

**Survey for wellness makeover**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is most important to you? (choose as many as applicable)

Going Green\_\_ Healthy Home\_\_ Healthy Body\_\_ Healthy kids\_\_

Healthy Pets\_\_ Pain Relief\_\_ More Energy\_\_ Better Health\_\_

Nutrition\_\_ Supplements\_\_ Dental Care\_\_ Weight Loss\_\_

Sports & exercise\_\_ Earn Free Products\_\_ Earn supplemental income\_\_

Other \_\_\_\_\_

What is your age group? Under 19\_\_ 20- 45\_\_ 45- 60\_\_ 60+\_\_

Do you recycle ? \_\_Yes\_\_ No;

Do you buy organic produce? \_\_Yes\_\_ No

Do you have a workout routine ?\_\_ Yes\_\_ No ;

Do you take Vitamins? \_\_Yes\_\_ No

Are your days longer than you can handle?\_\_ Yes\_\_ No

What type of job do you do? \_\_\_\_\_

Which part of your life gives you much stress? \_\_\_\_\_

Which disease do you want to avoid? \_\_\_\_\_

If money is not an object, what would you do for your health?

\_\_\_\_\_

\_\_\_\_\_

What is your **personal wellness goals** for the next 12 months ?

\_\_\_\_\_

What might prevent you from achieving your goals? \_\_\_\_\_

\_\_\_\_\_

What Topic on health & wellness would you like to learn more?

\_\_\_\_\_

Thank you for your honest answer!