



Three-Day Dietary Record

Name: _____

Date: _____

It is important that this record be both accurate and representative of your normal dietary intake. Thus it is essential that you do not alter your normal eating habits in any way and that you record as precisely as possible every single item that you consume (this includes water, vitamins, condiments, etc.). To do so, you must follow a few simple instructions (listed below). The purpose here is to correctly record and quantify your normal intake, not to judge it. If you change your eating habits in any way, then we cannot accurately analyze your typical diet. The procedure may seem somewhat cumbersome, but remember, it is only three days.

INSTRUCTIONS

Keep a pen and paper with you at all times to record your intake including food item, quantity, and notes. This is imperative as snacks are typically consumed unpredictably and, as a result, it is impossible to record them accurately unless your recording forms are nearby.

Use a small food scale if you have one, or use standard measuring devices (e.g., measuring cups, measuring spoons) to record the quantities consumed as accurately as possible. If you do not eat all of the item (for instance a portion of an apparently delicious hastily prepared casserole of leftovers that turned out to be not so delicious),

re-measure what's left and record the difference.

Record combination foods separately (e.g., hot dog, bun, and condiments) and include brand names of food items (list contents of homemade items) whenever possible.

For packaged items, use labels to determine quantities.

Record three days that are representative of your normal intake. Therefore if your weekdays are different from your weekends, pick two weekdays and one weekend. Likewise, if your M, W, and F are different from your T and Th and all these days are different from your Sat and Sun, you should pick one day to represent each unique schedule.

EXAMPLE: DIETARY RECORD: DAY 1

FOOD ITEM	QUANTITY	NOTES
Breakfast		
<i>2 pieces of toast</i>	<i>2 pc</i>	
<i>Margarine</i>	<i>1 T</i>	
<i>Orange Juice</i>	<i>6 oz</i>	
Lunch		
<i>Small pizza</i>	<i>400 g</i>	<i>Pepperoni, mushroom, cheese</i>
Dinner		
<i>Chicken</i>	<i>6 oz</i>	
<i>Baked potato</i>	<i>6 oz</i>	
<i>Mixed vegetables</i>	<i>1 c</i>	<i>Peas, carrots, corn</i>



DIETARY RECORD: DAY 1

FOOD ITEM (Include brand names)	QUANTITY (g, mL, tablespoons [T], teaspoons [t], cups [c], etc.)	NOTES (Include ingredients & amounts of homemade items)
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DIETARY RECORD: DAY 2

FOOD ITEM (Include brand names)	QUANTITY (g, mL, tablespoons [T], teaspoons [t], cups [c], etc.)	NOTES (Include ingredients & amounts of homemade items)
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DIETARY RECORD: DAY 3

FOOD ITEM (Include brand names)	QUANTITY (g, mL, tablespoons [T], teaspoons [t], cups [c], etc.)	NOTES (Include ingredients & amounts of homemade items)
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Readiness for Change Questionnaire

Name: _____ Date: _____

One of the most important things you can do to develop new daily practices is to understand your readiness for change. In addition, as your coach, it's useful for me to understand how willing you are to adopt some new practices, as slowly or as quickly as feels right for you.

Simply answer the questions below by selecting the response most appropriate to your situation. Together we'll calculate your score.

QUESTIONS:	RESPONSES AND SCORING
1. Do you look in the mirror and feel frustrated, upset, or humiliated because of how your body looks?	a) Yes (+3) b) I'm not sure (0) c) No (-3)
2. When you feel run down and tired, what do you think is the source of these feelings?	a) Getting older (-1) b) My lifestyle choices (+3) c) Something else altogether (-3)
3. Are you taking any medications for heart disease, high blood pressure, or type II diabetes that you didn't have to take when you were younger?	a) Yes, I'm on two or more of these medications (+3) b) Yes, I'm on only one of these medications (+1) c) No, I'm not on any of these medications (-3)
4. If your fitness has deteriorated over the years, how do you explain the fact that you're in worse shape than when you were younger but haven't changed your habits at all?	a) I think it's my family history (-1) b) I think it's that I'm less active (+3) c) I think it's a natural consequence of aging (-1) d) I don't know why it's happening (0)
5. If you don't have anyone to exercise with regularly, are you willing to look for a physical activity partner?	a) Yes (+5) b) No (-5)
6. Are you willing to join a gym today?	a) Yes (+3) b) No (-3)
7. If someone told you that you'd need to throw away all the foods in your cupboards today and go shopping for different foods that are more appropriate to your goal, would you do it?	a) Yes (+5) b) No (-5)
8. If an expert presents some information on diet and exercise that contradicts what you currently believe, what approach will you take?	a) Keep an open mind and give it a try (+3) b) Ask a friend (0) c) Ignore the advice (-3)
9. Are you willing to have a meeting with your friends and loved ones and share your behavior goals and desired outcomes with them?	a) Yes, right away (+5) b) Yes, but not just yet (-3) c) No (-5)



