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

#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 ________________________  □ none; □ mild; □ serious; □ more serious; □ very serious

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 sugar
□ 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 ________
□ Anemia
□ Fibromyalgia
□ Vision poor
□ Floaters in eyes
□ Tumor(s)
□ Osteoporosis
□ Heart 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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05/07/08pm
GENERAL HEALTH EVALUATION FORM for Trehalose Nutritional Pilot Survey: #2

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

#2 is to be completed at the end of the first month 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: ________________

(My main health challenge is ______________________________

☐ none; ☐ mild; ☐ serious; ☐ more serious; ☐ very serious

GENERAL HEALTH BENEFITS
☐ Fat loss
☐ Muscle toning
☐ Lost ____ inches in waist
☐ Higher energy
☐ Evidence of less aging
☐ Hot flashes gone
☐ Overcome insomnia
☐ Improved sleep
☐ Aches & pains reduced
☐ Aches & pains gone
☐ Fluid loss

BEAUTY BENEFITS
☐ Improved appearance
☐ Blemishes reduced
☐ Blemishes disappeared
☐ Acne improved
☐ Wrinkles leaving
☐ Hair healthier
☐ Dandruff reduced
☐ Dandruff gone
☐ Psoriasis improved
☐ Scars disappearing
☐ Skin tones improved
☐ Large pores are better

NERVOUS SYSTEM (related)
☐ PMS helped
☐ Menopause relief
☐ Handle stress better
☐ Less fatigued
☐ Skin itching less
☐ Skin rash gone
☐ Less sugar craving
☐ Less smoking craving
☐ Less food craving
☐ Depression reduced
☐ Overcame depression
☐ Mood swings better

☐ Less irritable
☐ Less anxiety
☐ Not as hyperactive
☐ Better able to cope

SEX LIFE (if applicable)
☐ Impotence reversed
☐ Infertility reversed
☐ Improved sex life
☐ Yeast infection gone

CIRCULATORY
☐ Lower blood pressure
☐ Varicose veins better
☐ Feet/hands warmer
☐ Lower bad cholesterol from ______ to ______
☐ Not as light headed

MAJOR BENEFITS
☐ Diabetes helped from ______ to ______
☐ Liver problems helped
☐ White cell count went from ______ to ______ in period of time.
☐ Anemia helped
☐ Fibromyalgia helped
☐ Vision improved
☐ Floaters in eyes improved
☐ Tumor(s) reduced
☐ Tumor(s) gone
☐ Osteoporosis improved
☐ Heart problems better
☐ Arthritis improved
☐ Chronic Fatigue Syndrome improved
☐ Multiple Sclerosis better

IMMUNE SYSTEM
☐ Infections disappearing
☐ Less colds and/or flu

☐ Allergies improved
☐ Inflammation gone
☐ Less sore throat
☐ Sinus congestion gone
☐ Cysts, Tumors gone
☐ Bronchial congestion improved
☐ Migraine headaches improved
☐ Migraine headaches gone

DIGESTIVE SYSTEM
☐ Ulcers improved
☐ Heart burn helped
☐ Heart burn gone
☐ Acid indigestion helped
☐ Acid indigestion gone
☐ Constipation better
☐ No constipation now
☐ Diarrhea helped
☐ Diarrhea gone
☐ Upset stomach improved
☐ No upset stomach now
☐ Candida (yeast) improved
☐ Candida gone

OTHER BENEFITS
☐ ____________________________

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GENERAL HEALTH EVALUATION FORM FOR Trehalose Nutritional Pilot Survey: #3

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

#3 is to be completed at the end of the second month 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: _______________

(My main health challenge is ___________________________ ☐ none; ☐ mild; ☐ serious; ☐ more serious; ☐ very serious

GENERAL HEALTH BENEFITS
☐ Fat loss
☐ Muscle toning
☐ Lost ____ inches in waist
☐ Higher energy
☐ Evidence of less aging
☐ Hot flashes gone
☐ Overcome insomnia
☐ Improved sleep
☐ Aches & pains reduced
☐ Aches & pains gone
☐ Fluid loss

BEAUTY BENEFITS
☐ Improved appearance
☐ Blemishes reduced
☐ Blemishes disappeared
☐ Acne improved
☐ Wrinkles leaving
☐ Hair healthier
☐ Dandruff reduced
☐ Dandruff gone
☐ Psoriasis improved
☐ Scars disappearing
☐ Skin tones improved
☐ Large pores are better

NERVOUS SYSTEM (related)
☐ PMS helped
☐ Menopause relief
☐ Handle stress better
☐ Less fatigued
☐ Skin itching less
☐ Skin rash gone
☐ Less sugar craving
☐ Less smoking craving
☐ Less food craving
☐ Depression reduced
☐ Overcame depression
☐ Mood swings better

