

## Lean, Clean, and HOT: DO YOU QUALIFY?

Take this quiz to see if you have been suffering with one or more of the 6 key factors that are sabotaging your weight loss efforts. Circle the answer that best describes your status and level of commitment for change.

1. I have more than 10 lbs. of fat to lose

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

2. I have hit a plateau in my weight loss goals and find it difficult to lose weight

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

3. I have been struggling with weight loss for some time and feel frustrated

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

4. I want to look better and feel sexier.

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

5. I feel my metabolism has slowed down and is affecting my weight loss efforts

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

6. I feel I am addicted to certain junk foods

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

7. I consume soft drinks, candy and other sweets daily

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

8. I consume alcohol more than 1-2 times per week

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

9. I eat out more than 5 times per week

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

10. I am concerned about my weight as it relates to obesity, heart disease, and chronic illnesses

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

11. I am willing to cut out eating starchy foods like white bread, pasta and sugary breakfast cereals.

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

12. I am willing to eat more fruits and vegetables

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

13. I am ready for a weight loss system that also helps me get healthy

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

14. I am ready to not make excuses to sabotage myself.

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

15. I can commit to exercising at least 15 minutes a day, to start.

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

16. I want to change my eating and health habits for life, so I can lose weight.

**A. Yes**                      **B. Somewhat**                      **C. Unsure**                      **D. Not at all**

We will contact you with the results of your survey to let you know if you may really been suffering with one of the key six factors that halt weight loss and if you qualify for a special unique weight loss program.