

**Thank you for choosing Flavon products. Completing this questionnaire will help us to understand our consumers' habits and needs.** This questionnaire aims at obtaining basic information about the current condition and satisfaction of our consumers. Please note that the questionnaire should include the personal data of only one person. Flavon Group Kft. shall store your data confidentially and shall not pass it over to any third party.

You may fill in the questionnaire more than once, but you should do it at least 2 times. First when you start consuming the product and then – with constant consumption - 60 days later. Each year in February, April, June, October and December we recognize the help of those who send this questionnaire back to us by drawing 2 people who receive 1 carton of Flavon products each.

If you wish to participate in the draw, please provide your ID number: .....

The ID numbers of the winners will be published on our official Facebook page ([www.facebook.com/flavonmaxklub](http://www.facebook.com/flavonmaxklub)).

## YOUR AGE:

Child: <4 4-6 6-10 10-14 14-18

Adult: 18-24 25-34 35-44 45-54 55-64 65-75 75<

## GENDER:

Female Male

## YOUR WEIGHT (FOR YOUR AGE):

- Average
- Skinny
- Overweight
- Obese

## HIGHEST COMPLETED LEVEL OF EDUCATION:

- Elementary school
- Technical school, secondary school
- University, college
- Other

**FIELD OF WORK, PROFESSION:** .....

## WHY DO YOU TAKE DIETARY SUPPLEMENTS

- To maintain my general health condition
- My doctor advised me to do
- I am convinced that it is necessary and has many advantages
- My acquaintances advised me to do
- To boost my performance
- To lose weight
- To influence my sexual activity
- To improve my health condition
- To help my recovery, therapy treatment
- For prevention
- Other:

**DO YOU HAVE ANY HEALTH PROBLEMS? IF SO, PLEASE NAME IT:** .....

**DO YOU TAKE ANY MEDICINES FOR IT? IF SO, WHAT?** .....

## DO YOU HAVE ANY DIGESTIONAL PROBLEMS?

- Regular distension
- Acid reflux
- Abdominal distension after meal
- Stabbing, burning stomach pain
- Stabbing, burning throat pain
- Constipation/ regular difficulty in emptying the bowels
- Diarrhea
- Distention, eructation
- Flatulence
- Urgent or increased need to open the bowels, stomach ache
- Hemorrhoid
- Irritable bowel syndrome / Crohn's disease
- Other:

## RECENT HEALTH CONDITION:

Healthy      Seriously ill

(Persistent or short term serious illnesses, surgeries. Common cold can be a natural part of our daily life.)

## DO YOU TAKE ANY OVER-THE-COUNTER (OTC) MEDICINES REGULARLY?

Yes No

**IF SO, WHAT?** .....

## DO YOU CONSUME ANY OTHER DIETARY SUPPLEMENTS BESIDES FLAVON?

Yes No

## IF SO, WHAT?

- Vitamines
- Minerals
- Plant fibers
- Spices
- Vegetable / animal oils
- Proteins
- Carbohydrate products
- Medicinal mushroom extracts
- Functional beverages
- Other:

## HOW DO YOU GET INFORMATION ABOUT THE PRODUCT(S) YOU WISH TO CONSUME?

- Books, magazines
- Internet
- Professional materials / articles / media
- Friends, family
- Nutritionists
- Doctors, physicians
- Pharmacutists
- Specialists of the company
- Events
- Other sources:

## DO YOU CONSUME ANY FLAVON PRODUCTS?

Yes No

### IF SO, WHICH ONE?

- Flavon Joy
- Flavon max +
- Flavon Green +
- Flavon max

- Flavon kids
- Flavon Green
- Flavon Active
- Flavon Protect

### HOW MANY TIMES A DAY AND HOW MUCH?

Product:..... 1 time 2 time 3 time / 1 spoon 2 spoons 3 spoons  
Product:..... 1 time 2 time 3 time / 1 spoon 2 spoons 3 spoons  
Product:..... 1 time 2 time 3 time / 1 spoon 2 spoons 3 spoons  
Product:..... 1 time 2 time 3 time / 1 spoon 2 spoons 3 spoons

