

# The Nopalea Wellness Challenge

Date: _____	Best Phone Contact #: _____
Name: _____	Best Time to Call: _____
Address 1: _____	Email Address: _____
Address 2: _____	<b>admin@mylasthomebiz.com</b>
City/State/Zip: _____	<b>TriVita Indep. Affiliate Member #</b>

## Congratulations on taking the Nopalea Wellness Challenge. Follow these 4 easy steps to experience wellness™.

- Step 1** – Embrace The Nopalea™ Wellness Challenge by taking 3 to 6 ounces of chilled Nopalea a day until the bottle is empty.
- Step 2** – Complete your health assessment questionnaire below and evaluate your before and after results.
- Step 3** – Read *The Secret Killer* Health Alert (or listen to the audio CD) to learn how chronic inflammation may lead to serious disease.
- Step 4** – Share your Nopalea Wellness Experience with your TriVita® Affiliate Member who will be checking in with you on your progress.

### The following questions can help you clarify your wellness needs. Please circle your answers below.

**1. Overall Health:** How would you rate your overall health on a scale of 1–to–5?  
(1 = very poor / 5 = excellent)    1   –   2   –   3   –   4   –   5

**2. Chronic Pain:** Do you suffer from chronic pain anywhere in your body? If so, please indicate on the following:

The Body Area? (Back, neck, joints, muscles, feet, sinus, hands, arms, ankles, knees, legs, jaw, etc.)	How Long? (# of weeks, months or years)	Pain Rating – <u>Before</u> Wellness Challenge (1 = very low, 5 = very high)	Pain Rating – <u>After</u> Wellness Challenge (1 = very low, 5 = very high)
		1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
		1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
		1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5

*(If more space is needed, please use the back side)*

- 3. Others with Pain:** Among the people you know (family, friends, coworkers, neighbors, etc.), do you know of any who are dealing with chronic pain anywhere in their body? If so, how many are dealing with chronic pain?    1–2   ...   2–5   ...   5–10   ...   11+
- 4. Energy:** Do you routinely get low on energy during any part of the day?    Yes   ...   No
- 5. Sleep:** Do you have trouble with sleeping at night?    Yes   ...   No
- 6. Breathing:** Do you have allergy or asthma-related breathing problems?    Yes   ...   No
- 7. Toxins/Pollution:** Do you feel you are doing everything you can to protect your body against all of the toxins that we are all exposed to in today’s world (air, water, food, etc.)?    Yes   ...   No
- 8. Helping Others:** If Nopalea helped to improve your health, would you consider sharing your wellness experience with others to help them?    Yes   ...   No   ...   Maybe