

HEALTHY WEIGHT-LOSS SOLUTION - SURVEY

NAME: _____

ADDRESS: _____ P/code: _____

DAY PH: _____ NIGHT PH: _____

1. How would you describe your life style? : active not enough exercise no exercise

2. Do you consider your weight ideal? Yes No

Do you suffer from: Feeling unwell Yes No

Lack of energy Yes No

Chronic illness Yes No _____ (specify)

3. Would you like to solve these problems by natural means? Yes No

4. How much weight would you like to lose / gain? _____

5. Any special reason for losing weight?: _____

6. Would you like to learn more about Herbalife's weight loss program?

7. Would you like to receive a **free** Wellness Evaluation?

8. Most suitable time to contact you. _____

INFORMATION FOR BODY FAT TEST

Height: _____ Current Weight: _____ KG Age: _____

FRAME (circle): SLIGHT MEDIUM HEAVY

Goal Weight: _____ Time Frame for Weight-Loss: _____

BODY FAT % SCORE: _____ Current BP: _____

NOTES: