



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

— —

Eating, liking or craving more fruits and vegetables than you used to?

— —

An improvement in your exercise?

Have you found that you can workout better, longer, stronger with less pain afterwards? If you don't exercise, have you found if you do something strenuous around the house or yard, that you are not as sore as you used to be?

— —

Eating less sugar, drinking less soft drinks and/or eating less quantity and/or feeling more full and satisfied after one portion?

— —

Cooking fresh meals at home?

— —

Snacking less?

— —

Can you fall asleep faster? Stay asleep better? If you do get up in the middle of the night, are you able to fall asleep faster?

— —

Taking less over-the-counter medications for pain-relief, allergies, cold/flu, etc?

— —

Experiencing less illness and less sick days?

— —

Do you feel less sleepy after lunch or does your energy last longer into the night?

— —

Any weight loss or weight gain desired?

— —

Healthier gums?

Less bleeding when brushing or flossing your teeth? Did you have improvements in your gum measurements (if you were recently measured)?

— —

Healthier hair?

Grows faster, stronger, doesn't break as much? Less hair in the brush/bottom of the shower?

— —

Stronger or faster growing nails? Chip and break less, grow faster?

— —

Improvements in your complexion?

Smoother skin, clearer skin, a reduction in the oiliness or dryness of your skin, or just an overall "healthier glow"? Have you found that you sunburn less quickly in the summer?

— —

An improvement in your general sense of well-being?

— —

A decrease in your feelings of stress?

— —

An improvement in your positive mental outlook?

— —

Any other changes you have made with "One Simple Change?" If yes, which ones?

CUSTOMER NAME _____