

BELIEF QUESTIONNAIRE

Name: _____ Date: _____ Follow up: _____

Score 1 - 10: 1 = lowest 10 = highest

	Date	Date	Date
1. My understanding YL Essential Oils			
2. My understanding YL Supplements			
3. My understanding of YL Personal Care Products			
4. My understanding YL Pet Care			
5. My understanding of the YL Compensation Plan			
6. My feelings about Network Marketing			
7. My belief in my ability to meet new people			
8. My belief in my ability to create interest with people			
9. My belief in my ability to explain the opportunity			
10. My belief in myself			
11. My ability to inspire others to do #7 and #8 above			

MOST EXCITED ABOUT

MY GREATEST CONCERN

	YOUNG LIVING	
	YOUNG LIVING PRODUCTS	
	YOUNG LIVING OPPORTUNITY	
	YOUNG LIVING TEAM	