☐ Less irritable
☐ Less anxiety
☐ Not as hyperactive
☐ Better able to cope

SEX LIFE (if applicable)
☐ Impotence reversed
☐ Infertility reversed
☐ Improved sex life
☐ Yeast infection gone

CIRCULATORY
☐ Lower blood pressure
☐ Varicose veins better
☐ Feet/hands warmer
☐ Lower bad cholesterol from ______ to ______
☐ Not as light headed

MAJOR BENEFITS
☐ Diabetes helped from ______ to ______
☐ Liver problems helped
☐ White cell count went from ______ to ______ in _______ period of time.
☐ Anemia helped
☐ Fibromyalgia helped
☐ Vision improved
☐ Floaters in eyes improved
☐ Tumor(s) reduced
☐ Tumor(s) gone
☐ Osteoporosis improved
☐ Heart problems better
☐ Arthritis improved
☐ Chronic Fatigue Syndrome improved
☐ Multiple Sclerosis better

IMMUNE SYSTEM
☐ Infections disappearing
☐ Less colds and/or flu

☐ Allergies improved
☐ Inflammation gone
☐ Less sore throat
☐ Sinus congestion gone
☐ Cysts, Tumors gone
☐ Bronchial congestion improved
☐ Migraine headaches improved
☐ Migraine headaches gone

DIGESTIVE SYSTEM
☐ Ulcers improved
☐ Heart burn helped
☐ Heart burn gone
☐ Acid indigestion helped
☐ Acid indigestion gone
☐ Constipation better
☐ No constipation now
☐ Diarrhea helped
☐ Diarrhea gone
☐ Upset stomach improved
☐ No upset stomach now
☐ Candida (yeast) improved
☐ Candida gone

OTHER BENEFITS
☐ ____________________________

☐ ____________________________

☐ ____________________________

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#4 is to be completed at the end of the third month 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: ________________

(My main health challenge is __________________________)  □ none; □ mild; □ serious; □ more serious; □ very serious

GENERAL HEALTH BENEFITS
- Fat loss
- Muscle toning
- Lost _____ inches in waist
- Higher energy
- Evidence of less aging
- Hot flashes gone
- Overcome insomnia
- Improved sleep
- Aches & pains reduced
- Aches & pains gone
- Fluid loss

BEAUTY BENEFITS
- Improved appearance
- Blemishes reduced
- Blemishes disappeared
- Acne improved
- Wrinkles leaving
- Hair healthier
- Dandruff reduced
- Dandruff gone
- Psoriasis improved
- Scars disappearing
- Skin tones improved
- Large pores are better

NERVOUS SYSTEM (related)
- PMS helped
- Menopause relief
- Handle stress better
- Less fatigued
- Skin itching less
- Skin rash gone
- Less sugar craving
- Less smoking craving
- Less food craving
- Depression reduced
- Overcame depression
- Mood swings better

SEX LIFE (if applicable)
- Impotence reversed
- Infertility reversed
- Improved sex life
- Yeast infection gone

CIRCULATORY
- Lower blood pressure
- Varicose veins better
- Feet/hands warmer
- Lower bad cholesterol from ______ to ______
- Not as light headed

MAJOR BENEFITS
- Diabetes helped from ______ to ______
- Liver problems helped
- White cell count went from _____ to ______ in _______ period of time.
- Anemia helped
- Fibromyalgia helped
- Vision improved
- Floaters in eyes improved
- Tumor(s) reduced
- Tumor(s) gone
- Osteoporosis improved
- Heart problems better
- Arthritis improved
- Chronic Fatigue Syndrome improved
- Multiple Sclerosis better

IMMUNE SYSTEM
- Infections disappearing
- Less colds and/or flu

ALLERGIES improved
- Inflammation gone
- Less sore throat
- Sinus congestion gone
- Cysts, Tumors gone
- Bronchial congestion improved
- Migraine headaches improved
- Migraine headaches gone

DIGESTIVE SYSTEM
- Ulcers improved
- Heart burn helped
- Heart burn gone
- Acid indigestion helped
- Acid indigestion gone
- Constipation better
- No constipation now
- Diarrhea helped
- Diarrhea gone
- Upset stomach improved
- No upset stomach now
- Candida (yeast) improved
- Candida gone

OTHER BENEFITS
- __________________________

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#5 is to be completed at the end of the fourth month 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: ____________

(My main health challenge is __________________________) ☐ none; ☐ mild; ☐ serious; ☐ more serious; ☐ very serious

