

**Date:** \_\_\_\_\_

**JUICE PLUS+ EFFECT “BASELINE” QUESTIONNAIRE for:** \_\_\_\_\_

*Answers to these questions will establish a baseline for comparison with the Day 100 JP+ Effect Questionnaire*

- How many servings of fruits and vegetables do you eat per day?
- How much water you drink each day? What other liquids do you consume?
- How often each week do you eat fast food or sugary foods?
- What’s the quality of your sleep?
- How are your energy levels?
- How well do you recover from muscle soreness after exercise or strenuous activity?
- Do you want to lose weight?
- How often each year do you get colds or flu-like symptoms?
- How often each year do you visit the doctor or healthcare provider?
- Do your gums bleed? Do you floss your teeth?
- Would you say you have healthy hair? Healthy, strong nails?
- How is your overall appearance and complexion? Do you have dry or oily skin?
- How regular are you (bowel health)?
- Do you suffer from any indigestion, acid reflux, etc?
- List any other health conditions and/or family history of diseases (heart attack, stroke, diabetes, etc):
- Do you take prescription or over-the-counter medications regularly?
- Describe in one word your overall sense of well-being?