

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 separately: 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	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
- 9 - Flavon PEAK Fruit
- 10 - Flavon PEAK Veggie

Starting date of consumption:.....

How long have you been consuming the product?:

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Amount of product consumed:.....

Age:.....

Name:.....

My most significant experiences:.....

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We hope you were satisfied with Flavon products. Feel free to contact us with any feedbacks!
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