SESSION FEEDBACK   
Q1 Name-\_\_\_\_\_\_\_\_\_\_\_\_\_  
Q2 Age-\_\_\_\_\_\_\_\_\_\_  
Q3 Gender-   
Q4 What is your energy level throughout the day?  
Q5 Would you like to replace junk good with healthy food given in the brochure under menu alternative section?  
Q6 How beneficial do you think balanced diet is?  
Q7 How useful is this information for you?  
Q8 What is you rating?