READINESS FOR CHANGE QUESTIONNAIRE

QUESTIONS:	RESPONSES AND SCORING
10. If your work environment presents significant barriers to you exercising and eating well, would you consider speaking to your employer about changing some of these conditions or are you willing to find new employment?	a) Yes (+5) b) No (-5)
11. Are you ready to spend less time with people who offer little or no social support for your goals while spending more time with those who do offer support?	a) Yes (+5) b) No (-5)
12. Can you accept responsibility for the way your body is today and understand that, while your old habits don't make you a bad person, they still need to be changed?	a) Yes (+5) b) No (-5)
13. If a friend or loved one suggests that you don't have what it takes to get into great shape because you've failed before or for some other reason, what will be your response?	a) I can do it (+2) b) I know I've got to make some changes but I'll take it one day at a time (+5) c) Maybe I can't do it (-5)
14. Are you willing to wake up in the morning a bit earlier and stay up at night a bit later to accomplish your goals?	a) Yes (+5) b) No (-5)
15. Are you willing to slowly work up to five hours of physical activity each week?	a) Yes (+5) b) No (-5)

YOUR SCORE AND WHAT IT MEANS

21 to 63:

It's clear that you're ready, willing, and able to adopt some new daily practices. Getting to this point is never easy. So congratulations. I look forward to helping you take that enthusiasm and turn it into results.

-20 to +20:

If you scored in this range, it seems like you're on the fence. You may be frustrated with the way things are but a little nervous about changing the way you do things today. Those feelings are totally normal and natural. I'm happy to help you move forward at the right pace for you.

-61 to -21:

From the results of your questionnaire, it seems like you're apprehensive about the change process. And that's totally okay. Most of my new clients experience the same thing, as this area can feel completely foreign to them. At this point, I'm happy to simply provide a healthy environment for you to consider adopting some new daily practices. They can be as small as you like; we'll go at your pace.



Social Support Questionnaire

Name: _____ Date: _____

Social support is defined as having a network of people that support your endeavors, contribute positively to your decision-making processes, and are there for you when you need help. Scientists have suggested that people with this kind of network around them can transcend even the worst environments and accomplish great things. Unfortunately, people who don't have this type of network have a harder time accomplishing even modest goals. Remember this: who you are today and who you become in the future has a lot to do with whom you choose to spend your time.

The following questions are designed to assess your level of social support, which strongly influences how well you follow any nutrition or exercise program. Simply answer the questions below by selecting the response most appropriate to your situation. Once you've completed all the questions, your score will be calculated. And remember, be honest. You're doing this exercise to find the areas of your life that might present challenges to your progress.

A word of caution: once you recognize your challenges it's easy to blame them for your outcomes. Don't do this. Outside factors can affect you – if you let them. But you're in control. You have the power to place yourself in the right environment, so use it!

SOCIAL SUPPORT QUESTIONNAIRE

QUESTIONS:

