

FLAVON HEALTH STATUS SURVEY

BEFORE and DURING the consumption of Flavon® products

Welcome to the Flavon max Network! 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 USA LLC. shall store your data confidentially and shall not pass it over to any third party.)

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 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	1 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

Consumer of:

- 1 - Flavon max
- 2 - Flavon kids
- 3 - Flavon max Plus+
- 4 - Flavon Green
- 5 - Flavon Active
- 6 - Flavon Protect
- 7 - Flavon Green Plus+
- 8 - Flavon Joy

Starting date of consumption:.....

How long have you been consuming the product?:

.....

Number of jars consumed:.....

Age:.....

Name:.....

Address:.....

.....

.....

My most significant experiences:.....

.....

.....

Please send this form signed and filled to one of the following addresses:
 FLAVON USA LLC, 1370 N. US 1, SUITE 206, ORMOND BEACH, FL 32174
 E-mail: florida@flavongroup.com