

# Life Force Wellness Questionnaire Guideline for Sponsors



This is intended for use by the new customer/member's sponsor. Sponsor is to record the new enrollee's response to the following health status, before commencing product consumption. Follow-up over the next 12 weeks will demonstrate to the new person how the product has improved their quality of living. This form remains with the sponsor.

Enter a number between 1 & 10 that you feel best rates your current position:- 1 = 'couldn't be worse' 10 = 'couldn't be better'

Name:.....Phone.....Date of Birth.....Height.....Autoship Order Date:.....

Wellness Experience	Present / /	2 Weeks / /	4 Weeks / /	2 Months / /	3 Months / /	NOTES
<b>Energy</b> – on waking						
mid morning						
mid afternoon						
<b>Reaction to Stress</b>						
<b>Sleep</b> asleep quickly						
restless sleep						
wake up tired						
pain at night						
time to bed						
<b>Digestion</b> bloating						
indigestion						
heartburn						
<b>Daily bowel movements</b>						
<b>Forgetfulness</b>						
<b>Concentration/focus</b>						

<b>Mood swings</b>						
<b>Cravings</b> sugar						
salt						
COH bread, pasta						
<b>Women</b> menstrual cycle						
pain						
hot flushes						
<b>Allergies</b> skin/rashes						
hayfever						
food						
<b>Joint pain/stiffness</b>						
<b>Muscle cramps</b>						
<b>Recovery from colds/flu</b>						
<b>Infections sinus/throat/acne</b>						
<b>Hair dry/greasy/brittle</b>						
<b>Nails cracked/weak/fungal</b>						
<b>Water intake per day</b>						
<b>Weight</b>						
<b>Exercise</b>						
<b>Stimulant drinks</b>						
<b>Extra info not covered above</b>						