



NU SKIN
THE DIFFERENCE. DEMONSTRATED.®

SCAN INFORMATION

DATE _____ NAME _____ , _____

FIRST

LAST

TELEPHONE _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ COUNTRY _____

ZIP/POSTAL _____ EMAIL ADDRESS _____

REFERRING DISTRIBUTOR'S INFORMATION

NAME _____	ID# _____
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SCAN SCORE

NOTES

DATE OF BIRTH _____

MM

DD

YYYY

SEX M F

ETHNICITY

- Caucasian/European Asian/Pacific Islander African/African American
 Hispanic/Latin American Native American Mix of any of the above
 Other _____ Rather not answer

HEIGHT _____ ft _____ in _____ cm WEIGHT _____ lbs./kg

HOW FREQUENTLY HAVE YOU CONSUMED THE FOLLOWING?

- | | |
|--|--|
| Pharmanex LifePak® or Lifepak® Nano | Other Pharmanex Supplements |
| <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily | <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily |
| <input type="checkbox"/> Irregularly <input type="checkbox"/> Never | <input type="checkbox"/> Irregularly <input type="checkbox"/> Never |
| Pharmanex g3 | Pharmanex Marine Omega |
| <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily | <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily |
| <input type="checkbox"/> Irregularly <input type="checkbox"/> Never | <input type="checkbox"/> Irregularly <input type="checkbox"/> Never |
| Non-Pharmanex Supplements | |
| <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily | |
| <input type="checkbox"/> Irregularly <input type="checkbox"/> Never | |

FRUITS AND VEGETABLES CONSUMED PER DAY ON AVERAGE

- Less than 2 servings 2-3 servings 4-5 servings 6 or more servings

TOBACCO USE? Yes No Former smoker