

# THE PURE FAT LOSS CHALLENGE

## **PROGRAM QUALIFICATION SURVEY**

Thank you for your interest in THE PURE FAT LOSS CHALLENGE! To discover if this program would be a good fit for you and if you would be a good fit for the program, it's requested to have you first complete this qualification survey. Doing so will help you decide if you would like to take the next step in learning about the program and allow us to not only better understand what is important to you, but also see if we should save a spot for you on the "potential roster" with the next group.

After reading the Program Description and completing this Program Qualification Survey, please return it attached in a private message on Facebook to Justin Savich, by email to [Justin@lifesuccessgroup.org](mailto:Justin@lifesuccessgroup.org) or by fax to 888-520-9587.

After you send it back completed, you may receive in the mail a FREE DVD (if within sufficient time before the program start date) that will give an in depth presentation of program details and will be accompanied by both a registration form and current rates sheet breaking down all of the registration options for you to choose from. This is encouraged to share with friends that may be interested.

We are looking only for people who are serious about using the guidance and resources included in this program to help them excel in this area of their life. Congratulations on taking the first steps! We hope that you DO agree that THIS IS YOUR YEAR!

Please continue completing the survey on the following pages...

Best Regards,

Justin Savich

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## PROGRAM QUALIFICATION SURVEY

### General Information

1. Name \_\_\_\_\_ 2. Spouse's name \_\_\_\_\_

3. (if applicable) Name of potential or confirmed accountability partner,  
relationship & their contact information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Your mailing address (**complete with City/State/Zip**)

\_\_\_\_\_

5. Cell Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (text capable?) Yes or No (circle)

6. Email \_\_\_\_\_ 7. Who introduced you to The PFLC? \_\_\_\_\_

8. Exact/complete Facebook name \_\_\_\_\_

9. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 10. Age \_\_\_\_ 11. Male or Female (circle)

12. What is most important to you / top goals? \_\_\_\_\_

\_\_\_\_\_

13. Any dietary, medical or physical limitations/challenges? \_\_\_\_\_

\_\_\_\_\_

14. Any questions not answered in the Program Description or comments?

\_\_\_\_\_

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## PROGRAM QUALIFICATION SURVEY

Please list what “pain” or negative things that would potentially prevent you from participating in the program under the PAIN category. When done with the pain category, please list numbers 1, 2, or 3 to the left of each meaning...

*1.) “It’s just an excuse” 2.) “It IS possible” 3.) “I can at least focus on what’s positive about it”*

Once complete, please do a rush writing list of all of the positive things that might come from you deciding now to participate in the program under the PLEASURE category. Then, fill in the blank next to each with a word that would describe how it would feel to **NOT** have that pleasure in your life.

### PAIN –

(Examples)

- 2\_ Time involved
- 3\_ Have “failed” in the past
- 1\_ Money for registration fee
- Embarrassed to admit I need help
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### PLEASURE +

(Examples)

- Look better \_\_\_\_\_ EMBARRASSING \_\_\_\_\_
- Feel better \_\_\_\_\_ FRUSTRATING \_\_\_\_\_
- Back in favorite clothes \_\_\_\_\_ ANNOYING \_\_\_\_\_
- Have more energy \_\_\_\_\_
- Have family proud of me \_\_\_\_\_
- Improve overall health \_\_\_\_\_
- Impress my doctor \_\_\_\_\_
- Get off medications \_\_\_\_\_
- Prove somebody wrong \_\_\_\_\_
- \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ / \_\_\_\_\_