Welcome to your check-in form! Please take a few moments to fill out the following questions. Your feedback helps us tailor your training plan to meet your goals.

1. Weight

- This question is required
- Input weight in pounds (lbs) or kilograms (kgs).

2. How do you feel about your progress this week?

- This question is required
 - Very satisfied
 - Satisfied
 - Neutral
 - Dissatisfied
 - Very dissatisfied

3. Have you followed your workout plan?

- This question is required
 - Yes, completely
 - Mostly
 - Somewhat
 - Not at all

4. Have you followed your nutrition plan?

- This question is required
 - Yes, completely
 - Mostly
 - Somewhat
 - Not at all

5. How would you rate your energy levels this week?

This question is required

	o High	
	 Average 	
	o Low	
	 Very low 	
6. Do	you have any injuries or pa	in?
•	Submit answer here	
7. An <u>y</u>	y specific challenges or ach	nievements you'd like to share?
•	Submit answer here	
8. Wh	nat are your goals for the up	coming week?
•	Submit answer here	
9. Pro	ogress Photos	
•	This question is required	
-	Front	
	Side	
	o Back	

Very high