



## Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the Balanced Habits KICK START? \_\_\_\_\_

What is your MAIN GOAL by participating in the KICK START (choose 1)?  lose weight  
 gain weight  lose body fat  maintain weight  healthy eating habits

How many meals do you currently consume on average per day? \_\_\_\_\_

How many snacks do you currently consume on average per day? \_\_\_\_\_

How often do you do cardiovascular exercise per week? \_\_\_\_\_ What is the duration? \_\_\_\_\_

How often do you do strength train per week? \_\_\_\_\_ What is the duration? \_\_\_\_\_

Do you do any other forms of exercise? **Y/N** -If yes, what? \_\_\_\_\_

Are you currently under the care of a Physician? **Y/N**

-If yes, why? \_\_\_\_\_

Are you currently taking any medications? **Y/N**

-If yes, please list them and how long you have been taking them: \_\_\_\_\_

Have you been diagnosed as Diabetic? **Y/N** -If yes, what type: (circle 1) Pre-diabetic, Type I, Type II

-If yes, what medications and frequency do you take: \_\_\_\_\_

Have you had any form of Bariatric Surgery? **Y/N** -If yes, what type: \_\_\_\_\_

-If yes, when was the surgery performed? \_\_\_\_\_

-If yes, approximately how many ounces of food can you ingest per sitting? \_\_\_\_\_

Have you ever dealt with an eating disorder that we should be made aware of? **Y/N**

-If yes, please explain: \_\_\_\_\_

Are you currently lactating? **Y/N**

-If yes, on average how many times per day? \_\_\_\_\_

Are you a Vegan? **Y/N**

Do you have Celiac Disease or a high Gluten Sensitivity? **Y/N**

Is there anything you'd like to disclose that we need to know to support you to be successful during the 28-Day program that we have not asked?

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**Yes**, I have disclosed all necessary information that the Balanced Habits KICK START Team needs to know about me.

**Yes**, I understand what is expected of me during this 28-Day program and commit to the suggestions and guidelines.

**Yes**, I will attend the weekly journal review, follow the journal requirements, and do the suggested amount of exercise.

**Yes**, I will read the emails coming from my Food Coach.

***I promise to not expect perfection, but I do expect improvement due to my efforts.***

Signed: \_\_\_\_\_



## Thank you for joining the Balance Habits Kick Start!

- ✓ Please make sure to fill out the questionnaire and return it to the front desk as soon as possible.
- ✓ Sign up at the front desk for a day and time to do your initial body composition testing. This must be done prior to 9/25/19 at 1:00pm
  - No exercise or eating 2 hours prior to your test.
  - Please have very tight clothing (bathing suit, boxer briefs) underneath your clothes.
  - In order for the test to be accurate we are asking for the least amount of clothing.
  - You will undress for the test behind a curtain by yourself.
- ✓ Attend the Balanced Habits Kick Start Orientation on Friday, September 27th 6:00pm. *This is where the program will be explained, this is mandatory.*  
(If you are unable to attend the mandatory orientation please email Morgan Fewel)

If you have any other questions or concerns please reach out to Fitness Director Morgan Fewel at (509) 943-8416 or [morganfewel@my-cbrc.com](mailto:morganfewel@my-cbrc.com)