RESPONSES AND SCORING

- | | |
|--|--|
| 1. Do the people with whom you spend each day (at work or at home) follow healthy lifestyle habits such as exercising regularly, watching what they eat, and taking nutritional supplements? | a) Yes, most of them do. (+3)
b) About half do and half don't. (0)
c) No, most of them don't. (-3) |
| 2. Does your spouse or partner follow healthy lifestyle habits such as exercising regularly, watching what s/he eats, and taking nutritional supplements? | a) Yes, my spouse/partner does. (+5)
b) No, my spouse/partner doesn't. (-5)
c) I don't have a spouse or partner. (0) |
| 3. When you want to perform some physical activity such as going for a workout or taking a hike, is it easy for you to find a partner to go with you? | a) Yes, it's easy to find a partner. (+2)
b) Yes, but very infrequently. (0)
c) No, they never do. (-4) |
| 4. At your workplace, do your coworkers regularly bring in treats like cookies, donuts, and other snacks? | a) Yes, they often do. (-4)
b) Yes, but I typically don't indulge (0)
c) No, they don't (+5) |
| 5. If you go out to eat more than once per week, do the people you dine with order healthy selections? | a) Yes, they always do. (+2)
b) Only about half of the time. (0)
c) No, they never do. (-2) |
| 6. Do you belong to any clubs, groups, or teams that meet at least twice per week and do some physical exercise (this does not include a health club membership)? | a) Yes, I've been a member for years. (+5)
b) Yes, I've just started. (+2)
c) No, I don't. (0) |
| 7. Do you belong to a health club and attend, on average, at least three times per week? | a) Yes, I've been doing this for at least 1 year. (+2)
b) Yes, I've just joined. (+1)
c) No, I don't. (0) |



SOCIAL SUPPORT QUESTIONNAIRE

QUESTIONS:

RESPONSES AND SCORING

8. When discussing your nutrition and exercise goals with friends, do they seem interested in getting on board, or do they think you're crazy?	a) They're very interested. (+2) b) They're not interested. (0) c) They think I'm crazy. (-2)
9. Do the people you live with bring home foods that aren't considered healthy or good for you?	a) Always (-5) b) Sometimes (-3) c) Never (0)
10. Do the people you live with bring home foods that are considered healthy or good for you?	a) Always (+5) b) Sometimes (0) c) Never (-5)
11. Do the people you live with or work with schedule activities for you that interfere with your pre-established exercise time?	a) Always; they don't respect my time. (-3) b) Sometimes; they don't think about it. (-1) c) Never; they respect this time. (+3)
12. Do those around you bring nutrition, exercise, or supplement information to your attention so that you can stay informed about these topics?	a) Always (+5) b) Sometimes (+2) c) Never (0)

YOUR SCORE AND WHAT IT MEANS

28 to 38 total points:

Congratulations, it looks like you've got a great social support network around you, a group of people that'll help support your desire to change some of your daily practices. Of course, that's not all you'll need to be successful. But it's a great start.

5 to 27 total points:

It looks like you've got some social support around you but there may be a few areas that will present challenges. Being aware of your social temptations, as indicated above, is a great place to begin. Together we can work on strategies for being successful in the face of those challenges.

4 to -14 total points:

Your social support is lacking and may need a makeover. However, you're not alone here. Many people struggle with social support. And that's why our coaching together will provide some strategies for enhancing your support network.

-15 to -31 total points:

This score is quite low and may signal some definite challenges in your work and at-home environments, as well as in your relationships. These can often lead to old habits surfacing as many food related problems are really relationship and environment problems. However, this questionnaire will help us isolate the main challenges. And together we'll work on overcoming them.



Kitchen Makeover Questionnaire

Name: _____

Date: _____

There's a fundamental law of human nutrition that goes like this:

If a food is in your possession or located in your residence, you will eventually eat it.

(Whether you plan to or not, whether you want to or not, you'll eventually eat it! Trust us.)
Therefore, according to this important law of human nutrition, if you wish to be healthy and lean, you must remove all foods that aren't part of your healthy eating program and replace them with a variety of better, healthier choices.

How do you know which foods have got to go and which foods can stay? Simply answer the questions below by selecting the response most appropriate to your situation. Once you've completed all the questions, your score will be calculated. And remember, be honest. You're doing this exercise to find out whether your kitchen is in good shape.

KITCHEN MAKEOVER QUESTIONNAIRE	
QUESTIONS:	RESPONSES AND SCORING
1. Do you have the following items in your kitchen?	
* Good set of pots and pans	* Scale for weighing foods
* Good set of knives	* Sealable containers for carrying meals
* Spatula	* Small cooler for taking meals to work
* Blender	* Shaker bottle for drinks and shakes
* Tea kettle	* Food processor
2. Do you have the following items in your pantry?	
* Whole oats	* Extra virgin olive oil
* Quinoa	* Vinegar
* Whole-grain pasta	* Green tea
* Natural peanut butter	* Protein supplements
* Mixed nuts	* Fish oil/algae oil supplements
* Canned or bagged beans	* Green foods supplements
3. Do you have the following items in your fridge or freezer?	
* Extra-lean beef	* At least four varieties of fruit
* Chicken breasts	* At least five varieties of vegetables
* Salmon	* Flax seed oil
* Omega-3 eggs	* Water filter
* Packaged egg whites	* Sweet potatoes
* Real cheese	* Tempeh
4. Do you have the following items in your pantry?	
* Potato or corn chips	* Chocolates or candy
* Fruit or granola bars	* Soft drinks
* Regular or low-fat cookies	* Regular peanut butter
* Crackers	* At least four types of alcohol
* Instant foods like cake mixes and mashed potatoes	
* Bread crumbs, croutons, and other dried bread products	



