

**THE KETTLEBELL CLUB NUTRITION COACHING PROGRAM
ARE YOU READY?**

RATE ON A SCALE OF 1 TO 5	Very Willing				Not Willing
How willing are you to:	5	4	3	2	1
Significantly modify your diet?					
Take several nutritional supplements each day?					
Keep a daily food journal?					
Modify your lifestyle?					
Practice a relaxation technique?					
Engage in regular exercise?					
Be honest and frank about what you are eating and how you are feeling?					

Comments: _____

Rate on a scale of 1 to 5	Very				Not at all
	5	4	3	2	1
How confident are you in your ability to organize and follow through on the above health-related activities?					
At the present time, how supportive do you think the people in your household will be to your implementing the above changes?					

If you are not confident, what aspects of yourself or your lifestyle lead you to question your capacity to fully engage in the above activities? _____

Comments re support at home: _____

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I understand and acknowledge that I am ultimately responsible for my own health, and as a result, the degree of success I achieve depends on:

- My active participation in working with food - weighing, measuring, preparing, and trying new foods/recipes
- My willingness to keep a food journal so I can be aware of what, when and how much I am eating and to help identify road blocks
- My willingness to observe my thoughts, emotions and habits and record my observations
- My willingness to discuss my food choices with the goal of fully understanding why I make the food choices I do to identify the habits I need to change to positively influence my food choices.

I am ready to change!

Print Name: _____

Date: _____

Signature: _____