HEALTH & WELLNESS SURVEY

1. Age group:
☐ 20's ☐ 30's ☐ 40's ☐ 50's ☐ 60's ☐ 70+

2. In general, how would you describe your health?
☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. What are your health goals? (check all that apply)
☐ Lose weight
☐ Naturally feel better
☐ Look better
☐ Gain weight
☐ Burn belly fat
☐ Reduce chronic pain
☐ Improve my sleep
☐ Reduce inflammation
☐ Detox
☐ Increase my energy levels
☐ Live a healthier lifestyle
☐ Boost my immune system
☐ Strengthen my heart
☐ Improve the look & feel of my skin
☐ Increase lean muscle mass
☐ Improve my gut health
☐ Break bad eating habits
☐ Reduce stress
☐ Improve memory & focus
☐ Enhance sexual performance
☐ Stabalize my mood
☐ Diminish fine lines & wrinkles
☐ Ease joint pain
☐ Reduce cellulite & tighten my skin
☐ Healthy brain aging
☐ Reduce stretch marks
☐ Hydrate my skin

4. Do you desire to lose weight?
☐ No ☐ Yes, if so how much? _____ lbs
_____ inches

5. How would you rate your level of commitment to accomplish this goal?
☐ High ☐ Moderate ☐ Low

6. What other wellness programs/products have you tried in the past to achieve your wellness/weight loss goals?
_____
_____
_____

7. We offer products in the following categories. What type of products would you like to learn more about?
☐ Weight loss
☐ Skin care
☐ Anti-aging
☐ Athletic performance
☐ Joint health
☐ Energy
☐ Body sculpting
☐ Health & wellness
☐ Sexual performance
☐ Nutrition
☐ Pet supplements
☐ Digestive health
☐ Focus
☐ Memory boost
☐ Toxic free household & personal care products

8. Do you have any of the following symptoms?
☐ Constipation
☐ Mood swings
☐ Heartburn
☐ Headaches
☐ Abdominal pain
☐ High cholesterol
☐ Joint discomfort
☐ Fatigue
☐ Dehydration
☐ High blood pressure

9. What description below best describes your joint health when not taking over-the- counter or prescription pain medication or joint support supplements?
☐ No pain
☐ Periodic pain
☐ Continual joint pain

10. Are you currently on any prescription medications or under medical supervision?
☐ No ☐ Yes

11. Would you be interested in earning FREE product?
☐ No ☐ Yes

Name: _____ **Date:** _____
Phone #: _____ **Email:** _____

Best time to follow up: ☐ Mornings ☐ Afternoons ☐ Evenings

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!