



**Health Status Survey  
BEFORE and DURING the consumption of  
Flavon max® products**

Welcome to the Flavon max Consumer Club! By completing this questionnaire, you make it possible for us to carry out further investigations for the sake of our consumers' greatest possible satisfaction. For this, we need to know our consumers' experiences as extensively as possible. Thanks a lot in anticipation for sparing your time to complete this questionnaire.  
(The Flavon Group Kft. shall store your data confidentially and shall not pass it over to any third party.)

**Among those who complete the questionnaire and send it back to us, Flavon Group Kft. will elect one Club Member by lot in March, June, September and December each year, who will receive a free carton of Flavon max product®.**

**The two columns need to be completed separately: the first one before starting consuming a Flavon max product, then the second one at least 30 days after the first consumption.**

I promise myself that I shall take a spoonful of Flavon max®/Flavon kids®/Flavon max Plus+®/Flavon Active® product twice a day or Flavon Green® product once a day for the next 30 days without break. I will take the first one right after I get up, preferably 10-20 minutes before breakfast, then the second one before dinner. In the case of Flavon Green I will consume the spoonful of product preferably before the evening meal. Regular consumption is required for attaining satisfactory effects.

**Please characterize your health status in the table below by the values of the following scale:**

**1-bad ; 2-satisfactory; 3-acceptable, but I would like to change it; 4-good; 5-excellent**  
(Please fill in only those boxes that apply to you!)

Condition	Before	Currently
<b>My general state of health</b>	1 2 3 4 5	1 2 3 4 5
1. General condition (the way you feel)	1 2 3 4 5	1 2 3 4 5
2. Condition of heart and cardiovascular system	1 2 3 4 5	1 2 3 4 5
3. Blood-sugar level	1 2 3 4 5	1 2 3 4 5
4. Status of muscles and joints	1 2 3 4 5	1 2 3 4 5
5. Digestion	1 2 3 4 5	1 2 3 4 5
6. Weight	1 2 3 4 5	1 2 3 4 5
7. Allergy	1 2 3 4 5	1 2 3 4 5
8. Vision, status of organs of sight	1 2 3 4 5	1 2 3 4 5
9. Respiratory organs	1 2 3 4 5	1 2 3 4 5
10. Tumorous problems	1 2 3 4 5	1 2 3 4 5
11. Gynaecological problems	1 2 3 4 5	1 2 3 4 5
12. Insomnia	1 2 3 4 5	1 2 3 4 5
13. Indolence	1 2 3 4 5	1 2 3 4 5
14. Depression	1 2 3 4 5	1 2 3 4 5
15. Sexual activity	1 2 3 4 5	1 2 3 4 5
16. Smoking	1 2 3 4 5	1 2 3 4 5
17. Alcohol consumption	1 2 3 4 5	1 2 3 4 5
18. Coffee consumption	1 2 3 4 5	1 2 3 4 5
19. Performance, productivity	1 2 3 4 5	1 2 3 4 5
20. Memory	1 2 3 4 5	1 2 3 4 5
21. Stress-tolerance	1 2 3 4 5	1 2 3 4 5
22. Hair loss	1 2 3 4 5	1 2 3 4 5
23. Skin problems	1 2 3 4 5	1 2 3 4 5

**Consumer of:**  
 1- Flavon max  
 2- Flavon kids  
 3- Flavon max Plus+  
 4- Flavon Green  
 5- Flavon Active

**Starting date of consumption:**  
 .....

**How long have you been consuming the product?**  
 .....

**Number of jars of product consumed:**.....

**Age:** .....

**Name:** .....

**Address:**  
 .....  
 .....  
 .....

**My most significant experiences:**  
 .....  
 .....  
 .....

Please send the form filled in to the following address by post, fax or email: Flavon Group Kft. H-4033  
 Debrecen, Veres Péter u. 19., HUNGARY Tel.: +36-52-520-522 Fax: +36-52-520-521  
**E-mail:** info@flavongroup.com **Web:** www.flavonmax.com