# Testimonial Form for Benefits from Glory Day™ Brain Booster

Name _____
Age _____
Gender (circle) Male Female Other
Phone _____
Email _____
Address/city/state/zip_____

Please check conditions you have and/or had and the number of years you've had them:

**Conditions** **Years had condition**

___ Mild Cognitive Impairment
___ Dementia (mild, moderate or severe)
___ Alzheimer's disease (mild, moderate or severe)
___ Diabetes
___ Hypertension
___ Cardiovascular disease
___ Other that is relevant to your cognitive performance (please explain)

Do you take a multivitamin? Yes No
Please estimate how many supplements you currently take, if any? _____
When did you start taking Glory Day™ Brain Booster? _____ Are you still taking it?
What percent of days did you take Glory Day™ Brain Booster during that time? _____%
How many Glory Day™ Brain Booster gold softgels do you take daily? _____
How many Glory Day™ Brain Booster white capsules do you take daily? _____

Which memory loss symptoms did you have before vs after taking Glory Day™ Brain Booster? (Please check all that apply)

**Before** **After**

_____ _____ Repeat the same story multiple times
_____ _____ Search for words and take time to find the right word
_____ _____ Misplace keys or other items
_____ _____ Enter a room and forget why you went there
_____ _____ Memory loss interferes with your daily life
_____ _____ Forget names
_____ _____ Confused
_____ _____ Explain around a topic because you cannot come up with the word you want
_____ _____ Start a sentence and lose track of what you wanted to say
_____ _____ Take much longer to do tasks than previously
_____ _____ Forget where you are
_____ _____ Dropped some activities you enjoy because of concern that you won't do them well

Please describe in detail any changes in your memory, abilities, confidence, daily activities or quality of life after taking Glory Day™ Brain Booster. Please feel free to add photos or videos. Anything that characterizes the impact on your life is helpful_____

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Did you take any brain tests or cognitive assessments before and after taking Glory Day™ Brain Booster? What were your scores before and after?

| Test | Score Before | Score After Glory Day™Brain Booster |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Did family members notice or comment on any changes in your behavior, performance or mood? (Please explain)

_____
_____
_____
_____
_____
_____

Would you recommend Glory Day™ Brain Booster to others? Why or why not?

_____

How would you describe Glory Day™ Brain Booster?

_____
_____
_____
_____
_____

Please check any of the potential benefits below that you believe you experienced from Glory Day™ Brain Booster. Then rank order (1-10) those benefits you experienced by which was the most meaningful to you, with 1 being the most meaningful benefit, 2 the next most, through 10 as the least meaningful:

| Check if experienced | Rank order most meaningful |
|---|---|
| ____ Enhanced concentration | ____ |
| ____ Restored brain health | ____ |
| ____ Supported memory and brain function | ____ |
| ____ Improved cognition | ____ |
| ____ Enhanced memory | ____ |
| ____ Protected from memory loss | ____ |
| ____ Improved memory | ____ |
| ____ Improved attention | ____ |
| ____ Protected neurons | ____ |
| ____ Reversed dementia symptoms | ____ |

I authorize Vivolor Therapeutics Inc. to post excerpts from and/or paraphrase my Testimonial above on their website and share them publicly. Only my 1st name, last initial and city will be used (for confidentiality purposes). I am willing to have Vivolor Therapeutics Inc. contact me for further information.

Signature: _____

## Testimonial Form for Benefits from Glory Day™ Brain Booster

(Note signature releasing your information is necessary for enrolling you in the contest)

**Thanks so much for your time and assistance in completing this!! We are thrilled that you received benefit from Glory Day™ Brain Booster and wish you the very best of health and happiness**