



CONFIDENTIAL QUESTIONNAIRE – SEASON IV, 2008

The producers of X-WEIGHTED are searching for overweight, unhealthy participant families with unique and inspiring stories to openly share and explore. Please apply if your family fits the following description:

- has children between 8 and 17 years of age
- have excess weight to lose over 4 months
- are willing to commit to a serious diet, exercise program, and lifestyle change of your own making for 4 months (X-Weighted experts provide only general guidance)
- have circumstances in your life that are touching, compelling or unusual
- are unafraid to publicly examine the root causes of your weight gain
- already live in **Vancouver, Calgary, or Edmonton** AND have extended families, friends or colleagues willing to support you and potentially be part of our show
- have an emotionally meaningful, visual family goal or activity to work towards in four months that will motivate your weight loss that we can film (e.g. a family reunion, family kayaking trip, join a sports team, etc.).

FAMILY MEMBERS (attach separate page if needed)

1	NAME:		AGE:	DATE OF BIRTH:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	HEIGHT:	WEIGHT (Approx.)		OCCUPATION/GRADE:	
2	NAME:		AGE:	DATE OF BIRTH:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	HEIGHT:	WEIGHT (Approx.)		OCCUPATION/GRADE:	
3	NAME:		AGE:	DATE OF BIRTH:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	HEIGHT:	WEIGHT (Approx.)		OCCUPATION/GRADE:	
4	NAME:		AGE:	DATE OF BIRTH:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	HEIGHT:	WEIGHT (Approx.)		OCCUPATION/GRADE:	

CONTACT INFORMATION:

MAIN CONTACT NAME:		DAYTIME PHONE #:	EVENING PHONE #:
CELL PHONE #:	E-MAIL HOME:	E-MAIL WORK:	
HOME ADDRESS:			

LENGTH OF TIME LIVED IN ABOVE CITY OR TOWN:

- Parent(s) Marital Status:
Single Dating Married Separated Engaged Common Law
- If applicable, do you have: Shared custody Full custody Legal Guardianship
- Total # of individuals residing in your household: _____
- Do you have pets? YES NO Describe _____
- How flexible is your schedule? _____
- Do you have any on-camera, on-stage experience? YES NO
Describe _____
- Are you a member of ACTRA? YES NO _____
- Can we film your extended family and friends? YES NO
- Can we film at your workplace? YES NO
- Can we film at your children's school/daycare? YES NO
- Do you understand that being on this show will mean having a camera crew follow you around occasionally and sporadically in your daily activities involving home, work, recreation, exercise and (gasp!) weigh-ins? YES NO
- Do you understand that ALL members of the participating family—adults and children—will be asked to appear on camera in scenes and asked questions during interviews? YES NO
- How will your extended family and friends feel about being part of a documentary shoot for 4 months? _____

Please list all the activities your family does on a regular basis for each family member. Include work, school, family obligations, recreation, hobbies, volunteer duties etc.

[E.g. Mon 8am-3pm kids at school, 9-5 work, 7-8 dad walks dog; 7-8 kids videogames; 8-9 visit mom; 8-9 bingo (1x month)]

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

SUNDAY:

1. How do each of your family members feel about themselves at their current weight and health?

2. In what ways has each of your family member's weight affected their:

Overall happiness:

Physical health:

16. If not, do any of you have a weight-loss approach selected? YES NO

Describe:

17. Have any of your family members previously tried any of the following approaches? (check all that apply and indicate family member who's tried it beside)

<input type="checkbox"/> Weight Watchers		<input type="checkbox"/> Body for Life	
<input type="checkbox"/> Jenny Craig		<input type="checkbox"/> Eat for Blood Type	
<input type="checkbox"/> Atkins Diet		<input type="checkbox"/> Glycemic Index	
<input type="checkbox"/> Dr. Phil		<input type="checkbox"/> French woman's diet	
<input type="checkbox"/> South Beach Diet		<input type="checkbox"/> Dr Bernstein clinic	
<input type="checkbox"/> The Zone		<input type="checkbox"/> Exercise or Trainer	
<input type="checkbox"/> Suzanne Somers		<input type="checkbox"/> Other: _____	

18. How much weight do you want to lose in a four-month period? How much weight do you want your children to lose in a four-month period? Specify for each family member:

19. Do any of your family members have hobbies, interests, unusual/unique skills?

20. Are there any new sports or activities any of your family members would like to try?

21. What major events are scheduled for your family's life during September 2008 – January 2009?

27. Is there anything else you'd like us to know?

28. How did you hear about the open casting call?

To apply, please bring this questionnaire and a recent full body, family photo or individual photos to the open casting call, listed below, in your city. All applicant family members should be in attendance. You may email questions to xweighted@anaid.com.

VANCOUVER – QUEENSBOROUGH COMMUNITY CENTRE
920 Ewen Avenue, New Westminster, BC
Friday, July 11th 3 pm – 8 pm
Saturday, July 12th 10 am – 4 pm

CALGARY – TALISMAN CENTRE
Foundation Lounge
2225 McLeod Trail South
Friday, July 11th 3 pm – 8 pm
Saturday, July 12th 10 am – 4 pm

EDMONTON - WEST EDMONTON MALL
Fantasyland Hotel, Conf. Rm #6 – The Chianti Room
17700 – 87 Avenue
Friday, July 11th 3 pm – 8 pm
Saturday, July 12th 10 am – 4 pm

Thank you for your interest in *X-Weighted*!!

**Only applicants chosen for callbacks will be contacted.
Calls will be completed by July 18, 2008.**

The questionnaires are for the sole purpose of determining suitable candidates for X-Weighted only. All questionnaires will be held in confidence and are not shared with any other organization. Upon completion of the casting process and the delivery of X-Weighted, Season IV for broadcast, the questionnaires will be archived.