Apester 5455 // Life Tune-Up Form

Free personal review to help you get your energy, focus and momentum back.

This is not a medical form and not a test. It's a snapshot of your real life so our crew can send you practical suggestions. Fill in what you're comfortable sharing, skip what doesn't apply. The more honest you are, the more useful our reply will be.

A. Basic details

Name: _____

Age range: _____

Email / WhatsApp: _____

City & time zone: _____

How would you currently describe yourself? (tick all that feel true)

- □ Gym regular
- □ Just getting back into training
- □ Desk warrior / long hours at a screen
- □ Student / late-night crammer
- □ Parent running on broken sleep
- □ Shift worker / irregular hours
- □ Travelling a lot for work
- □ Other: _____

B. Main goals (next 30 or 60 days)

What would actually make your life feel better in the next 3 months? Tick all that apply.

- □ More stable energy through the day

- □ Better strength / muscle performance
- □ Faster recovery and less soreness
- □ Dropping body fat without feeling broken
- □ Better focus and concentration
- □ Calmer mood / less anxiety or irritability
- □ Better sleep (falling asleep or staying asleep)
- □ Getting sick less often
- □ Better digestion / less bloating or discomfort
- □ Feeling more motivated and consistent
- □ General "feel human again" reset
- □ Other: _____

C. Current struggles

Tick everything that feels real enough that you'd rant about it to a friend:

□ Struggle to wake up / hit snooze repeatedly

□ Mid-morning slump

□ Afternoon crash

□ Wired at night, tired in the day

□ Brain fog / can't focus for long

□ Low drive / can't get going

□ Mood all over the place

□ Constantly stressed or overwhelmed

□ Get sick easily / take long to recover

□ Always sore after training

□ Plateaued in strength or performance

□ Crave sugar or junk often

□ Digestive issues (bloating, discomfort)

□ Other: _____

D. A normal day in your life

Roughly what does a normal weekday look like? (Times don't need to be exact.)

Wake-up time: _____

Bedtime: _____

Morning routine / work / study: _____

Afternoon routine: _____

Evening routine: _____

Weekends look like: _____

E. Training & movement

How are you moving your body right now?

How many days a week do you train or exercise? _____

What type of training? (e.g. weights, running, classes, sport)

_____

On a scale of 1–10, how hard do sessions usually feel? _____

Any injuries or limitations we should know about?

_____

F. Food, drink & stimulants snapshot

No judgement. Just reality so we can be useful.

Number of main meals most days: _____

Snacks most days? (what + how often): _____

Water per day (approx glasses): _____

Coffees / energy drinks per day: _____

Alcohol per week (if any): _____

Takeaways / fast food per week: _____

If you want to, give us a rough "yesterday" food log:

_____

_____

_____

G. Health backdrop (optional)

This is not for diagnosis – it just helps us avoid suggesting anything that clashes with your reality. Only share what you're comfortable with.

□ I use chronic medication (blood pressure, diabetes, mood, hormones, ADHD, etc.)

If you're comfortable sharing, which? _____

□ I've had major illness / surgery / burnout in the last 2 years

□ I suspect my hormones are out of balance

□ I struggle with sleep most nights

□ I am pregnant / breastfeeding (or trying to conceive)

□ None of the above feel relevant right now

H. Travel, stress & disruption

Do you travel often for work? If yes, how often and where?

_____

Biggest stressors right now (work, money, relationships, health):

_____

When do you feel your worst: morning, afternoon, evening, weekends?

_____

I. What kind of help do you actually want from us?

□ Straight, no-nonsense feedback (don't sugar-coat it)

□ Gentle nudge and encouragement

□ Simple, realistic plan I can actually follow

□ Help building a basic training structure

□ Help tightening up my food without going extreme

□ Help using performance nutrition in a smart way

□ I'm not sure – I just know I can't carry on like this

Anything else you want us to know before we send our thoughts?

_____

_____

Once completed, save and email this form with the subject line "Apester Life Tune-Up". We'll go through it as a team and send you a focused reply.

Disclaimer: Our feedback is for general information and performance support only and does not replace medical advice, diagnosis or treatment. Always consult a qualified healthcare provider about health conditions or medication.

J. Bigger picture: how do you want your life to feel?

This part is optional, but powerful. Take a minute to be honest with yourself. These answers stay between you and the screen – we only use them to shape better recommendations.

• If we fast-forward 12 months and you say, "This has been my strongest year yet," what would have changed in your health, body and energy?

_____

_____

• What are three things you are tired of tolerating in your life right now? (Habits, thoughts, people, patterns – anything.)

_____

_____

• What is one goal you keep saying you'll start "when things calm down" – and what's the real cost of not starting?

_____

_____

• On a scale of 1–10, how committed are you to changing the way you feel day-to-day? What would move that number one point higher?

_____

_____

• If your body and brain were performing at 8/10 most days, what would you finally give yourself permission to do or attempt?

_____

_____

• Who else benefits if you show up as a sharper, calmer, more energised version of yourself? (Think family, work, community.)

_____

_____

When you answer honestly, you're not writing an exam – you're giving us the raw material to help you build a life that feels less random and more intentional.

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