**1. Request for a Referral from a current customer or non-business builder** – (These are from product users to give us a useful contact of someone to participate in the project. This is a very useful way to get additional contacts from people in your team who do not build…:

**Hi, this is (Your name) do you have a few min to talk? Thanks, I wanted to take few min and let you know about an amazing program that our team is introducing in the next few weeks. Like you, We love essential oils in our family and we have had amazing experiences in our lives as we us them. In the month of March, we are launching a program called “I feel great” We hope to help new people measure the effects of using essential oils to improve some of the most common heath concerns. We will be focusing on pain reduction, digestive problems and reducing stress. If you have anyone in your area that we may be able to be help with one of these conditions, I have the ability to get them into the program. For those interested It would be a free no commitment trial of the products. Does anyone come to mind that you could put me in contact with?**

2. **Invitation to participate in the project “I feel great” --**

1st phone call:

**Helllo, my name is (YOUR NAME) , Mr/Mrs. X give me your name and asked me to give you a call. Do you have a few min for us to briefly talk?**

If the answer is negative, the individual does not have time, or is currently occupied

ask: **When would you like me to call you? It will not take more than a couple of minutes of your time.** (Arrange a time to call and say thanks and call later)

If the answer is yes, then continue:

**In talking to (Mr/Mrs X) told me that you may be interested in finding or trying natural solutions to solve health challenges rather than to use synthetic and chemical drugs. Is that correct?**

If the answer is positive, continue:

**That's a great, because right now we are ......."** (skip to below)

If they are vague or negative, you continue:

If I could provide you with some information and products to help you naturally improve your health, would that be interesting to you? ….(continue)

Me and my team are currently looking for people to participate in a free new project, called “I feel great”. This new program will help participants find solutions to common health conditions. Through this program we are looking to have help help us figure out the effect of using 100% Natural therapeutic grade essential oils to relieve and improve the most common health concerns, such as pain, digestive problems and difficulties arising from the stress.

It does not cost anything to participate in this program, In order to participate, you simply choose one of three basic programs. Program 1. Pain Reduction 2. Improve Digesten 3.Manage stress and achieve emotional balance. In which program would you be interested in participating? (THEY CHOOSE) – Great, I will send you additional details about the program via Email. What is your email address? I will send all necessary and specific info there soon about the program and how to receive the free package of essential oils that you will be using. If there are no more questions, have a nice day….

3. E-MAIL TO PARTICIPANTS:

Dear participant of the Program “To Get Rid of Pain”,

We are very glad that you have decided to participate within the program organized by DoTerra Slovakia. We believe that your expectations will be satisfied and health limitations that you have indicated will be resolved after the use of essential oils of the highest therapeutic purity. The program takes 3 weeks since Feb 1st to Feb 21st and is aimed to find out how participants felt about the use of DoTerra natural products as well as how they subjectively perceive their health restrictions during and after the program. DoTerra Slovakia has prepared a packages for you, which contains a combination of essential oils and other natural supplements specifically combined for this program. Packages will be distributed at meetings with confirmed participants in the following cities at Feb 1st, 2017.

Program - Get Rid of Pain

*Deep blue rub - rubbed, Lemongrass 1 drop, Peppermint 1 drop - rubbed locally to the point of experiencing pain, for enhanced activity and join ointment after each 1 drop of oil*

Recommendation:

*- You can dilute the oil, for example. coconut, always in the case of sensitive skin*

*- To achieve the progress application is needed 2-4 times a day*

Warning:

*!!! Do not put the essential oils directly to the eyes, ears, or nose*

*!!! Deep Blue is not for internal usage*

More information about use of essential oils can be later found at funpage I feel good, or you can receive them from the person who recommended you into the program. We will be happy if your experiences and insights on the use of essential oils will be shared by you at funpage

 https://www.facebook.com/groups/963108163790987/?ref=ts&fref=ts

At the same time we ask you to fill out the attached questionnaire, sign it and return it to DoTerra Slovakia representative during one of the meetings. We appreciate your trust and will do our best that after completing the program you would be satisfied with the fact that you have participated in it.

Sincerely, (Your Name)

4. Initial QUESTIONNAIRE FOR PARTICIPANTS:

Program Get Rid Of Pain

Name: ................................................ .......................................... Phone contact: ..... .................................. e-mail: ............................................................ your age ... ...................

Read each question carefully and circle the answer which best fits

Have you ever used essential oils to improve the health concern?

Yes No

Question 1: How often do you feel joint or muscle pain in the last week?

Very often Often Sometimes Rarely Never

Question 2: Evaluate pain intensity on a scale of 0-10. (0 = no pain and 10 = very intense pain)

0 1 2 3 4 5 6 7 8 9 10

Question 3: How often do you take prescription or over the counter pain killers?

Rarely once a day Several times a day Several times a week

Question 4: How often do you feel pain from tension and discomfort duing the week?

Very often Often Sometimes Rarely Never

Question 5: After using prescription or over the counter pain medication how often do you feel common side effects (eg. Stomach pain, loss of appetite, drowsiness, nausea)?

Very often Often Sometimes Rarely Never

