

- 1 What is your current diet plan?
- 2 a. Low Carb
- 3 b. High Protein
- 4 c. Vegan
- 5 d. Other (please specify)
- 6 What is the main reason for following your current diet plan?
- 7 a. Health Concerns
- 8 b. Weight Management
- 9 c. Ethical/Environmental Reasons
- 10 d. Other (please specify)
- 11 Have you tried using a diet requirement system before?
- 12 a. Yes
- 13 b. No
- 14 If yes, how satisfied were you with the diet requirement system you used?
- 15 a. Very Satisfied
- 16 b. Satisfied
- 17 c. Neutral
- 18 d. Dissatisfied
- 19 e. Very Dissatisfied
- 20 How important is the convenience of the diet requirement system to you?
- 21 a. Very Important
- 22 b. Important
- 23 c. Neutral
- 24 d. Not Important
- 25 e. Not at all Important
- 26 What features would you like to see in a diet requirement system? (Select all that apply)
- 27 a. Customizable Meal Plans
- 28 b. Food Tracking
- 29 c. Recipe Suggestions
- 30 d. Nutritional Information
- 31 e. Shopping List Generator
- 32 f. Other (please specify)
- 33 How much are you willing to pay for a diet requirement system?
- 34 a. Less than \$10/month
- 35 b. \$10-\$20/month
- 36 c. \$20-\$30/month
- 37 d. More than \$30/month
- 38 How likely are you to recommend a diet requirement system to a friend?
- 39 a. Very Likely
- 40 b. Likely
- 41 c. Neutral
- 42 d. Unlikely
- 43 e. Very Unlikely
- 44 What is your age group?
- 45 a. 18-24
- 46 b. 25-34
- 47 c. 35-44
- 48 d. 45-54
- 49 e. 55 or above
- 50 What is your gender?
- 51 a. Male
- 52 b. Female

53 c. Other (please specify