

If there was one thing you could change about your health, what would it be? _____

	You	Family	Friend		You	Family	Friend
Crohn's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asthma/Bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respiratory Inflammation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent Infection/Flu/Colds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				High Histamine Levels/Sinus Prob- lems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parkinson's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vertigo (Dizziness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Insulin Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headache Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetic Retinopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alzheimer's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Macular Degeneration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Carpal Tunnel Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cataracts/Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ALS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ADD/ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak Arteries and Veins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fibromyalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Cellular Collagen/Elasticity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor Lower Leg Blood Volume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low Energy & Stamina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor Circulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chronic Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lupus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor Capillaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Immune Deficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fat Formation/Cellulite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Varicose Veins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hemorrhoids/Prostate Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rough Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Menopause/PMS/Cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bruising/Cracking Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Aging concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cancer Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Environmental Concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged Artery Lining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wrinkling of the Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis Inflammation/Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle Cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spasms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All Free Radical Damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies/Hay Fever/Allergic Re- actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

Name: _____

Address: _____

City: _____ **ST:** ____ **Zip:** _____

Phone (day) _____

Phone (eve) _____

E-mail: _____

Do you take vitamins? Yes No

Are you familiar with ANTI-OXIDANTS and what they do? Yes No

Do you know about FREE RADICALS and where they come from? Yes No

Do you know that over 60 human diseases can be associated with FREE RADICALS and their effects on our bodies? Yes No

Is there any reason you would not be willing to use a product that would address these concerns? YES__ NO __