

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #1**

Form #1 BASELINE REPORT is to be completed at the beginning of the Six Month Pilot Survey

Name: _____ My health challenge is: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
 FAX: _____ Additional phone(s): _____ Cell phone: _____ e-mail: _____

BASELINE (my main health challenge is _____)

mild; serious; more serious; very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is _____ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

MAJOR CHALLENGES

- Diabetes reading _____
- Liver problems
- White cell count _____
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

IMMUNE SYSTEM

- Infections
- Colds and/or flu

- Allergies
- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

OTHER HEALTH CHALLENGES

- _____
- _____
- _____

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GENERAL HEALTH EVALUATION FORM FOR pH Fusion Tea NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #2**

Form #2 is to be completed one month after Form #1

Name: _____ My health challenge is: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

FAX: _____ Additional phone(s): _____ Cell phone: _____ e-mail: _____

(my main health challenge is _____)

mild; serious; more serious; very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is _____ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

MAJOR CHALLENGES

- Diabetes reading _____
- Liver problems
- White cell count _____
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

OTHER HEALTH CHALLENGES

- _____
- _____
- _____
- _____

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GENERAL HEALTH EVALUATION FORM FOR pH Fusion Tea NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #3**

Form #3 is to be completed one month after Form #2

Name: _____ My health challenge is: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

FAX: _____ Additional phone(s): _____ Cell phone: _____ e-mail: _____

(my main health challenge is _____)

mild; serious; more serious; very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is _____ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

MAJOR CHALLENGES

- Diabetes reading _____
- Liver problems
- White cell count _____
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

OTHER HEALTH CHALLENGES

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GENERAL HEALTH EVALUATION FORM FOR pH Fusion Tea NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #4**

Form #4 is to be completed one month after Form #3

Name: _____ My health challenge is: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

FAX: _____ Additional phone(s): _____ Cell phone: _____ e-mail: _____

(my main health challenge is _____)

mild; serious; more serious; very serious

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GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is _____ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

MAJOR CHALLENGES

- Diabetes reading _____
- Liver problems
- White cell count _____
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

OTHER HEALTH CHALLENGES

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GENERAL HEALTH EVALUATION FORM FOR pH Fusion Tea NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #5**

Form #5 is to be completed one month after Form #4

Name: _____ My health challenge is: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

FAX: _____ Additional phone(s): _____ Cell phone: _____ e-mail: _____

(my main health challenge is _____)

mild; serious; more serious; very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is _____ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

MAJOR CHALLENGES

- Diabetes reading _____
- Liver problems
- White cell count _____
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

OTHER HEALTH CHALLENGES

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GENERAL HEALTH EVALUATION FORM FOR pH Fusion Tea NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #6**

Form #6 is to be completed one month after Form #5

Name: _____ My health challenge is: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

FAX: _____ Additional phone(s): _____ Cell phone: _____ e-mail: _____

(my main health challenge is _____)

mild; serious; more serious; very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is _____ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

MAJOR CHALLENGES

- Diabetes reading _____
- Liver problems
- White cell count _____
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

OTHER HEALTH CHALLENGES

- _____
- _____
- _____
- _____

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GENERAL HEALTH EVALUATION FORM FOR pH Fusion Tea NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #7**

Form #7 is to be completed one month after Form #6

Name: _____ My health challenge is: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

FAX: _____ Additional phone(s): _____ Cell phone: _____ e-mail: _____

(my main health challenge is _____)

mild; serious; more serious; very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is _____ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

MAJOR CHALLENGES

- Diabetes reading _____
- Liver problems
- White cell count _____
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

OTHER HEALTH CHALLENGES

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