



## MaxMedix™ **Satisfaction Survey**

We are sorry to hear that you are not satisfied with your MaxMedix product. The entire WeightWorld UK team aims year after year to offer you the most effective products , as we strive for 100% customer satisfaction. This satisfaction survey helps us to improve both our services and our products. This survey must be returned to us by the 30 day period after your treatment has ended, accompanied by the original packaing and your nutrition plan (attached) to the following address:

CC: Money Back Guarantee  
Comfort Click Ltd.  
106 Lower Addiscombe Rd Croydon,  
Greater London  
CR0 6AD  
United Kingdom

## PERSONAL INFORMATION

|        |  |                  |  |
|--------|--|------------------|--|
| Name   |  | Order Number     |  |
| Sex    |  | Telephone Number |  |
| Height |  | Age              |  |
| Goal   |  |                  |  |

## PERSONAL GOAL

*In order to better evaluate the effectiveness of your treatment, we advise you to weigh yourself in the morning, on an empty stomach.*

|                         |  |        |  |
|-------------------------|--|--------|--|
| Start Date Of Treatment |  | Weight |  |
| End Date Of Treatment   |  | Weight |  |

## HOW WOULD YOU JUDGE

1 = Bad | 2 = Acceptable | 3 = Good | 4 = Very Good | 5 = Excellent

|  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>The Effects Of The Product</b>                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>Comment</i>   |                            |                            |                            |                            |                            |
| <b>Product Quality</b>                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>Comment</i>   |                            |                            |                            |                            |                            |
| <b>Your Sporting Activities</b>                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>Comment</i>   |                            |                            |                            |                            |                            |
| <b>Your Balanced Diet</b>                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>Comment</i>   |                            |                            |                            |                            |                            |
| <b>The Description Of The Product On The Site</b>      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>Comment</i>   |                            |                            |                            |                            |                            |
| <b>The Service Provided By WeightWorld UK</b>          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>Comment</i>   |                            |                            |                            |                            |                            |
| <b>What Is The Main Cause Of Your Dissatisfaction?</b> |                            |                            |                            |                            |                            |

COMMENT

Services

Products

DATE AND SIGNATURE

*By signing this document, you certify the accuracy of this information.*

| Week N°1  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°2  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°3  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°4  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°5  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*



| Week N°6  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°7  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°8  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°9  | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°10 | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°11 | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*

| Week N°12 | Morning | Lunch | Evening | Sport |
|-----------|---------|-------|---------|-------|
| Monday    |         |       |         |       |
| Tuesday   |         |       |         |       |
| Wednesday |         |       |         |       |
| Thursday  |         |       |         |       |
| Friday    |         |       |         |       |
| Saturday  |         |       |         |       |
| Sunday    |         |       |         |       |

*\* Note: This table is to be filled out each week while taking the MaxMedix product. Otherwise, the "Money Back Guarantee" guarantee will not apply.*