



the better nutrition caffeine evaluation

Is your cup(s) of Joe a friend or foe? Today, it is possible to consume caffeine in so many different ways, from many ingredients. Sure, coffee beans have antioxidants, but depending on how they are roasted and stored, are you getting healthful acids or unhealthy oxidized ones? Yes, tea delivers caffeine and antioxidants too, but depending on how it is grown you could be taking in heavy metals or pesticide residues that can disrupt your body's better functioning. Sure, caffeine can give you an energy "boost," but what if it also speeds up your already high blood pressure or your body becomes dependent on it to move your digestion along? Caffeine - what is better for you? Don't guess! Let's use this evaluation to assess what is better for you.

Section A:

Are you consuming caffeine daily? How much & from where?	NEVER	1 serving per day	>1 serving per day
Instant Coffee (Not decaffeinated): Serving size: 1 cup/8 oz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brewed Coffee (Not decaffeinated): Serving size: 1 cup/8 oz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Espresso and Espresso Drinks (Decaffeinated) i.e. Latte, Mocha, Americano): Serving size: 1 shot of espresso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Espresso & Espresso Drinks, (Not Decaffeinated) i.e. Latte, Mocha, Americano: Serving size: 1 shot of espresso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal "Tea" (Caffeinated) i.e. Guayusa, Mate, Yaupon; Instant, Bottled or Brewed: Serving size: 1 cup/8 oz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea (Caffeinated) i.e. Green, Black, White, Oolong, Matcha; Instant, Bottled or Brewed: Serving size: 1 cup/8 oz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Drinks i.e. Monster, Redbull or 5-Hour Energy: Serving size: per label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodas (Caffeinated) i.e. Cola, Root Beer or Sprite: Serving size: per label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplements containing caffeine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protein powder or energy / protein bar with caffeine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section B:

Tell us a little about yourself:

YES | NO

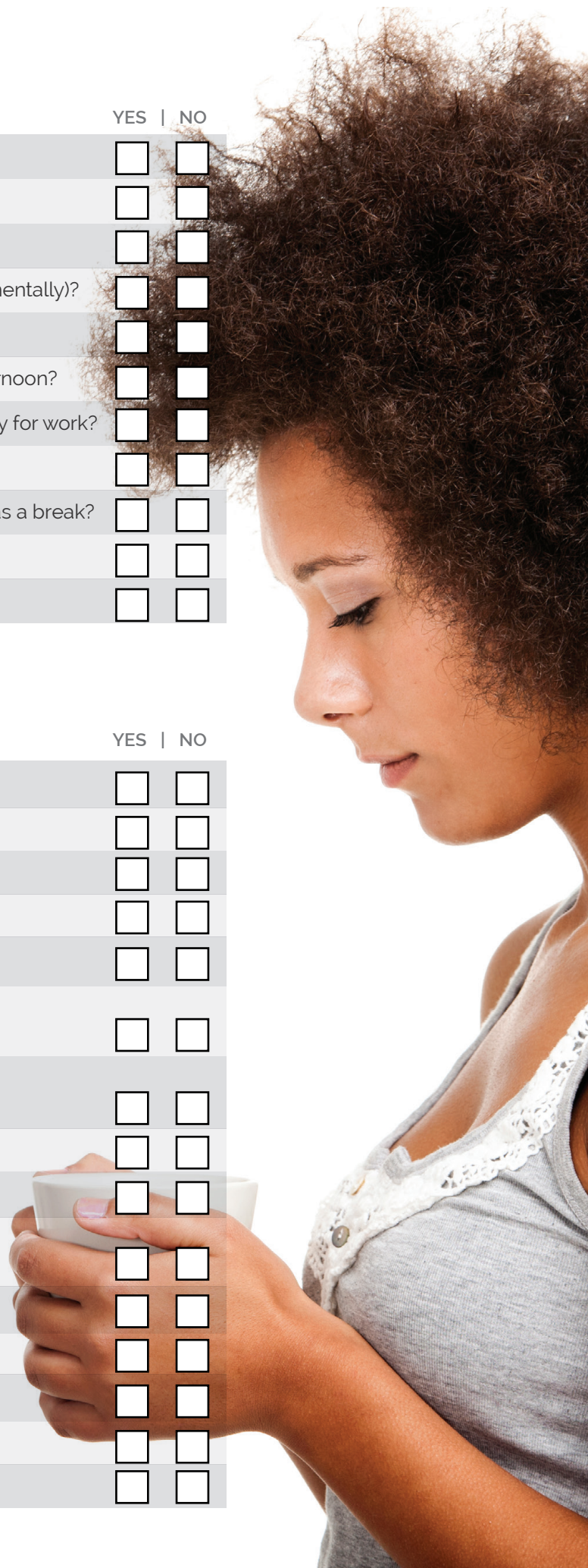
Do you like the taste of coffee or tea plain?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a high-stress job or work long hours?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience stress in your home life?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have events that demand a lot of you (physically/mentally)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you struggle with sugar cravings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have trouble staying awake after lunch or mid-afternoon?	<input type="checkbox"/>	<input type="checkbox"/>
Do you travel on planes, trains, or by car (>30 mins) regularly for work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you exercise in the evenings or early morning?	<input type="checkbox"/>	<input type="checkbox"/>
Do you enjoy going out for coffee/tea/caffeine beverage as a break?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have shaky hands or the jitters most weeks?	<input type="checkbox"/>	<input type="checkbox"/>

Section C:

What's your current health status?


