

We are asking you to provide us with some feedback regarding the changes in you that have taken place since you started our exercise and nutrition education program. Please be kind enough to take a few minutes and fill out the form enclosed. We provided a stamped addressed envelop for you to return it to us.

Thank You!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Current weight: \_\_\_\_\_

Weight when you started Program: \_\_\_\_\_ Number of sessions per week: \_\_\_\_\_

Training  or Open member  How long have you been training: \_\_\_\_\_

How many total days of exercise per week do you do now: \_\_\_\_\_

Select if you have seen improvements in these areas:

- |                    |                                   |  |                                       |
|--------------------|-----------------------------------|--|---------------------------------------|
| Sleep              | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Stress             | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Nutrition          | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Moods              | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Energy             | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Water intake       | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Alcohol intake     | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Smoking            | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Joint pain         | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Muscle pain        | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Exercise capacity  | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Flexibility        | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Cholesterol level  | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Blood Pressure     | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Resting heart rate | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Blood Sugar        | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Body Fat           | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Caffeine intake    | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Mental function    | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Sugar cravings     | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Water retention    | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Balance            | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Overall strength   | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Abdominal strength | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Exercise knowledge | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Breathing          | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |
| Self Image         | The same <input type="checkbox"/> | A little better <input type="checkbox"/> | A lot better <input type="checkbox"/> |

What other benefits have you derived from this exercise program not mentioned here?

---

---

---

Is there an area that you want to improve upon that we have not addressed?

---

---

---