### DO YOU CONSUME ANY SWEET DRINKS REGULARLY (SEVERAL TIMES A WEEK)?

Yes No

### DO YOU CONSUME ANY SUGARY FOODS REGULARLY (EVERY DAY OR TWO)?

Yes No

### DO YOU CONSUME ANY WHOLE GRAIN PRODUCTS REGULARLY (EVERY DAY OR TWO)?

Yes No

### ARE YOU A VEGETARIAN?

Yes No

### DO YOU EAT MEAT OR MEAT-BASED PRODUCTS REGULARLY?

Yes No

### DO YOU EAT BREAKFAST REGULARLY?

Yes No

### DO YOU HAVE LUNCH REGULARLY?

Yes No

### DO YOU HAVE DINNER REGULARLY?

Yes No

### DO YOU OFTEN EAT FAST FOOD?

Yes No

### DO YOU EAT VEGETABLES AT LEAST 2-3 TIMES A DAY?

Yes No

### DO YOU EAT FRUITS AT LEAST 2-3 TIMES A DAY?

Yes No

### HOW MUCH WATER DO YOU DRINK A DAY?

0,5 L 1 L-1,5 L 2 L 3 L more than 3 liters

### DO YOU DO SPORTS REGULARLY?

Yes No

### HOW MANY TIMES A WEEK?

1-2 2-3 4-5 6-7

### IF SO, WHAT IS THE AVERAGE AMOUNT OF TIME SPENT WITH SPORTS DAILY?

30 min 30-45 min 60 min more than 60 minutes

### PROBLEMS TO OVERCOME:

(any persistent or short but severe problem)

Regular alcohol consumption No such problem      Significant problem  
Smoking No such problem      Significant problem  
Drugs No such problem      Significant problem  
Many coffees/energy drinks per day No such problem      Significant problem

### DO YOU DEVOTE TIME TO BROADEN YOUR PROFESSIONAL OR GENERAL KNOWLEDGE?

Yes No

### WHICH ARE THE 3 MOST IMPORTANT ASPECTS YOU TAKE INTO CONSIDERATION WHEN JUDGING DIETARY SUPPLEMENTS?

- Scientifically based products
- Reputation
- Reputation
- Appearance
- Price
- Available information about the product
- Free of toxic substances, additives

### HAD THE REGULAR CONSUMPTION OF FLAVON PRODUCT(S) A FAVOURABLE IMPACT ON THE QUALITY OF YOUR HEALTH CONDITION?

• If so:.....  
• If not:.....

### IF YOUR CHILD ALSO CONSUMES A FLAVON PRODUCT, PLEASE SHARE HER/HIS EXPERIENCE WITH US. WHAT DOES SHE/HE PREFER THE MOST IN THE PRODUCT?

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### WE ARE GLAD TO RECEIVE YOUR SUGGESTIONS:

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By filling out this questionnaire and providing your data and ID number, you voluntarily agree that Flavon Group Kft. (Veres P. u. 19, Debrecen, 4033) handles them because it does not have any external data-processor according to the present regulations of data processing. The legal basis of data processing – unless otherwise indicated – is your consent to informational self-determination and freedom of information according to the (1st) par. of article a) CXII. tv. 5.§ of year 2011. You provide your personal data voluntarily, however, you are not entitled to the gift if the questionnaire is not completed properly. Flavon Group Kft. shall store your personal data confidentially and shall not pass it over to any third party, with the exception of the obligatory cases required by legislation. Those completing the questionnaire may object to the handling of his/her personal data. Within 15 days of receiving the proposal of objection Flavon Group shall investigate the matter and in case you disagree with the decision, within 30 days of receipt of the decision you can take legal action against Flavon Group Kft. in the Court of Appeal Debrecen. In case of suspected breaches of rights of the person who completed the questionnaire, he or she can turn to the Hungarian National Authority for Data Protection and Freedom of Information (Szilágyi Erzsébet fasor 22/C., Budapest, 1024) or to the court. You can ask for modifying, freeing or deleting your given data any time by informing us about the request via [info@flavongroup.com](mailto:info@flavongroup.com), or by mailing to Veres P. u. 19., Debrecen, 4033.