**6 Week Challenge Questionnaire**

Full Name: Email:

Mobile: DOB:

**Please answer all the following questions to the best of your ability and knowledge.**

| Why have you applied for the Absolute 6 Week Challenge? | | |
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| How would you describe your current levels of fitness? | | |
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| What is your ultimate health and fitness dream goal? | | |
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| How long do you think it would take to lose weight on your own? | | |
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| Do you want to keep the weight off after the Absolute 6 Week Challenge? | | |
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| How long have you been trying to lose weight? | | |
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| What have you done before to lose weight? | | |
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| How much do you think you have spent on diets, clubs, pills etc to lose weight over the years? | | |
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| You know how hard it is to lose weight and keep it off, will you listen to us and follow our advice? | | |
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| Why are you applying now? | | |
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| On average, clients who do this program drop 7-10lbs in the 6 weeks. Are you ok with that? | | |
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| Clients who work with us for 3 months after the program lose an average of up to 28lbs. Would this be something you would be open to if we feel you qualify? | | |
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| Have you found it difficult to stick to a program in the past? What was hard for you? | | |
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| Is it more important to you that you lose weight quickly or that you lose weight permanently? | | |
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