KITCHEN MAKEOVER QUESTIONNAIRE

QUESTIONS:

RESPONSES AND SCORING

5. Do you have the following items in your fridge or freezer?

- * At least four types of sauces
- * Juicy steaks or sausage
- * Margarine
- * Fruit juice
- * Soft drinks
- * Baked goods
- * Frozen dinners
- * At least two types of bread or bagel
- * Take-out or restaurant leftovers
- * Big bowl of mashed potatoes or pasta

- a) I have all of them. (+5)
- b) I have more than half of them. (+2)
- c) I have less than half of them. (-2)
- d) I don't have any of them. (-5)

6. Do you have bowls of candy, chips, crackers, or other snacks sitting around at home?

- a) Yes (+5)
- b) No (-5)

7. When you have parties or dinner guests, do you serve them what you think they'll want or what you think is healthy?

- a) What I think is healthy (-3)
- b) What I think they want (+3)

8. When food shopping, do you buy economy-sized bags, or do you buy smaller portions?

- a) More than half of the time I buy economy-sized bags. (+3)
- b) More than half of the time I buy smaller portions. (-3)

9. How often do you shop for groceries?

- a) Fewer than three times a month (+5)
- b) About once a week (-1)
- c) More than once a week (-5)

10. Do you keep food in plain view around the house?

- a) Yes (+3)
- b) No (-3)

11. Do you think healthy eating means low-fat eating?

- a) Yes (+2)
- b) No (-2)

12. If someone were to point to a food in your kitchen, would you know whether it was composed of mostly carbohydrate, protein, or fat?

- a) Yes (-2)
- b) No (+2)

13. When you prepare meals from recipe books, do you use those that contain healthy recipes?

- a) Most of the time (-5)
- b) About half of the time (0)
- c) Almost never (+5)

14. Do you prepare meals in advance to take with you to work, on day trips, or on vacations?

- a) Yes, always (-5)
- b) More than half the time (-2)
- c) Less than half the time (+2)
- d) Almost never (+5)

15. Are you hesitant to throw out unhealthy leftovers or gift foods that don't fit into your nutritional plan?

- a) Yes, I hate throwing food out (+5)
- b) No, more than half the time I throw this stuff out (0)
- c) No, I always throw this stuff out (-5)



KITCHEN MAKEOVER QUESTIONNAIRE

YOUR SCORE AND WHAT IT MEANS

32 to 63 points

You scored high on the kitchen makeover questionnaire. But this high score means you may need some adjustments to your kitchen set-up or your shopping habits. That's no problem, though. We'll be working on this together in the coming weeks.

0 to 31 points

Your kitchen environment could also use some improvements. I'll be happy to show you what to do and how to do it as we continue to work together.

-31 to -1 points

You're doing pretty well in the kitchen department. With just a few tweaks, it'll be easier than ever to improve your body composition, energy levels, and performance.

-32 to -63 points

Don't let negative scores fool you. In this questionnaire, negative scores mean a great kitchen environment. Nice work. In the coming week's I'll be happy to share even more strategies for keeping the great kitchen environment going.



