



# JUICE PLUS+ EXPERIENCE SURVEY

Please respond to the following questions regarding YOUR personal Juice Plus+ experience. Thank you for completing the experience survey.

## HAVE YOU NOTICED:

YES NO N/A

<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Drinking more water?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Eating more fruits and vegetables?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Doing more exercise?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Eating less sugar ?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Drinking less soft drinks?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Cooking fresh meals at home?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Snacking less?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	An improvement in the quality of your sleep?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Eating less fast food?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	An increase in your energy level?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	An increase in the amount of time you're able to work out?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	An increase in the quality of your workout ?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Any weight loss (if you decided to lose weight)?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	An improvement in your general sense of well-being?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	A decrease in your feelings of stress?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	An improvement in your positive mental outlook?
<input type="checkbox"/>	----	<input type="checkbox"/>	----	<input type="checkbox"/>	Any other changes you have made with "One Simple Change?"

If yes, which ones? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_