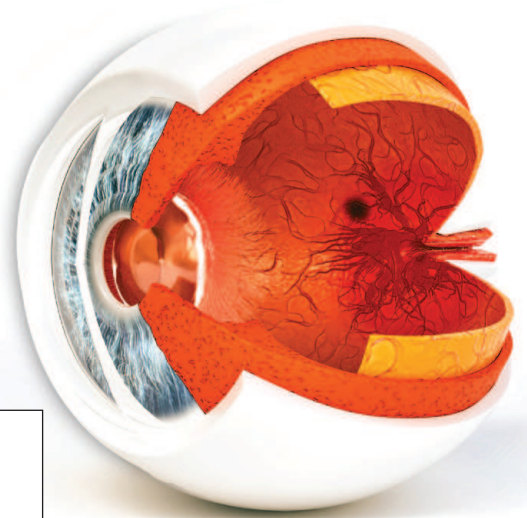
YES | NO

Do you use skincare with retinols or retinoids?	<input type="checkbox"/>	<input type="checkbox"/>
Does your immediate family history include glaucoma, macular degeneration, retinal detachment, blindness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently post or perimenopausal?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had genetic testing for any of the following?	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin A (BCO enzyme)	<input type="checkbox"/>	<input type="checkbox"/>
MTHFR	<input type="checkbox"/>	<input type="checkbox"/>
Macular degeneration or glaucoma genes	<input type="checkbox"/>	<input type="checkbox"/>



the better nutrition eye health evaluation

NOTES:



All content here was created for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on these pages. Reliance on any information provided by The Better Nutrition Program, companies, or professionals contributing content as part of these publications is solely at your own risk. All materials developed and reviewed by Ashley Koff RD at times in conjunction with other leading healthcare practitioners.

©2021 The Better Nutrition Program LLC

