

JUICE PLUS+®

EXPERIENCE SURVEY

Please respond to the following questions regarding YOUR personal Juice Plus+® experience. Thank you for completing the experience survey.

HAVE YOU NOTICED:

YES	NO	N/A	
O-		—	Drinking more water?
0-		—	Eating more fruits and vegetables?
0-		—	Doing more exercise?
O-		—	Eating less sugar?
0-		—	Drinking less soft drinks?
0-		—	Cooking fresh meals at home?
O-		—	Snacking less?
0-		—	An improvement in the quality of your sleep?
0-		—	Eating less fast food?
O—		—	An increase in your energy level?
O-		—	An increase in the amount of time you're able to work out?
O—		—	An increase in the quality of your workout?
O-		—	Any weight loss (if you decided to lose weight)?
O-		—	An improvement in your general sense of well-being?
O-		—	A decrease in your feelings of stress?
O—		—	An improvement in your positive mental outlook?
0-		—	Any other changes you have made with "One Simple Change?"
			If yes, which ones?
O- O-	-O-	O O	An improvement in your positive mental outlook? Any other changes you have made with "One Simple Change?"

CUSTOMER NAME