

## **ORDER FORM**

Name:	Date:
Address:	Birthdate: dd\mm\yy_
	Telephone: ( )

The **FOOD STEPS** program is provided *free of charge*.

## Do you consistently avoid eating high-fat foods?

 $\ \square$  Yes, and I have been for more than 6 months.

Please fill out this form and mail it back to us:

- ☐ Yes, I have been but for less than 6 months.
- ☐ No, but I intend to in the next 30 days
- □ No, but I intend to in the next 6 months
- $\square$  No, and I do not intend to in the next 6 months.

- **Step 1:** A Guide For Men Who Don't Want to Change The Way They Eat
- **Step 2**: A Guide for Men Who Are Thinking of Changing The Way They Eat.
- **Step 3**: A Guide for Men Who Are Ready to Change The Way They Eat.
- **Step 4**: A Guide for Men Who Want To Keep A Low Fat Way of Eating.

Check ALL the booklets you have already finished: ■ Step 1 ■ Step 2 ■ Step 3 ■ Step 4