

## 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

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"/>	Yourself 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 work out? <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"/>	An improvement in regularity (bowel movements)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An improvement in your overall appearance and complexion (i.e. healthier hair, stronger nails, clearer skin)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An improvement in your general sense of well-being?