B•B BET ON BLAQ

12-WEEK PERFORMANCE REBUILD

CONFIDENTIAL PERFORMANCE INTAKE

Tell the truth. Protect the future.

This fillable intake helps determine coaching readiness, appropriate program modifications and when licensed care should come first.

NOT FOR EMERGENCIES OR DETOX

Call 911 for danger; call/text 988 for U.S. crisis support.

Please complete every section you can. An asterisk indicates a required item.

IDENTITY + DIRECTION

This information helps us understand the person, responsibilities and future behind the performance goal.

FULL LEGAL NAME *

PREFERRED NAME

DATE OF BIRTH *

PRONOUNS

OCCUPATION

EMAIL *

PHONE *

CITY / STATE

TIME ZONE

EMERGENCY CONTACT NAME *

EMERGENCY CONTACT PHONE *

WHY ARE YOU SEEKING BET ON BLAQ NOW? *

WHAT WOULD MAKE THE NEXT 12 WEEKS MEANINGFULLY SUCCESSFUL? *

WHAT MAY HAPPEN IF NOTHING CHANGES?

HEALTH + SAFETY

Answer honestly. A yes response does not automatically exclude you; it may require medical clearance or licensed support.

CHECK EVERY ITEM THAT CURRENTLY APPLIES

- [ ] Chest pain or pressure during activity
- [ ] Fainting, unexplained dizziness or loss of balance
- [ ] Known heart, blood pressure or circulation condition
- [ ] Breathing condition that limits activity
- [ ] Current injury, surgery, severe pain or mobility limitation
- [ ] Pregnant or recently postpartum
- [ ] Medication that may affect exercise, sleep, mood or appetite
- [ ] A clinician has advised limits on activity

CURRENT DIAGNOSES OR HEALTH CONDITIONS

MEDICATIONS AND SUPPLEMENTS (INCLUDE DOSAGE IF KNOWN)

CURRENT HEALTHCARE PROVIDERS AND LAST PHYSICAL DATE

BODY + RECOVERY BASELINE

Describe a typical week, not your best week.

HEIGHT

WEIGHT (OPTIONAL)

AVERAGE SLEEP HOURS

ENERGY 1-10

CURRENT WEEKLY MOVEMENT / TRAINING

TRAINING HISTORY, PREFERENCES AND ACTIVITIES YOU AVOID

DESCRIBE A TYPICAL DAY OF FOOD AND FLUIDS

ALLERGIES, DIETARY PATTERN, FOOD ACCESS OR DISORDERED-EATING HISTORY

WHAT MOST DISRUPTS YOUR SLEEP OR RECOVERY?

ATTENTION + DAILY PATTERNS

Performance is shaped by the environment around your decisions.

WALK US THROUGH A TYPICAL WEEKDAY FROM WAKING TO SLEEP

ESTIMATED NON-WORK SCREEN HOURS / DAY

AVERAGE WORK HOURS / WEEK

WHICH DISTRACTIONS OR COMPULSIVE HABITS COST YOU THE MOST?

COMMON TRIGGERS: PEOPLE, PLACES, EMOTIONS, TIMES OR DEVICES

WHAT BOUNDARIES OR REPLACEMENT BEHAVIORS CURRENTLY HELP?

WHAT DO PEOPLE CLOSE TO YOU MISUNDERSTAND ABOUT YOUR CURRENT STRUGGLE?

RECOVERY + BEHAVIORAL HEALTH

These questions support safety and appropriate referral. Bet On Blaq is coaching, not addiction or mental-health treatment.

CHECK EVERY ITEM EXPERIENCED IN THE PAST 12 MONTHS

- [ ] Alcohol use that felt difficult to control
- [ ] Non-prescribed drug use or misuse of medication
- [ ] Pornography or sexual behavior that felt compulsive
- [ ] Gambling, spending or gaming that felt compulsive
- [ ] Return to a behavior after trying to stop
- [ ] Withdrawal symptoms or concern about stopping safely
- [ ] Treatment, therapy, recovery group or medication support
- [ ] Justice-system involvement affecting current stability

SUBSTANCES / BEHAVIORS, FREQUENCY, LAST USE AND CURRENT GOAL

CURRENT RECOVERY, CLINICAL, SPIRITUAL OR PEER SUPPORTS

IF AN URGE OR RETURN OCCURS, WHO WILL YOU CONTACT AND WHAT WILL YOU DO?

MIND + SUPPORT SYSTEM

Loss, trauma and mood can change performance capacity. Honest answers help us coach within scope.

- [ ] Frequent anxiety or panic
- [ ] Persistent low mood or loss of interest
- [ ] Trauma symptoms or intrusive memories
- [ ] Active grief or significant recent loss
- [ ] Anger or emotional reactions that feel hard to control
- [ ] Severe sleep disruption
- [ ] Recent thoughts of self-harm or suicide
- [ ] Recent thoughts of harming someone else

IMMEDIATE SAFETY

If you may act on thoughts of harm, stop here and call 911 or call/text 988 in the U.S.

CURRENT THERAPIST, CLINICIAN, DIAGNOSIS OR MENTAL-HEALTH SUPPORT

LOSS, TRANSITION OR TRAUMA THAT MAY AFFECT PARTICIPATION

WHO CAN SUPPORT YOUR PARTICIPATION AND TELL YOU THE TRUTH?

RELATIONSHIPS + PURPOSE

Whole-life performance includes how you lead, repair, serve and make meaning.

IMPORTANT ROLES YOU HOLD (PARENT, PARTNER, LEADER, CAREGIVER, ETC.)

ONE RELATIONSHIP YOU WANT TO STRENGTHEN AND HOW

FIVE VALUES YOU WANT YOUR DAILY ACTIONS TO DEMONSTRATE

WHAT RESPONSIBILITY, MISSION OR FUTURE IS PULLING YOU FORWARD?

STRENGTHS AND PAST WINS WE SHOULD BUILD UPON

SCHEDULE, FINANCES, TRANSPORTATION, PRIVACY OR ACCESS BARRIERS

READINESS + AGREEMENT

This final page supports informed coaching decisions. Completion does not guarantee enrollment.

READINESS RATINGS

READINESS TO CHANGE (1-10) *

CONFIDENCE (1-10) *

WEEKLY TIME AVAILABLE *

WHAT ARE YOU WILLING TO STOP, START AND CONTINUE? *

ACKNOWLEDGMENTS - CHECK EACH BOX

- [ ] I understand this is wellness coaching and education, not medical or addiction treatment.
- [ ] I will not use this program as a substitute for detox, emergency or licensed mental-health care.
- [ ] I will obtain medical clearance when requested and report meaningful health changes.
- [ ] I agree that honest participation is essential to safety and coaching fit.
- [ ] I understand that no digital or paper system can guarantee absolute confidentiality.
- [ ] I authorize the team to contact my emergency contact when there is a credible immediate safety concern.

PARTICIPANT SIGNATURE (TYPE FULL NAME) *

DATE *

COACH REVIEW / REFERRAL / MODIFICATIONS