

# HOEBEL FITNESS

3435 Ocean Park Blvd Suite 107, Box 100 Santa Monica, CA 90405  
info@BrettHoebel.com

## WEIGHT LOSS STUDY PARTICIPANT INFORMATION SHEET

|                      |                                 |
|----------------------|---------------------------------|
| Name:                |                                 |
| Address:             |                                 |
| City, State,<br>Zip: |                                 |
| Sex:                 |                                 |
| Marital<br>Status:   | Single      Married      Other: |
| Children             | How Many?                       |
| Pounds to<br>Lose:   |                                 |

|  |  |
|--|--|
| Phone Numbers: Indicate the best way to reach you during the day. Check one. |  |
| <input type="checkbox"/> Home  |  |
| <input type="checkbox"/> Mobile  |  |
| <input type="checkbox"/> Work  |  |
| <input type="checkbox"/> Other   |  |
| Email Address:   |  |
| Occupation:  |  |

|   |
|---|
| 1.) Do you have any pre-existing medical conditions or injuries that might interfere with regular workouts?<br>If So what are they? |
|   |
|   |

|   |
|---|
| If necessary would you be able to provide documentation from a physician, which would allow you to participate in an intense workout like this? |
| 2.) How do you feel about taking supplements?   |
| 3.) How would you rate your level of motivation to lose weight in this study? (Circle one)  |
| Undecided                  Somewhat Motivated                  Very Motivated                  Extremely Motivated                              |

|      |
|------|
| Why? |
|------|

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|--|
| 4.) Name some challenges you will have to overcome to successfully complete this program. (Example: kids, job, travel, lack of energy, injury etc.)        |
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|  |
| 5.) When was the last time you were in the best shape of your life?  |
|  |
| Previous Athlete / Currently Working Out How Often 1 2 3 4 5 6 7 days a week. (circle all that apply)  |
|  |
| What are you doing for workouts now? If Any  |
|  |
| 6.) What fitness / diet programs have you tried in the past?   |
|  |
|  |
| 7.) Why do you think other programs did or did not work for you?   |
|  |
|  |
| 8.) Is there a specific reason or upcoming event you want to lose weight for? (Example: wedding, vacation, pregnancy weight, holidays, class reunion etc.) |
|  |
|  |
| 9.) Are you willing to have your picture taken in formfitting clothing? (e.: tight shorts, bathing suit, sports bra)                                       |
|  |
|  |
| 10.) What do you think are your "troubled" spots and will you dedicate the next 3 months to change them?   |
|  |
|  |
| 11.) Do you have any visible tattoos or scars?   |
|  |
|  |
| None / Kosher / Vegan / Vegetarian / SERIOUS FOOD ALLERGIES:   |
|  |
|  |
| (12) Is there anything else you would like us to know about you...Tell us "your story" Why should we select you for this program over everyone else?       |
|  |