

# Health Survey

*The Health Survey is to help your Coach/Mentor guide you to product success. It is to be used in conjunction with the Product/Key Benefit Guide and not to be construed as prescriptive.*

1. What is your weight management goal? \_\_\_\_\_ Lose Weight \_\_\_\_\_ Gain Weight \_\_\_\_\_ Maintain Weight
2. If you checked Lose or Gain weight, how much weight? \_\_\_\_\_
3. What other programs / products have you tried in the past? \_\_\_\_\_
4. Why do you feel that these other program(s) did not work? \_\_\_\_\_
5. Do you eat three meals a day? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. If no, which meal do you skip? \_\_\_\_\_
7. Do you have a problem with snacking? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. If yes, at what time of the day or evening is it hardest to control? \_\_\_\_\_
9. What is your favorite snack? \_\_\_\_\_
10. Where do you carry most of your unwanted weight? \_\_\_\_\_
11. Do you eat out? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. How often? \_\_\_\_\_
13. How many glasses of water do you drink daily? \_\_\_\_\_
14. Do you take vitamins or any type of dietary supplements? \_\_\_\_\_ Yes \_\_\_\_\_ No
15. Where is your energy level on a scale of 1 to 10? \_\_\_\_\_
16. Are you currently taking any prescription medications? \_\_\_\_\_ Yes \_\_\_\_\_ No
17. If yes, for what? \_\_\_\_\_

## Check the Key Benefits you would like to receive

<input type="checkbox"/> Absorption <input type="checkbox"/> Allergens & Pollution Support <input type="checkbox"/> Antioxidant Support <input type="checkbox"/> Anxiety Relief <input type="checkbox"/> Appetite Control <input type="checkbox"/> Assimilation of Essential Nutrients <input type="checkbox"/> Blood Vessel Health <input type="checkbox"/> Body Building <input type="checkbox"/> Bone Health <input type="checkbox"/> Calm Nerves <input type="checkbox"/> Cardiovascular Health <input type="checkbox"/> Circulatory Health <input type="checkbox"/> Cleansing of Internal System <input type="checkbox"/> Concentration <input type="checkbox"/> Control Fat Absorption <input type="checkbox"/> Digestive & Intestinal Health <input type="checkbox"/> Electrolyte Support <input type="checkbox"/> Elimination <input type="checkbox"/> Endurance	<input type="checkbox"/> Energy Production <input type="checkbox"/> Enhanced Blood Flow <input type="checkbox"/> Eye Health <input type="checkbox"/> Focus <input type="checkbox"/> Growth & Development <input type="checkbox"/> Hair Health <input type="checkbox"/> Heart Health <input type="checkbox"/> Hormone Balance <input type="checkbox"/> Hydration <input type="checkbox"/> Immune Support <input type="checkbox"/> Joint Health <input type="checkbox"/> Lean Muscle Mass <input type="checkbox"/> Lower Cholesterol <input type="checkbox"/> Male Sexual Enhancement <input type="checkbox"/> Menopause & Perimenopause Support <input type="checkbox"/> Mental Clarity <input type="checkbox"/> Metabolism Boost <input type="checkbox"/> Muscle Health <input type="checkbox"/> Overcome Occasional Irregularity	<input type="checkbox"/> Phytonutrient Benefits <input type="checkbox"/> PMS Relief <input type="checkbox"/> Prostate Health <input type="checkbox"/> Protein Digestion <input type="checkbox"/> Reduce Fluid Accumulation <input type="checkbox"/> Reduce Temptation to Overeat <input type="checkbox"/> Relaxation <input type="checkbox"/> Restful Sleep <input type="checkbox"/> Sexual Responsiveness & Desire <input type="checkbox"/> Skin Appearance <input type="checkbox"/> Stamina <input type="checkbox"/> Stress Relief <input type="checkbox"/> Triglyceride Levels <input type="checkbox"/> Urinary Tract Health <input type="checkbox"/> Vascular Health <input type="checkbox"/> Visual Acuity <input type="checkbox"/> Vitality & Well Being <input type="checkbox"/> Weight Management
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