<table>
<thead>
<tr>
<th>General Health Benefits</th>
<th>Nervous System (related)</th>
<th>Immune System</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fat loss</td>
<td>☐ PMS helped</td>
<td>☐ Infections disappearing</td>
</tr>
<tr>
<td>☐ Muscle toning</td>
<td>☐ Menopause relief</td>
<td>☐ Less colds and/or flu</td>
</tr>
<tr>
<td>☐ Lost ____ inches in waist</td>
<td>☐ Handle stress better</td>
<td></td>
</tr>
<tr>
<td>☐ Higher energy</td>
<td>☐ Less fatigued</td>
<td></td>
</tr>
<tr>
<td>☐ Evidence of less aging</td>
<td>☐ Skin itching less</td>
<td></td>
</tr>
<tr>
<td>☐ Hot flashes gone</td>
<td>☐ Skin rash gone</td>
<td></td>
</tr>
<tr>
<td>☐ Overcome insomnia</td>
<td>☐ Less sugar craving</td>
<td></td>
</tr>
<tr>
<td>☐ Improved sleep</td>
<td>☐ Less smoking craving</td>
<td></td>
</tr>
<tr>
<td>☐ Aches &amp; pains reduced</td>
<td>☐ Less food craving</td>
<td></td>
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<td>☐ Aches &amp; pains gone</td>
<td>☐ Depression reduced</td>
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<td>☐ Fluid loss</td>
<td>☐ Overcame depression</td>
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<td>☐ Mood swings better</td>
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</tbody>
</table>

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<th>Immune System</th>
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</thead>
<tbody>
<tr>
<td>☐ Less irritable</td>
<td>☐ Fibromyalgia helped</td>
<td>☐ Multiple Sclerosis better</td>
</tr>
<tr>
<td>☐ Less anxiety</td>
<td>☐ Vision improved</td>
<td></td>
</tr>
<tr>
<td>☐ Not as hyperactive</td>
<td>☐ Floaters in eyes improved</td>
<td></td>
</tr>
<tr>
<td>☐ Better able to cope</td>
<td>☐ Tumor(s) reduced</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Tumor(s) gone</td>
<td></td>
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<tr>
<td></td>
<td>☐ Osteoporosis improved</td>
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<tr>
<td></td>
<td>☐ Heart problems better</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Arthritis improved</td>
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<tr>
<td></td>
<td>☐ Chronic Fatigue</td>
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<td></td>
<td>☐ Syndrome improved</td>
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<td></td>
<td>☐ Allergies improved</td>
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<tr>
<td></td>
<td>☐ Inflammation gone</td>
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<tr>
<th>Beauty Benefits</th>
<th>Circulatory</th>
<th>Other Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Improved appearance</td>
<td>☐ Lower blood pressure</td>
<td>☐ Ulcers improved</td>
</tr>
<tr>
<td>☐ Blemishes reduced</td>
<td>☐ Varicose veins better</td>
<td>☐ Heart burn helped</td>
</tr>
<tr>
<td>☐ Blemishes disappeared</td>
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<td>☐ Heart burn gone</td>
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<tr>
<td>☐ Acne improved</td>
<td>☐ Lower bad cholesterol</td>
<td>☐ Acid indigestion helped</td>
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<tr>
<td>☐ Wrinkles leaving</td>
<td>☐ from ______ to _______</td>
<td>☐ Acid indigestion gone</td>
</tr>
<tr>
<td>☐ Hair healthier</td>
<td>☐ Not as light headed</td>
<td>☐ Constipation better</td>
</tr>
<tr>
<td>☐ Dandruff reduced</td>
<td></td>
<td>☐ No constipation now</td>
</tr>
<tr>
<td>☐ Dandruff gone</td>
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<td>☐ Diarrhea helped</td>
</tr>
<tr>
<td>☐ Psoriasis improved</td>
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#6 is to be completed at the end of the fifth month 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: ____________________________

(My main health challenge is ________________________________________  □ none; □ mild; □ serious; □ more serious; □ very serious

GENERAL HEALTH BENEFITS
□ Fat loss
□ Muscle toning
□ Lost ____ inches in waist
□ Higher energy
□ Evidence of less aging
□ Hot flashes gone
□ Overcome insomnia
□ Improved sleep
□ Aches & pains reduced
□ Aches & pains gone
□ Fluid loss

BEAUTY BENEFITS
□ Improved appearance
□ Blemishes reduced
□ Blemishes disappeared
□ Acne improved
□ Wrinkles leaving
□ Hair healthier
□ Dandruff reduced
□ Dandruff gone
□ Psoriasis improved
□ Scars disappearing
□ Skin tones improved
□ Large pores are better

NERVOUS SYSTEM (related)
□ PMS helped
□ Menopause relief
□ Handle stress better
□ Less fatigued
□ Skin itching less
□ Skin rash gone
□ Less sugar craving
□ Less smoking craving
□ Less food craving
□ Depression reduced
□ Overcame depression
□ Mood swings better

