

Health Survey Data

Name _____

Phone _____

E-mail _____

Please answer Yes or No to the following questions

Do you suffer from low energy and fatigue? _____

Do you suffer from yeast or Candida challenges? _____

Do you have high Cholesterol? _____

Do you suffer from Respiratory or Sinus challenges? _____

Do you suffer from anxiety, depression or other emotional imbalances? _____

Do you suffer from headaches and / or migraines? _____

Do you suffer from joint pain or arthritis? _____

Do you suffer from any type of sugar imbalances? _____

Do you suffer from acid reflux or digestive challenges? _____

Do you suffer from gum and teeth problems? _____

Do you have immune system challenges? (colds, flu's, allergies, chronic fatigue, fibromyalgia, etc.,) _____

In what area would you like to see your health improved?

