



Extreme Makeover Challenge

Participant's Name: _____

Extreme Makeover Instructor: _____

Pre Extreme Makeover Challenge

Weight: _____

Body Fat: _____

Waist: _____

Heart Rate: _____

Hip Measurement: _____

Blood Pressure: _____

Thigh Measurement: _____

Rate your devotion to prayer per day: _____
(1- 10, 10 being extremely strong)

Rate your stress management skills: _____
(1-10, 10 being extremely strong)

Rate your time management skills: _____
(1-10, 10 being extremely strong)

Post Extreme Makeover Challenge

Weight: _____

Body Fat: _____

Waist: _____

Heart Rate: _____

Hip Measurement: _____

Blood Pressure: _____

Thigh Measurement: _____

Rate your devotion to prayer per day: _____
(1- 10, 10 being extremely strong)

Rate your stress management skills: _____
(1-10, 10 being extremely strong)

Rate your time management skills: _____
(1-10, 10 being extremely strong)