LESS irritable
□ Less anxiety
□ Not as hyperactive
□ Better able to cope

SEX LIFE (if applicable)
□ Impotence reversed
□ Infertility reversed
□ Improved sex life
□ Yeast infection gone

CIRCULATORY
□ Lower blood pressure
□ Varicose veins better
□ Feet/hands warmer
□ Lower bad cholesterol from ______ to ______
□ Not as light headed

MAJOR BENEFITS
□ Diabetes helped from ______ to ______
□ Liver problems helped
□ White cell count went from ______ to ______ in ______ period of time.
□ Anemia helped
□ Fibromyalgia helped
□ Vision improved
□ Floaters in eyes improved
□ Tumor(s) reduced
□ Tumor(s) gone
□ Osteoporosis improved
□ Heart problems better
□ Arthritis improved
□ Chronic Fatigue Syndrome improved
□ Multiple Sclerosis better

IMMUNE SYSTEM
□ Infections disappearing
□ Less colds and/or flu
□ Allergies improved
□ Inflammation gone
□ Less sore throat
□ Sinus congestion gone
□ Cysts, Tumors gone
□ Bronchial congestion improved
□ Migraine headaches improved
□ Migraine headaches gone

DIGESTIVE SYSTEM
□ Ulcers improved
□ Heart burn helped
□ Heart burn gone
□ Acid indigestion helped
□ Acid indigestion gone
□ Constipation better
□ No constipation now
□ Diarrhea helped
□ Diarrhea gone
□ Upset stomach improved
□ No upset stomach now
□ Candida (yeast) improved
□ Candida gone

OTHER BENEFITS
□ ____________________________

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for Medical Research and Educational Research website: www.EndowmentMed.org
FAX THIS FORM TO 281-397-6789 or scan & e-mail to Reports@endowmentmed.org
GENERAL HEALTH EVALUATION FORM for Trehalose Nutritional Pilot Survey: #7

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research
#7 is to be completed at the end of the sixth month 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: ___________________

(My main health challenge is ______________________________ [☐] none; [☐] mild; [☐] serious; [☐] more serious; [☐] very serious

GENERAL HEALTH BENEFITS

☐ Fat loss
☐ Muscle toning
☐ Lost ____ inches in waist
☐ Higher energy
☐ Evidence of less aging
☐ Hot flashes gone
☐ Overcome insomnia
☐ Improved sleep
☐ Aches & pains reduced
☐ Aches & pains gone
☐ Fluid loss

BEAUTY BENEFITS

☐ Improved appearance
☐ Blemishes reduced
☐ Blemishes disappeared
☐ Acne improved
☐ Wrinkles leaving
☐ Hair healthier
☐ Dandruff reduced
☐ Dandruff gone
☐ Psoriasis improved
☐ Scars disappearing
☐ Skin tones improved
☐ Large pores are better

NERVOUS SYSTEM (related)

☐ PMS helped
☐ Menopause relief
☐ Handle stress better
☐ Less fatigued
☐ Skin itching less
☐ Skin rash gone
☐ Less sugar craving
☐ Less smoking craving
☐ Less food craving
☐ Depression reduced
☐ Overcame depression
☐ Mood swings better

SEX LIFE (if applicable)

☐ Impotence reversed
☐ Infertility reversed
☐ Improved sex life
☐ Yeast infection gone

CIRCULATORY

☐ Lower blood pressure
☐ Varicose veins better
☐ Feet/hands warmer
☐ Lower bad cholesterol from ______ to ______
☐ Not as light headed

MAJOR BENEFITS

☐ Diabetes helped from ______ to ______
☐ Liver problems helped
☐ White cell count went from ______ to ______ in ______ period of time.
☐ Anemia helped
☐ Fibromyalgia helped
☐ Vision improved
☐ Floaters in eyes improved
☐ Tumor(s) reduced
☐ Tumor(s) gone
☐ Osteoporosis improved
☐ Heart problems better
☐ Arthritis improved
☐ Chronic Fatigue Syndrome improved
☐ Multiple Sclerosis better

IMMUNE SYSTEM

☐ Infections disappearing
☐ Less colds and/or flu
☐ Allergies improved
☐ Inflammation gone
☐ Less sore throat
☐ Sinus congestion gone
☐ Cysts, Tumors gone
☐ Bronchial congestion improved
☐ Migraine headaches improved
☐ Migraine headaches gone

DIGESTIVE SYSTEM

☐ Ulcers improved
☐ Heart burn helped
☐ Heart burn gone
☐ Acid indigestion helped
☐ Acid indigestion gone
☐ Constipation better
☐ No constipation now
☐ Diarrhea helped
☐ Diarrhea gone
☐ Upset stomach improved
☐ No upset stomach now
☐ Candida (yeast) improved
☐ Candida gone

OTHER BENEFITS

☐

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To continue the study download the 8-13 Form