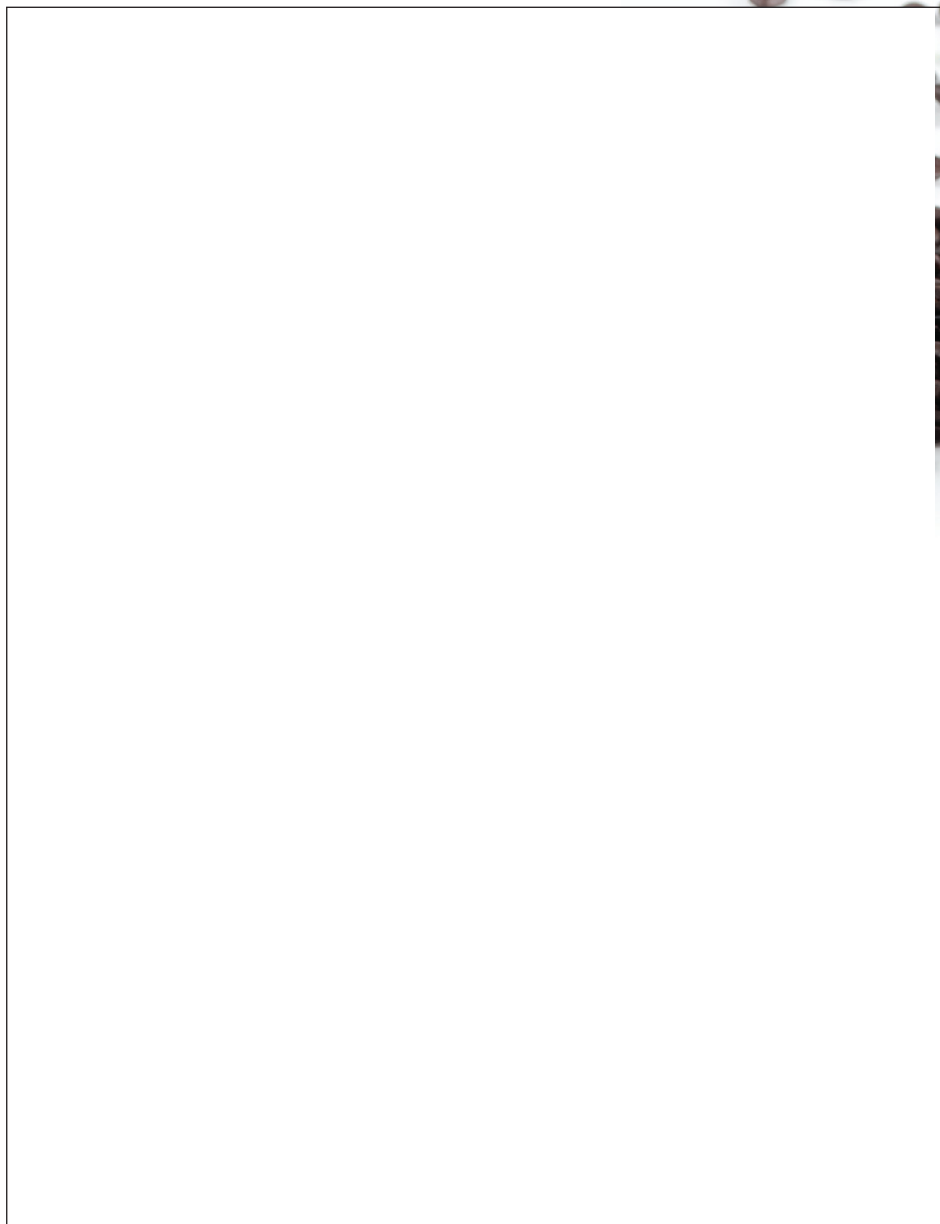
YES | NO

Do you suffer from migraine headaches regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have trouble falling asleep or suffer from insomnia?	<input type="checkbox"/>	<input type="checkbox"/>
Are you anxious or do you have panic attacks?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been advised to reduce or eliminate caffeine?	<input type="checkbox"/>	<input type="checkbox"/>
Are you being treated for depression?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have regular digestive issues; constipation, loose stools, bloating, gas?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any known heart conditions, such as hypertension or murmurs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with Type 2 Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience frequent or uncontrollable urination?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with IBS, SIBO, Crohn's or Ulcerative Colitis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience muscle tremors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently pregnant or nursing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking supplements with calcium or iron?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with GERD or acid reflux?	<input type="checkbox"/>	<input type="checkbox"/>



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NOTES:



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