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Initial Questionnaire

This questionnaire contains some thought-provoking questions for you to consider before starting the program. This tool is meant to empower you to think clearly, become intentional, and allow yourself to look for the answers. Think about what you want, what limitations you are currently living with, and how you can move forward into the life you desire.

Your Goals:

What 3 changes do you most want to make in your life?										
1.										
2.										
3.										
On a scale of 1-10 (10 being the most), how ready are you to make these changes?										
	1	2	3	4	5	6	7	8	9	10
On a scale of 1-10 (10 being the most), how happy are you?										
	1	2	3	4	5	6	7	8	9	10
Your Self:										
How would others describe you at your best? List 5 adjectives.										



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Your Self:



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Movement/Fitness:

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	1	2	3	4	5	6	7	8	9	10	
List 3 pos	itive	thing	s abou	ıt yoı	ır bod	y.					
What typ	e of f	itnes	s/mov	reme	nt do y	ou a\	void a	nd wh	ıy?		
What are	you o	currer	itly do	ing t	o mov	e you	r body	/ and	how o	ften?	
List the fi				come	e to mi	nd wl	nen yo	ou thii	nk abo	out your	
Describe	a tim	e you	felt g	reat i	n your	body	and v	why.			