



On a scale of 1-10 (10 being very important), how important is your health? _____

Are you interested in anti-aging and disease prevention? (Circle One) YES NO

Do you exercise for 30 minutes at least 3 times per week? (Circle One) YES NO

Do you drink at least 64 ounces of water every day? (Circle One) YES NO

Do you take vitamin and mineral supplements daily? (Circle One) YES NO

Do you eat 5-9 servings of fruits and vegetables every day? (Circle One) YES NO

Did you know that the USDA recommends 7-13+ servings daily? (Circle One) YES NO

Is eating enough fruits and veggies every day difficult for you? (Circle One) YES NO

Do you own a Juicer? (Vegamatic, etc.) (Circle One) YES NO

Are you interested in a convenient, affordable way to add more fruits and vegetables to your family's diet on a consistent daily basis? (Circle One) YES NO

YES! I am interested in receiving more information about Juice Plus+!

Name _____

Phone # _____ (Circle type) Mobile Home Work Other

Email _____

I have _____ children that qualify for the **Children's Health Study** and are eligible to receive their Juice Plus for **FREE** for up to 3 Years!!!!

Health Concerns: (Circle all that apply) Personal Family Pregnancy

