

What are YOUR Fitness GOALS?

1. Do you require clearance from your physician before attempting any type of exercise routine?
2. How can the Temple Maintenance Ministry help you fulfill your Fitness Goals?
 - a. Lose Weight/Body Fat?
 - b. Increase Strength?
 - c. Increase Flexibility?
 - d. Or all the above?
 - e. What type of exercises do you enjoy (ex. walking, jogging/running, swimming, etc.)?
3. Are you exercising on a regular basis... 3-5 days per week for at least 20 minutes per day?
4. Do you include strength, cardio and flexibility in your exercise regimen?
5. Are you getting at least 7 hours of sleep each night? Yes or No
6. Are you eating Healthy (ex. fruits, vegetables, fish, chicken, and nuts)?
7. Do you follow the 8x8 Rule of Water (drinking 8 - 8ounces of water per day)? Yes or No
8. Are you taking supplements/vitamins? Yes or No
9. Do you have issues with your back? Yes or No
10. Do you have issues with your knees or joints?

Do YOU believe that YOU can reach YOUR GOALS?