

Health Status Survey

My Name: _____ **Date:** _____

Sometimes people's health improvements are fast and obvious, and sometimes they are gradual over a long period of time. This survey helps you compare and notice improvements as it acts as a snapshot of your health status before beginning to use the Usana products and then at various stages in the future.

- We recommend you complete this survey thoughtfully, and then store it in a safe place.
- Suggested schedule - Complete this Survey before starting Usana's products, then 3 months after starting, then 6 months after starting, then 12 months after starting, then yearly.
- This is my - **Initial 2nd 3rd 4th 5th 6th** (*circle one*) "Health Status Survey"

My Current Health Status (*Circle your answers and write comments*)

1) Do I have high levels of physical energy consistently throughout the day?

Never Rarely Occasionally Regularly Consistently Always

Comments:

2) Do I sleep well throughout the night and feel rested and fresh in the morning?

Never Rarely Occasionally Regularly Consistently Always

Comments:

3) Do I consistently have good focus, concentration and mental awareness?

Never Rarely Occasionally Regularly Consistently Always

Comments:

4) Do I suffer from headaches or migraines?

Never Rarely Occasionally Regularly Consistently Always

Comments:

5) Does my skin look healthy? (*good texture, smooth, moist, good elasticity*)

Never Rarely Occasionally Regularly Consistently Always

Comments:

6) Do I have any specific problems or pain within my body? (*joints, stomach, eyes, feet, etc*)

Never Rarely Occasionally Regularly Consistently Always

Comments (*Note any specific issues*):

7) Do I have daily and easy bowel movements?

Never Rarely Occasionally Regularly Consistently Always

Comments:

8) How often have I experienced Cold's and Flu's in the past 12 months?

Never Rarely Occasionally Regularly Consistently Always

Comments:

9) Approximately what is my current weight? What is my ideal weight range?

Current weight:

Ideal weight range:

10) In considering my overall health and vitality do I feel fit, calm and well?

Never Rarely Occasionally Regularly Consistently Always

Comments:

11) Any other comments I want to make about my Current Health Status?

My Health Goals

The purpose of this section is to start you thinking about 'what you want' for your health.

- **Is there an area of my health I would like to improve this year?**

Yes No

- **What area(s) of my health would I like to improve?**

Comments:

- **Why is it important to me that I achieve these improvements?**

Comments:

- **What is my plan to achieve my health improvements?**

(e.g. Eat more fruit and veggies daily, use Usana products daily, exercise regularly etc)

Comments:

My usage of Usana Products

If applicable, record the Usana products you've been using.

Product Name	Time Frame of Use	Compliance Comments
<i>E.g. Essentials</i>	<i>E.g. Jan - July</i>	<i>E.g. I took full recommended dosage consistently every day.</i>

- **Any other comments I would like to record?**

“Optimal nutrition is the Medicine of the Future.”
- Dr Linus Pauling, Nobel Laureate in Chemistry and Peace