



Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

### non tox me now survey

#### Before today did YOU know that there were toxins in products?

*A lot of people hear about this issue for the first time from Pure Haven, which is a problem! We need more people talking about this and creating awareness to help protect families. (1-I didn't know about this, 10-living it already)*

**1   2   3   4   5   6   7   8   9   10**

#### What did YOU put on your body today?

*Think of all the items you used in your morning routine and circle all that apply to YOU and your family.*

shampoo	conditioner	body wash	soap	shaving cream/lotion	body lotion	face wash	facial moisturizer	eye cream
serums	hair gel	pomade	mousse	mouthwash	preinse	dental floss	toothpaste	perfume
hairspray	foundation	blush	eyeliner	eye shadow	lip liner	lip gloss	lip stick	mascara
lip balm	concealer	deodorant	sunscreen	body oil	ointment	other: _____	other: _____	other: _____

#### What results are you looking for from your personal care and cosmetics?

*Many people are looking for a certain result when they use a product. Think about all the results you are hoping to get from the products you use regularly and check all that apply to YOU and your family.*

eliminate blemishes	alleviate rosacea	help with psoriasis	help with eczema	face hydration	anti-aging	oil control	skin balancing	hair growth
calm curly hair	frizz control	hair hydration	hair heat protection	scalp oil control	dandruff control	scalp issues	body hydration	body odor
baby safe products	kid safe products	cavity prevention	bad breath control	other _____	other _____	other _____	other _____	other _____



**purehaven**

Name: \_\_\_\_\_

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**What did YOU use in your home this week?**

*Think of all the household products you used in your regular routine and check all that apply to YOU and your family.*

laundry detergent	stain remover	multi surface cleaner	toilet bowl cleaner	glass cleaner	floor cleaner
dish soap	dishwasher detergent	deodorizer/air freshener	candle	other: _____	other: _____

**What results are you hoping to get from the products YOU and your family use?**

*Many people are looking for a certain result when they use a product. Think about all the results you are hoping to get from the household products you use regularly and check all that apply to YOU and your family.*

clean house	sanitized house	pet stain removal	hard water stain removal	laundry stain removal	deodorization	clean dishes
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**What health concerns do you have that can be related to toxins in products?**

*Please mark all that you or your family members have been impacted by.*

cancer	alzheimer's	infertility	asthma	general toxic body burden
toxins in baby cord blood	neurological disorders	autism/asperger's	other: _____	other: _____

**How interested are you in making non toxic swaps with your products?**

*Our hope is that you learned something and are ready to make some swaps today. Mark where your interest level is.*

*(1-I actually like toxins so no need to swap, 10-I would really like to make some swaps)*

**1   2   3   4   5   6   7   8   9   10**

**Where would you like to make a swap first?**

*We all start somewhere! We'd like to know where you would like to make a swap. Check all that apply.*

body care	household cleaning	skin care	baby care	kids products	hair care	wellness	pet care
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