

# ***Fitness Foundry***

*Always get medical clearance prior to participating in any fitness or nutritional program.*

## **BREAK OUT of Breaking Even Questionnaire:**

Name:	Date:
Age:	Weight: Body fat % if available:
Gender:	Height: Height in Centimeters (inches x 2.54)
Q1. How many days per week can you REALISTICALLY work out?	
Q2. What is the duration of your workout?	
Q3. Short-term weight loss goal (1–3 months)?	
Q4. Long-term weight loss goal (1 year +)?	
Q5. Do you have access to a gym? If yes, what is your favorite cardio equipment and why?	
Q6. If you have access to a gym do you only take group exercises classes? If no, what other exercises do you do on your own?	
Q7. Have you ever tracked your calories and/or activities? If so, did you use an app or pen and paper?	
Q7A. Do you know your current daily caloric intake? If so, please note.	
Q8. When was the last time you felt your best?	
Q9. What do you attribute your past success to?	
Q10. Are you ready to commit to a new fitter, healthier, and leaner YOU? Please sign and date.	

Sheet available online at [www.fitnessfoundry.net](http://www.fitnessfoundry.net)

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