

Igennus Questionnaire

Thank you for choosing our products. As part of our commitment to providing a high level of service to all of our customers we welcome your views on your experience with the company and products. The numerous calls we receive offering positive feedback are thoroughly rewarding but suggestions as to how we can improve our level of service are equally valued. Upon the return of completed questionnaires, we will send you a **free box of OmegaForce** (RRP £7.95)* as a token of our appreciation. Please tick boxes where relevant.

Your Personal Details

Name: Mr Mrs Miss Ms Dr

Address: Tel:

Postcode: E-mail:

Gender: Male Female Size of household: 1-2 3-4 5+

Age of householders (tick all relevant boxes): 1-5 6-10 11-20 21-30 31-40 41-50 51-60 60+

How many individuals in your household take our products?

1. How would you rate your health?

Good Fair Poor

2. Which of our products do you purchase?

3. How long have you been taking our products?

First purchase 1-3 months
4-6 months 6-12 months 12+ months

4. How often do you order our products?

Monthly Bi-monthly Quarterly Other

5. Why do you take our products?

General health/well-being Chronic fatigue syndrome
Depression Concentration/attention
Cardiovascular health Skin conditions
Joint problems Libido Dementia
Other Please specify:

6. Are you a member of any support groups?

(For example: M.E., ADHD, Depression support groups)
No Yes Please specify:

7. Where did you first hear about our products?

Advertisement Magazine/ newspaper article
Internet
Recommendation from friend/family/health professional
Other Please specify:

8. What is your daily dosage of our products?

Light (1-2 capsules daily) Medium (3-4 daily)
High (5-8 daily)

9. Would you be interested in purchasing higher quantity tubs?

No
Yes Please specify: 120 capsules 240 capsules

9. Which other supplements have you taken in the last six months and why?

Please specify:

10. What alternative supplements, if any, did you take into consideration before opting for our products?

Please specify:

11. Which of the following factors do you consider most influential when making a purchase?

Quality Value for money
Service Product packaging

12. Which of the following words best describes your attitude towards our products?

Enthusiastic Positive Indifferent Negative

13. If you purchase from our order line, how knowledgeable and helpful do you find our sales people?

Very Satisfactory Varying Not at all

14. Have you had any problems with our level of service?

No

Yes Please specify:

Was the problem rectified?

If so, were you happy with the outcome?

15. Have you experienced problems in the past with any of our products?

No

Yes Please specify:

16. Would you be interested in taking part in a loyalty scheme offering discounts and free products?

Yes No

17. Do promotions appeal to you?

Yes No

18. How satisfied are you with our products?

Very satisfied Satisfied Dissatisfied

Thank you for taking the time to fill in this questionnaire. Your feedback is extremely valuable. If you have any further comments or suggestions, please let us know here:

Occasionally we may wish to send you details of our products as well as offers and promotions, which may be of interest to you. If you do not wish to receive this information, please tick this box . The information you provide will be solely for the use of Igennus Ltd and will not be forwarded to any third parties.

*Offer limited to one free box of OmegaForce per household

Please return to: Igennus Ltd, St John's Innovation Centre, Cowley Road, Cambridge, CB4 0WS.

VAT Reg No. 831548332. Registered in England No. 4934116



Tel: 0845 1300 424 Web: www.igennus.com E-mail: info@igennus.com