



Your Weight Loss Challenge Coaches:

Francois, Linda & Belinda

Weight Loss Challenge

What do you have to lose?

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WEIGHT LOSS CHALLENGE: QUESTIONNAIRE

Please help us to identify you and your needs/goals?

CONTACT DETAILS

NAME: _____

PHONE: _____

E-MAIL: _____

QUESTIONNAIRE

WHAT DO YOU EAT FOR BREAKFAST? _____

DO YOU FEEL LIKE YOU ARE LOSING ENERGY DURING YOUR NORMAL DAY? _____

HOW MANY WATER DO YOU DRINK DAYLY? _____

WHICH OF THESE WORDS BEST DESCRIBES YOUR LIFESTYLE?

Calm Active Stressed

ARE YOU LOOKING TO LOSE/GAIN SOME WEIGHT? _____

IF SO, HOW MUCH? _____ KG

DO YOU EAT 2 FRUITS & 3 VEGETABLES A DAY? _____

DO YOU PARTICIPATE IN SPORT/GYM 3 TIMES A WEEK? _____

DO YOU EAT 3 MEALS A DAY? _____

IF NO, WHICH MEAL DO YOU SKIP? _____

DO YOU LIVE ON OR OFF CAMPUS? _____

IF YOU ARE INTERESTED IN PARTICIPATING, WHAT TIME WILL SUIT YOU BEST? 18:00 – 19:00/20:00 – 21:00 _____

DO YOU WANT TO KNOW MORE ABOUT?

SPORT NUTRITION: **YES** **NO**

SKIN CARE: **YES** **NO**

