FLAVON HEALTH STATUS SURVEY BEFORE and DURING the consumption of Flavon® products

Welcome to Flavon! This survey is for you to track the changes of your health status after you start eating Flavon products. We suggest to fill out the document thoroughly and thoughtfully in order for it to be really useful for you. It can also help you to share your experience with your future members!

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

I promise myself that I will take the chosen Flavon product as recommended for the next 30 days without a break.

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				AFTER					
My general state of health	1	2	3	4	5	1	2	3	4	5
General condition (the way you feel)	1	2	3	4	5	1	2	3	4	5
Condition of heart and cardiovascular system	1	2	3	4	5	1	2	3	4	5
Blood-sugar level	1	2	3	4	5	1	2	3	4	5
Status of muscles and joints	1	2	3	4	5	1	2	3	4	5
Digestion	1	2	3	4	5	1	2	3	4	5
Weight	1	2	3	4	5	1	2	3	4	5
Allergy	1	2	3	4	5	1	2	3	4	5
Vision, status of organs of sight	1	2	3	4	5	1	2	3	4	5
Respiratory organs	1	2	3	4	5	1	2	3	4	5
Tumorous problems	1	2	3	4	5	1	2	3	4	5
Gynaecological problems	1	2	3	4	5	1	2	3	4	5
Insomnia	1	2	3	4	5	1	2	3	4	5
Indolence	1	2	3	4	5	1	2	3	4	5
Depression		2	3	4	5	1	2	3	4	5
Sexual activity	1	2	3	4	5	1	2	3	4	5
Smoking	1	2	3	4	5	1	2	3	4	5
Alcohol consumption	1	2	3	4	5	1	2	3	4	5
Coffee consumption	1	2	3	4	5	1	2	3	4	5
Performance, productivity	1	2	3	4	5	1	2	3	4	5
Memory	1	2	3	4	5	1	2	3	4	5
Stress-tolerance	1	2	3	4	5	1	2	3	4	5
Hair loss	1	2	3	4	5	1	2	3	4	5
Skin problems	1	2	3	4	5	1	2	3	4	5

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- 1 Flavon Max
- 2 Flavon Kids
- 3 Flavon Max+
- 4 Flavon Green
- 5 Flavon Protect
- 6 Flavon Green+
- 7 Flavon Joy
- 8 Flavon Peak Fruit
- 9 Flavon Peak Veggie
- 10 Flavon Peak Future

Starting date of consumption:

How long have you been consuming the product?:

Amount of product consumed:.....

Му	most	significant	experiences:	