

WELLNESS SURVEY



Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

E-mail Address _____

Children's Names _____ Ages _____

* * * * *

- On a scale from 1 to 10 (with 10 being very important), how important is your health? _____
- Are you interested in anti-aging and disease prevention? Yes No
- Do you exercise at least 3 times a week? Yes No
- Do you consistently drink at least 64 ounces of water a day? Yes No
- Do you take vitamin and mineral supplements? Yes No
- Have you heard that the USDA recommends eating 7 to 13 servings of fruits and veggies every day? Yes No
- Is that hard for you to do? Yes No
- Do you have a juicer? Yes No
- Are you interested in a convenient way to add more fruits and vegetables to your family's diet? Yes No