

OsoLean™ Interview Questionnaire

Name:	Date you started taking OsoLean powder:
Phone Number: <i>(For internal use only. Will not be published.)</i>	Inches (waist)/Pounds at start:
E-mail Address: <i>(For internal use only. Will not be published.)</i>	Inches (waist)/Pounds at end:

Mannatech's Weight and Fitness team enjoys nothing more than to celebrate the amazing results that you and others have achieved. Congratulations on your success with OsoLean powder, and thank you for taking the time to complete this questionnaire. Your success story will possibly be posted online at MannatechOsoLean.com and/or used in part or in its entirety in upcoming publications such as *Health & Living*. Please answer each question that applies to you as thoroughly as possible.

1. How many inches have you lost at your waist and in what time frame?
(ex., I lost 5 inches from my waist in 8 weeks.)

2. If tracked, how many inches have you lost total? (ex., arms, hips, thighs, neck, etc.)

3. If tracked, how many pounds have you lost?

4. In general, what was your motivation for trying OsoLean powder?

5. Many individuals have a specific reason or an “aha moment” when they make the decision to try to lose fat. Did you have that kind of moment? (ex., seeing an old picture of a thinner or healthier you, a comment made by someone, a not-so-fun shopping experience, etc.) If so, please explain.

6. What is/was the first goal that you want(ed) to reach? (ex., just making the commitment to yourself to stick with it, looking better for your high school reunion, losing the first inch within the first two weeks, etc.)

7. What, if any, hindrances or obstacles did you experience that made it difficult to continue toward your fat-loss goal?

8. What motivated you to continue when obstacles occurred?

9. What are your long-term goals? (ex., lose more inches, just maintain, have enough energy to dance at your daughter's wedding, fit into a certain size by a certain date or event, etc.)

10. What exercise or activity are you participating in? What's your favorite/least favorite and why?

11. What was the first thing you did to reduce your caloric intake?

12. Did you have any cravings before starting on the OsoLean Plan? How has the plan changed or affected your craving(s)?

13. What is your favorite way to take your OsoLean powder?

14. Did you use a food diary? If so, how has it impacted your success?

15. Did you use any of the tools at MannatechOsoLean.com? If so, which one(s) and why?

16. If you could describe your experience and/or results with OsoLean powder in one or two words, what would you say?

17. Who was the first person to notice and/or compliment you on your success?
How did it make you feel?

18. If you were to recommend this product to someone, what would you tell them (in 1–3 sentences)?

19. Now (or once) you've achieved your goal, will you continue taking OsoLean powder?
Why or why not?

20. If you had one piece of advice for someone just starting to take OsoLean powder, what would that be?

21. Has taking OsoLean powder helped spark a change in your lifestyle? If so, please describe. (ex., I now enjoy physical activity much more; now I give more thought to food choices, etc.)

**Please return the completed form to OsoLeanChallenge@Mannatech.com.
Use "Success Story Questionnaire" as the subject.**

The information you provide in this questionnaire may be used to create Success Stories and other promotional materials, which Mannatech may choose to publish at its discretion. By submitting this questionnaire to Mannatech, you authorize Mannatech to publish your name and other information provided without your further permission or compensation. Mannatech **will not** publish your phone number or e-mail address, but may use it to contact you regarding your questionnaire.