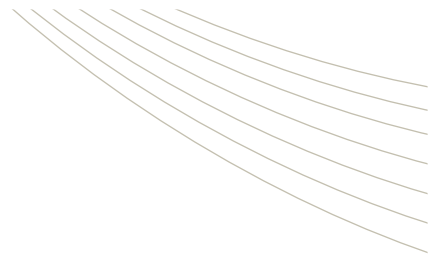




A UnitedHealthcare Company

Take Off the Weight Pre-Challenge Survey



1) Do you have a personal objective to lose weight? Yes No

2) How much weight would you like to lose during the challenge? _____ lbs

3) Are you hoping to lower your blood pressure, cholesterol, blood sugar or any other values as a result of this program? Yes No

If yes, please list the value you hope to lower.

4) Would ongoing handouts about weight loss be helpful during this program? Yes No

If yes, is there particular information that would assist you? Please describe: _____

