



Customer Questionnaire

This questionnaire is designed to provide a general picture of your present state of physical and emotional wellbeing. After 30 days of drinking alkaline ionized water on a daily basis you'll be invited to re-take this same questionnaire.

Name: _____ Date: _____

Age: _____ Amount of water (in ounces) you consume per day _____

Respond to each question by circling YES or NO

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| Do you crave sweets? | Yes | No |
| Do you experience dry skin, dry mouth or dry eyes? | Yes | No |
| Do you eat a healthy diet, rich in green vegetables? | Yes | No |
| Are you within 20 percent of your ideal body weight? | Yes | No |
| Do you fall asleep easily and sleep soundly? | Yes | No |
| Do you awaken in the morning feeling well-rested? | Yes | No |
| Do you have plenty of energy throughout the day? | Yes | No |
| Are you physically active? | Yes | No |
| Do you suffer with any chronic aches or pains? | Yes | No |
| Is your digestion healthy and normal? | Yes | No |
| Can you concentrate for extended periods of time? | Yes | No |
| Is your mind clear and your senses acute? | Yes | No |
| Do you feel generally optimistic? | Yes | No |
| Do you experience feelings of stress on a daily basis? | Yes | No |
| Do you feel good about your present state of health? | Yes | No |