

Blugenics training

09/05/25

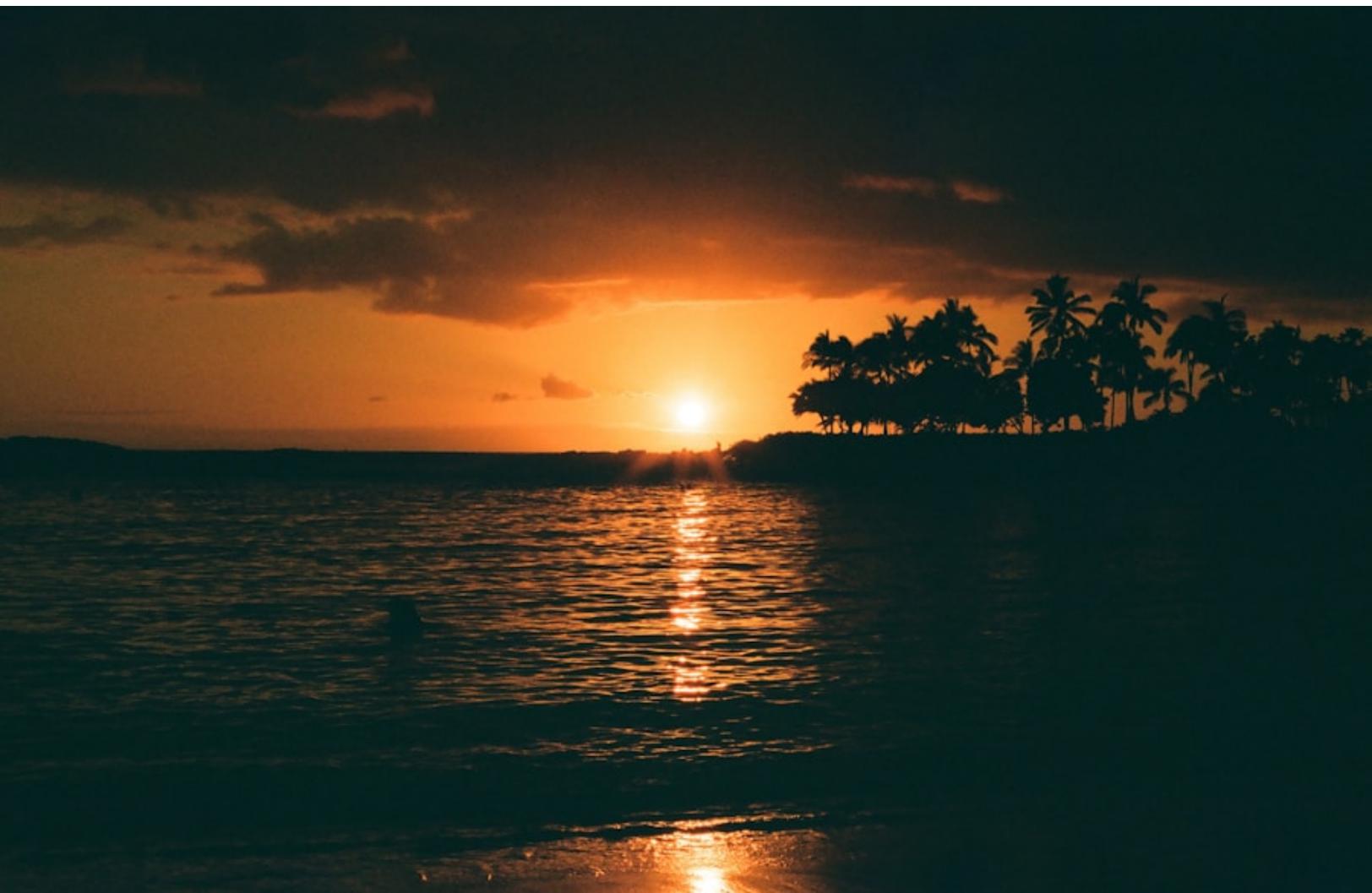
Needs analysis



Goal of the needs analysis



Dr Seymour: Questions for Best Practices



1. General Health Concerns

A) What are your primary health concerns at the moment? (Circle all that apply)

- Low energy/fatigue
- Immune system support
- Digestive health
- Stress or anxiety
- Skin health
- Heart health
- Liver detoxification
- Joint or muscle pain
- Sleep issues
- Memory loss
- Other (Please specify): _____

