# Essential Oil Usage Study

Completion Questionnaire

1. On a scale of 1-10 how have the essential oils impacted your primary issue?

1 2 3 4 5 6 7 8 9 10

1. In addition to the health concern you were addressing in this study, what are three other top health priorities?
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How serious are you right now about addressing those concerns?
   1. Very Serious
   2. Slightly concerned
   3. Not Serious at all
3. Would you recommend this study to a friend? Yes or No
4. Was the information helpful to educate you more on the power of essential oils for your health?