

Health & Wellness Survey

Please circle "yes" if you are interested in learning more about it or have it as a health concern.

Energy and/or Healthier Alternative to Energy Drinks Yes

Weight Loss Yes

Joint/Ligament Flexibility (Carpel Tunnel, Arthritis, RA, Orthopedic, etc) Yes

Blood Sugar Maintenance Yes

Heart Health (Blood Pressure, Cholesterol Levels, Vascular, Clotting, Circulation) Yes

Respiratory Health (Asthma, Allergies, Sleep Apnea, etc) Yes

Digestive Health (Acid Reflux, Ulcers, IBS, Crohn's, Colitis, etc) Yes

Improved Sense of Well-Being (Stress, anxiety, Depression) Yes

Pain / Inflammation Relief Yes

Foot / Muscle Relief (Gout, Cramping, Restless Leg) Yes

Healthy Immune Function (Colds, Flu, Autoimmune Diseases) Yes

Skin Health (Eczema, Psoriasis, Acne) Yes

Improved Sleep Yes

Other Health Concerns _____

Do you take Vitamins or Herbals of any kind? Yes

Do you take prescription medication? Yes

Do you take time out of the day for yourself?

Do you meditate: Yes No

How stressed do you think you are? (circle one) : < least 1 2 3 4 5 >most

What do you consider your biggest stressor? _____