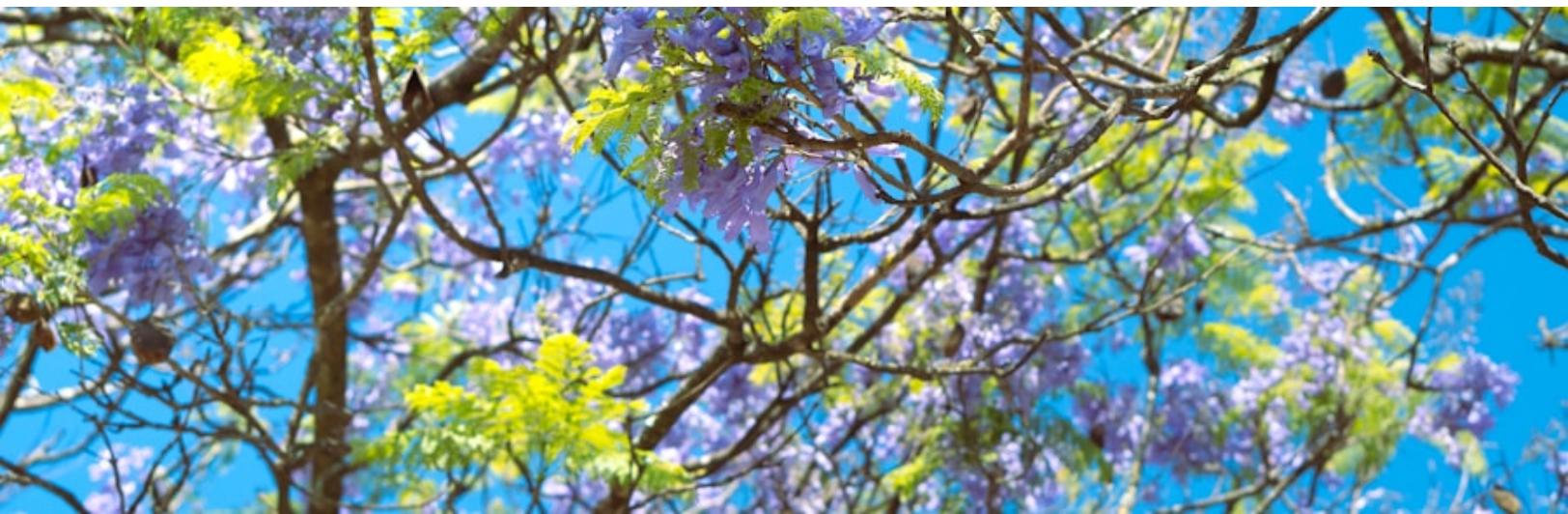
B) How long have you been experiencing these issues?

- Less than 6 months
- 6 months to 1 year
- 1 to 3 years
- 3+ years



C) How do these health concerns impact your daily life?

- Minimal impact
- Moderate impact
- Significant impact



2. Current Solutions

A) What methods are you currently using to address your health concerns? (Circle all that apply)

- Prescription medication
- Over-the-counter supplements
- Natural remedies
- Diet changes
- Exercise
- I'm not currently doing anything to address them
- Other (Please specify): _____

B) How satisfied are you with the effectiveness of your current solutions?

- Very satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very unsatisfied



3. Awareness of **Phytoplankton** **(Gaditana Original)**

A) Have you heard of phytoplankton as a health supplement before?

Yes

No

B) If yes, have you used phytoplankton before?

Yes

No

C) On a scale of 1-5, how open are you to trying new natural supplements for your health?

1 - Not open at all

2 - Slightly open

3 - Neutral

4 - Open

5 - Very open

4. Exploring Gadihana as a Solution

A) Which of the following benefits of Gadihana Original interest you the most?
(Circle all that apply)

increased energy and vitality

Detoxification and cellular regeneration

Immune system boosting

Mood and mental clarity improvement

Heart health support

Liver health improvement

Skin health benefits

Other (Please specify): _____

**B) How likely are you to consider
Gaditana Original as part of your health
routine?**

- Very likely
- Likely
- Neutral
- Unlikely
- Very unlikely

C) What factors would influence your decision to try Gaditana Original? (Circle all that apply)

- Price
- Testimonials/reviews
- Doctor or health practitioner recommendation
- Easy to use and incorporate into daily life
- Clear scientific research and benefits
- Other (Please specify): _____

5. Personalization of Solutions

What Inspired you to Seek a Solution?

- More energy and better mood
- Strengthening immune system
- Detoxing and cleansing
- Improved sleep quality
- Better skin and complexion
- Improved digestion and gut health
- Weight loss/maintenance
- Other (Please specify): _____

6. Personalization of Solutions

What health goals are you currently working towards?

- More energy and better mood
- Strengthening immune system
- Detoxing and cleansing
- Improved sleep quality
- Better skin and complexion
- Improved digestion and gut health
- Memory improvement and mental clarity
- Weight and Fat loss/maintenance
- Other (Please specify): _____

b) How would you prefer to receive health solutions or information about them?

- Email newsletters
- Social media updates
- Online webinars or workshops
- Consultation with a health expert
- Other (Please specify):
