

**1.** On a scale of 1-3, where do you feel your health is right now? **1awful 2ok 3**amazing

Where do you want it to be? **1**awful **2**ok **3**amazing

**2.** Would you take 100% natural gluten-free nutritional products that are reasonable price **Yes No**

**3**. Do you eat gluten-free? **Yes No**

**4.**  If you could spend $3 for a healthy meal, would you do it? **Yes No**

**5.** Do you struggle to focus in school and work? **Yes No**

**6.** Have you achieved your top personal goal? **Yes No**

**7.** Are you working? **Yes No** Are you satisfied with your income? **Yes No**

 **8.**  If I could show you how to make good money with a flexible working schedule 10 hours a week, would you be interested? **Yes No**

 Please provide me more information? **Yes No**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_**

 **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

