



Health Conscious Market Survey

Date: _____

Name: _____ Age: _____ Gender: _____ Marital Status: _____

Contact: _____ Email: _____

Thank you for participating on this survey. We would like to take a survey on the people's respond on their health conscious and would like to deliver the effective & hands on financial planning methods to the public.

1. How many meals do you take per day?

- < 3 meals 3 meals 3 meals + Tea break 3 meals + Tea break + Supper

2. How often do you exercise?

- Everyday 3 Times a week Once a week irregular Seldom

3. Are you the breadwinner and is your family highly depends on your income to survive?

- Yes Partly Maybe No Not sure

4. How much roughly do you need to support your family per month?

Rp _____ per month

5. Have you signed any agreement to ensure that this INCOME will be there for your loved ones?

- Yes No Not sure What's that? I would like to know more

Additional information:

a. Where do you work & what is your company name? _____

b. What's your designation? _____

Have you heard of Great Vision? Yes No Not sure (let me introduce to you...)

Remark