

HEALTH SURVEY

1) On a scale of 1-10 how important is your health to you?

2) What Health issues do you and your family have? (Diabetes, Cancer, Weight Control, High Blood Pressure, Skin Rashes, Constipation, Heart Disease, Lupus, Asthma and Allergies, etc.)

3) Would you like info on how to change your health for the better?

4) Interested in earning money while helping others improve their health?

5) How did you hear about Kangen Water® ?

Name

E-Mail

_____ **Phone**

“Change your Water, Change your Life!!”

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