

Juice Plus+® Effect Survey Form

Customer Name: _____ Order Number (ARO):

Representative Name: _____ FIN:

Thank your customer for completing the Juice Plus+® Effect Survey. The product chosen below will be shipped to the address we have on file along with their next shipment of Juice Plus+® Orchard and Garden.



Juice Plus+ Vineyard Blend® Juice Plus+ Complete® Variety Juice Plus+ Vineyard Blend® Chewables

Mail to: Juice Plus+® Effect Survey, 140 Crescent Drive, Collierville, TN 38017 · Fax to: (901) 850-3059

Please have your customer respond to the following regarding his or her personal "Effect" experience during the 90-day period they've been taking Juice Plus+®.

YES	NO	N/A	HAVE YOU NOTICED...
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yourselves eating more fruits and vegetables?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An increase in the amount of water you drink?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A reduction in the amount of fast food and/or soft drinks you consume?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An improvement in the quality of your sleep?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An increase in your energy level?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An increase in the amount of time you're able to work out? <i>(If you don't work out, select N/A.)</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An increase in the quality of your workout? <i>(If you don't work out, select N/A.)</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Any weight loss (if you felt you needed to lose weight)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A reduction in the number of cold or flu-like symptoms?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A decrease in the number of prescriptions or over-the-counter medications you're taking?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A decrease in the number of visits to your healthcare provider?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Or has your dentist noticed) healthier gums — things like less bleeding when brushing or flossing, or a healthier pink color?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Or has your hair dresser noticed) indications of healthier hair — things like shinier hair, stronger hair, or more hair growth?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stronger or faster growing nails?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Improvements in your complexion, such as smoother skin, clearer skin, a reduction in the oiliness or dryness of your skin, or just an overall healthier "glow"?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An improvement in regularity (bowel movements)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An improvement in your general sense of well-being?