



World Noni Research Foundation

Noni User's Satisfaction Survey (NUSS)

Name :

Age : Sex : Male Female

Occupation :

Address :

Pin code :

Phone No.
with area code :

Indian Noni intake..... month/s days

Tick (✓)any one : I am Healthy I am Suffering from

Disease : Year suffering from

I am a Indian Noni Distributor Non Distributor

Questionnaire

1. Are you satisfied with Indian Noni? Yes No I Don't Know
2. Do you experience improvement in your general health after using Indian Noni? Yes No I Don't Know
3. Do you wish to continue Indian Noni? Yes No I Don't Know
4. Would you recommend Indian Noni to others? Yes No I Don't Know

Name of Surveyor :

Place :

Signature of Surveyor :

Signature of User :

Date :

Date :

World Noni Research Foundation

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Please take photocopy of this sheet as per your requirement