

QUESTIONNAIRE



Name _____

Phone _____ Age _____ Height _____

Email _____

Weight Loss

Current Size _____ Goal Size _____

Current Weight _____ Goal Weight _____ Age you were that size/weight _____

What type of diets have you tried in the past? _____

How do you feel these worked for you? _____

To achieve your goal weight, what would you agree to as a committed timeframe to reach your target? _____

How long are you prepared to give yourself to see results? _____

Have you heard of the "Rebound Phenomena"? Yes / No

Mannatech is not about Fad Diets, our product has been tried and tested and has resulted in many success stories.

On a scale of 1 -10 how serious are you about losing fat, and your health? (please circle) 1 2 3 4 5 6 7 8 9 10

Why? _____

Wellness

Do you have any health issues? Yes / No If yes, give details _____

- Do you have mood swings Yes / No
- Stress Yes / No
- Headaches Yes / No
- Allergies Yes / No
- Low energy or tiredness Yes / No
- Rate your energy levels - 1 is low, 10 is high (please circle) 1 2 3 4 5 6 7 8 9 10
- Indigestion, Heartburn or reflux Yes / No
- Do you have any aches and pains in your joints Yes / No
- Have you ever used nutritional supplements before Yes / No If yes, give details _____

Do you understand there is a big difference between "Real Food Supplements" and "synthesized supplements" Yes / No

Anti-Aging

Areas of concern: Eyes Marionette Lines Forehead Neck Upper Chest Dry Skin Uneven Skin Tone

What brands have you tried in the past? _____

- Eye Cream Yes / No Cost \$ _____
- Wrinkle Cream Yes / No Cost \$ _____
- Day Cream Yes / No Cost \$ _____
- Night Cream Yes / No Cost \$ _____
- Serum Yes / No Cost \$ _____

Would you like one product that would replace all of these in one product? Yes / No

Why do you want to improve your appearance? _____