



# The Nopalea Wellness Challenge

So many people have already taken the Nopalea Wellness Challenge with great success – it really changed their lives for the better. And now, you also can experience this kind of amazing change, too. Congratulations on taking the challenge and gaining greater wellness for you.

## Achieve incredible wellness results in just 4 easy steps:

- Step 1 – Complete Your “Nopalea Loading Phase”:** drink 3 to 6 ounces of chilled Nopalea each day for 30 days.
- Step 2 – Fill Out This Form:** answer the *Health Questions* below, both before and after your “Nopalea Loading Phase” period.
- Step 3 – Read *The Secret Killer Report*:** you’ll learn why chronic inflammation is such an overlooked, but deadly threat, to you and loved ones, and what you can do about it.
- Step 4 – Share your Nopalea Wellness Experience:** Your TriVita® Affiliate Member 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 – Before Wellness Challenge (1 = very low, 5 = very high)	Pain Rating – After 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

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