

- 
- I. NBOFITNESS Executive Physiological Governance™
  - II. NBOFITNESS Strategic Recalibration Protocol™
  - III. NBOFITNESS Performance Continuity Safeguard™
- 

**NBOFITNESS INTAKE SCREEN QUESTIONNAIRE**

**PILOT PROFILE**

- 1. **Name:** \_\_\_\_\_
- 2. **Date:** \_\_\_\_\_
- 3. **Date of Birth:** \_\_\_\_\_
- 4. **Gender:** \_\_\_\_\_

**1. What prompted your interest in NBOFITNESS at this time?**

---

---

---

---

---

**2. Which best describes your primary objective?**

- Performance stability under pressure
- Recovery from a specific disruption
- Long-term capacity preservation
- Motivation / lifestyle improvement

**3. Are you prepared for full diagnostic transparency?**

- Yes
- No

**4. Your role involves decisions that materially affect:**

- Revenue / capital allocation
- Employment or livelihoods
- Public or reputational exposure
- Primarily personal goals

- I. NBOFITNESS Executive Physiological Governance™
  - II. NBOFITNESS Strategic Recalibration Protocol™
  - III. NBOFITNESS Performance Continuity Safeguard™
- 

**5. When presented with evidence-based recommendations that disrupt routine, you typically:**

- Evaluate and adjust
- Delay but comply
- Prefer reassurance over change

**6. Are you willing to prioritize structured intervention over convenience for a defined period?**

- Yes
- No

**7. Which statement best reflects your expectation?**

- I want clarity, even if uncomfortable
- I want to feel better quickly

**8. How did you hear about NBOFITNESS?**

- Professional referral
  - Board / peer introduction
  - Internet search
-