

TEST YOUR FITNESS HEALTH QUOTIENT

We believe you deserve the highest quality health and wellness. Optimum health, longevity and gains from your workout require the very best in nutritional supplementation programs!



MAXIMIZE YOUR WORKOUT WITH SHAKLEE SPORTS NUTRITION

Please ask yourself the following important questions:

	YES	NO
Do you choose foods more for their taste than for their nutrition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever skip a meal during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you eat on the run, not paying attention to what nutrients you get?	<input type="checkbox"/>	<input type="checkbox"/>
Are you buying more convenient foods than you used to?	<input type="checkbox"/>	<input type="checkbox"/>
Are you ever subject to physical stress at work or at home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often limit calories and/or fat to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
Do you limit your food choices because you have an allergy or are a vegetarian?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink more than one cup/glass of caffeinated beverage daily?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use hydration and recuperation products before, during and after workouts?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to even one of the above questions, you may feel the need to find out how a sensible supplementation program can help you feel your best and improve your long-term health.

What Health Issues Concern You Most?

- Heart Disease
- Cancer
- Diabetes/hypoglycemia
- Osteoporosis
- Overweight/obesity
- Auto-immune disease
- Allergies/Asthma
- High Cholesterol/blood pressure
- Chronic fatigue
- Relieve stress

What Are Your Fitness Goals?

- Unlimited energy – no harmful stimulants
- Safe weight loss – turnaround my weight
- Re-shape – get lean and healthy
- Avoid sports injury or strengthen a weakness
- Stay hydrated and replenish electrolytes
- Build muscle and reduce fat
- Increase performance & recovery

**Would YOU love to feel healthier?
In 30 days? See faster results?
100% Guaranteed?**

**Complete the checklist and schedule a
complementary consultation**

Name _____

Address _____

Tel # _____

Email _____

Best time to contact: _____

Please call us or email or mail this evaluation form to:

**Chuck and Anthea Tripp
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candatripp@earthlink.net**

GetSuperHealthy.com