

100 DAY CHALLENGE

Checklist

The wellness department is so excited that you have joined the 100-Day Challenge. Just a few things that you must complete prior to orientation on Thursday, October 20th (6:00pm-7:00pm).



- Fill out the 100 Day Questionnaire and submit to Morgan Fewel via email or turn it into the front desk. Must be completed before October 19th. *(on back)*
- Schedule your 100 Day Body Comp/Functional Movement Screen with the Front Desk (509) 943-8416. This appointment will be 30 minutes and can be scheduled with any trainer. Please no eating or exercising 2 hours prior to this appointment. Please have formed fitted clothing on under your clothing. (ladies: bathing suit or bra and underwear. gentlemen: boxer briefs or briefs.) Must be completed before October 19th.
- Pick a team! (located at the front desk).
- Purchase a food scale.
- Brainstorm and write down your specific goals that you want to accomplish in the 100 Day Challenge!! Submit your goal sheet to Morgan Fewel via email or turn into the front desk.



If you have any questions please email morganfewel@my-cbrc.com.
See you on October 20th!



Questionnaire



Name: _____

T-Shirt Size: Male or Female Size _____

Contact Phone #: _____

Email: _____

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 aerobic exercise per week? _____

What is the duration? _____

How often do you do strength train per week? _____

What is the duration? _____

Any other forms of exercise? -If yes, what? _____

What time of day and days of the week do you utilize the club/exercise? _____

Are you currently under the care of a Physician? Yes/No -If yes, why? _____

Are you currently taking any medications? Yes/No -If yes, please list them and how long you have been taking them: _____

Have you been diagnosed as Diabetic? Yes/No -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? Yes/No -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 we should be aware of? Yes/No
-If yes, please explain: _____

Are you currently lactating? Yes/No -If yes, on average how many times per day? _____

Are you a Vegan? Yes/No Do you have Celiac Disease or a high Gluten Sensitivity? Yes/No

Is there anything you'd like to disclose that we need to know to support you to be successful during the 100-Day program that we have not asked for? _____

Yes, I have disclosed all the information the 100-Day Challenge Team needs to know about me.

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

Signed: _____ Date: _____
Please submit this form to Wellness Director Morgan Fewel via email (morganfewel@my-cbrc.com) or in person to the Front Desk before October 19th, 2022.





FITNESS GOALS

NUTRITION GOALS

1-3 THINGS TO ACCOMPLISH IN 100 DAY CHALLENGE

Name: _____