**Stress Survey**

**Advanced patented peptide technology that visibly reduces the appearance of lines and wrinkles**

**Do you feel that stress in your life has in anyway affected you adversely?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Concerns

History

You Family Friend

  

  

  

  

  

  

  

  

  

  

  

  

  

  

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you know that Calcium is for the nervous system?** **YES**  **NO (circle)**

**Are you taking anything for stress? YES**  **NO (circle)**

**Have you experienced a family history of stress disorders? YES**  **NO (circle)?**

You Family Friend

  

  

  

  

  

  

  

  

  

  

  

  

  

  

Bleeding Gums

Sensitive Teeth

Anxiety

Crying

Anger

Low Energy

Pale Skin

Overwhelm

Anemia

Depression

Manic Behavior

Emotional

Irrational

Loss of Sleep

Perspiring when cool

Heart Rhythm

Loss of Bone

Clotting issues

Restless Leg

Neurological Dx.

Decayed Teeth

Weak Limbs

Photosensitivity

Sore Throat

Swollen Tongue

Mental Confusion

Diarrhea

Water Retention

Numbness

Depression

Anxiety

I would like to have a private consultation with a representative. YES NO (circle)

Notes and Questions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any reason you would not be willing to use a product that would address these concerns **? YES**  **NO (circle)**