

Name _____

Address _____

City: _____

State: _____ Zip: _____ Age: _____

Phone _____ Male Female

Email: _____

1) Do you take vitamins? Yes No

2) Are you familiar with **ANTIOXIDANTS** and what they do? Yes No

3) Do you know about **FREE RADICALS** and where they come from? Yes No

4) Did you know that over 60 human diseases can be associated with the damage that **FREE RADICALS** do to our bodies? Yes No

5) Would you like to receive **FREE** information about *natural ways* to improve your health, reduce free radical damage, slow down or reverse the aging process and give you more energy? Yes No

If yes, please check all that apply:

Please send the info to the mailing address above.

Please email the info to the following email address:

_____ Please have someone call me. The best number to

reach me is: _____

The best time to call is: _____

Health Awareness Survey

Completing this survey will help us to provide you with pertinent information to help you achieve optimal health. The answers you provide will be kept strictly confidential.

Do you have symptoms or concerns related to any of the following?

Please mark any responses that apply to you, a friend and/or family member.

	You	Family	Friend		You	Family	Friend
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aging Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immune Deficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies/Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LDL/HDL Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artery/Vein Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lupus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Immune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Macular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Memory/Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Sugar Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Menopause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruise Easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpal Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cataracts/Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellulite/Fat Formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peri-Menopause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy Side Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periodontal Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Colds & Flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phlebitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PMS/Menstrual Cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premature Aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crohn's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prostate Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digestive System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinus/High Histamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diverticulitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin (Dry, Rough or Cracking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs (Recreational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sports Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Radical Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syndrome X (Pre-Diabetic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uric Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graves Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight Gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrinkles & Fine Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be willing to try a natural health product that many doctors are now prescribing instead of drugs and medications that could address these concerns? Yes No