

Commit2Fit Profile

Please answer the following questions so that we can customize to your needs.

Please PRINT:

Name _____
 Address _____
 City/State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email _____
 Do you prefer to be contacted by phone or email? _____

Eat breakfast?	Y N	Get an afternoon "low"?	Y N
Drink 8 - 10 cups water?	Y N	Tired in the early evening?	Y N
Eat "on the go" often?	Y N	Have dieted on and off?	Y N
Skip meals frequently?	Y N	Eat for comfort or stress?	Y N
Get "munchies" at night?	Y N	Feel "too full" after meals?	Y N
Day or night eater?	D N	Wake up hungry?	Y N
Crave sweets/sugars?	Y N	Familiar w/food categories?	Y N
Crave Carbohydrates?	Y N	Use tobacco products?	Y N
Crave fat?	Y N	Move waste daily?	Y N
Fight fatigue all day?	Y N	Exercise at least 3x's per/wk?	Y N
Drink coffee, tea or soda?	Y N	Committed to living healthy?	Y N

My favorite food(s) that I consider to be "unhealthy" _____

My **Target Goal** for **Day 56** is: _____

Measure in the same spot each time	Neck	L.Arm	R.Arm.	Chest	Waist	Hips	L.Thigh	R.Thigh	L.Calf	R.Calf	Lbs.
Day -1											
Day 7											
Day 14											
Day 21											
Day 28											
Day 35											
Day 42											
Day 49											
Day 56											

If you are under a doctor's care for any medically related issue, please consult with your doctor before changing diet, exercise, or supplement program. We will be happy to provide your doctor with supplement information. Please adhere to all product labels.

