

WM Challenge Questionnaire

Name: _____

Start Date: _____ End Date: _____

Observations: Please rate both products on a scale of 1 (lowest) to 10 (highest)

	Aku-Cleanse	Aku-WM
Taste		
Visual Appeal		
Effectiveness		

Questions/Comments:

How soon did you begin losing weight? _____

Did you notice a decrease in appetite? _____

What was the average weekly weight loss? _____

Additional comments, was there anything else you noticed using this product?

Personal Account: Use the space provided to describe your personal experience, why you liked the products and whether you would recommend the WM pack to others.

Please complete questionnaire and submit to the Akuna Sales Department: Fax: 905-848-8435; Email: kate@akunaca.com.

