

YOU fill this out as they answer the questions- you keep it as your record.

Lifestyle Check Up

Name:

Email address:

Phone #:

Best time to call:

Top Three Health Wishes:

- 1.
- 2.
- 3.

Times of each of the following and list foods & beverages:

Bedtime:

Time of Arising:

First Food or Beverage:

Breakfast:

Snack- Time & snack items:

Lunch:

Afternoon Snack:

Dinner:

Evening Snack:

Daily number of drinks:

___ Soda-- circle if Cola

___ Diet soda

___ Alcohol- circle wine, beer, liquor

Coffee:

___ caffeinated ___ decaffeinated

___ tsp. of sugar in each

___ artificial sweetener

Tea: Green___ Herbal___ Black___

___ 8- oz. water

Type of Exercise & Frequency:

Would you have any interest in changing your diet or exercise?

What one thing could you do—diet or exercise-- that would make a difference? Small steps lead to great gains...

Are you on any medications?

___ Blood Pressure

___ High Cholesterol

___ Blood Sugar/Diabetes

___ Depression/anxiety

___ Thyroid

___ Other

Note: The diet record is simply a way to get the person talking about themselves- DO NOT make comments about their poor diet- they'll recognize it themselves. By asking what one thing would you change...you give them the power to change. Asking about medications just helps you see the level of health they truly have.

Do NOT play doctor or nutritionist - You are a wellness consultant.