PERSONAL MEDICAL HISTORY

MUSCULOSKELETAL

YES NO

- 77. Back trouble/pain
- 78. Neck trouble/pain
- 79. Joint injury/pain/swelling
- 80. Carpal tunnel syndrome

MISCELLANEOUS

YES NO

- 81. Bleeding/bruising easily
- 82. Enlarged glands
- 83. Rashes
- 84. Unexplained lumps
- 85. Chronic fatigue

YES NO

- 86. Night sweats
- 87. Undesired weight loss
- 88. Snoring
- 89. Difficulty sleeping
- 90. Low blood sugar

ADDITIONAL HEALTH AND LIFESTYLE QUESTIONS

Please answer the following questions honestly:

YES NO

- 91. Are you experiencing any stresses, mood problems, relationship difficulties, or substance-related problems for which you would like resource or referral information on a confidential basis?
- 92. Do you occasionally use or are you currently taking any prescription or over-the-counter medications? List name, dosage, and the reason the medication is used on the next page.
- 93. Have you had any surgical operations in the last 10 years?
- 94. Has anyone in your immediate family developed heart disease before the age of 60?
- 95. Do any diseases run in your family?
- 96. Do you currently have a cold/cough, or have you had any in the last two weeks?
- 97. Have you ever been hospitalized? If yes, list date, length of stay, and reason on the next page.
- 98. Are you currently under a doctor's care? If yes, list what you are being treated for on the next page.
- 100. Have you had a change in the size or color of a mole, or a sore that would not heal in the past year?
- 101. Do you have any special concerns regarding your health that you would like to discuss with the doctor?
- 102. Are you a current cigarette smoker?
 - A. How many packs of cigarettes do you smoke a day? _____
 - B. How long have you been smoking? _____
- 103. Are you an ex-smoker?
 - A. How many years did you smoke? _____
 - B. How many packs a day? _____
 - C. When did you quit? _____
- 104. Have you used chewing tobacco or smoked cigars/pipe in the last 15 years?

105. I drink _____ beers; _____ ounces of hard liquor; _____ ounces of wine per week.

106. When were your most recent immunizations?

Tetanus _____ Flu shot _____ Pneumovax _____

107. When were you most recent health maintenance screening tests?

Cholesterol _____ Results? _____ PSA (Prostate) _____ Results? _____

Mammogram _____ Results? _____ Sigmoidoscopy _____ Results? _____

Pap smear _____ Results? _____

108. Describe any hobbies or recreational activities that have exposed you to noise, chemicals, or dust:

109. Please describe typical weekly exercise or physical activities including any exercise at work:

110. My current diet could be best characterized as (check all that apply):

- Low-fat
- Low-carb
- High-protein
- Vegetarian/Vegan
- No special diet



COMPREHENSIVE CLIENT INFORMATION SHEET

If you're currently using any nutritional supplements, please list them (as well as the doses you're taking) below.

Please provide a three-day dietary record (attached). Be sure that these records are representative of the last few months of your dietary intake. In other words, if you just decided to get in shape two weeks ago and changed your diet dramatically, you should give us an indication of how you had been eating habitually prior to the recent change.

How long have you been eating in the manner recorded on your dietary record? (If your answer is less than one month, please fill out your record according to your prior intake before this recent month.)

MISCELLANEOUS INFORMATION

If there is any other information you think might be relevant to your program design, please share it with us below.

Please share your most frequent health, nutrition, or physique complaints and/or dissatisfactions with us.

You have now completed our client information sheet. Please bring this, along with your current workout schedule (if applicable) and three-day diet record, to your first appointment.



COMPREHENSIVE CLIENT INFORMATION SHEET

On the following chart, fill in your approximate workout duration for each day (in minutes).

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Duration							

Please submit your current exercise regimen along with this form (type it up or write it out for us).

Complete this section if you ARE NOT currently exercising regularly

If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)?

Yes No

If you have exercised on a consistent basis previously, how long ago was this and how long did it last? _____

PART 5: MEDICAL AND HEALTH INFORMATION

If you have any diagnosed health problems, list the condition(s). _____

If you are on any medications, please list them. _____

What additional therapies or interventions are being undertaken for the given health problem(s)?

If you have any injuries, please list them. _____

What additional therapies or interventions are being undertaken for the given injury(s)?

PART 6: LIFESTYLE INFORMATION

What do you do for a living? _____

What is the activity level at your job?

None (seated work only) Moderate (light activity such as walking) High (heavy labor, very active)

Does your job involve shift work?

Yes No

If you follow a more regular schedule, do you work days, afternoons or nights? _____

Are you a primary caregiver for children, individuals with a disability, or an elder relative?

Yes No

How often do you travel?

Rarely A few times a year A few times a month Weekly

Please list the physical activities that you participate in outside of the gym and outside of work.

