

Long Distant Coaching

The following would be helpful in understanding where you are:

- Beginning weight (if you have lost in the last year) _____
- How long it took to lose the lbs _____
- What weight loss programs you have followed (ie ww Jenny C etc...) _____
- _____
- Current weight _____
- Height _____
- Age _____
- Sex _____

Typical day:

I wake up at: _____

I eat breakfast at: _____

Breakfast is: _____

Do you snack between breakfast and lunch?_ Y/N

If yes, on what? _____

When is lunch? _____

Is that consistent? _____

What do you eat? _____

Do you snack between lunch and dinner? Y/N

If yes, on what? _____

When is dinner? _____

What do you eat? _____

Do you snack after dinner? Y/N

If yes, on what? _____

What time do you go to bed? _____

How many hours of sleep do you average a night? _____

If you crave or binge what time is that usually? (i.e 4pm) _____

What do you gravitate towards? _____

How much water/liquid do you drink on average? _____

Current physical activities

- How many days a week are you doing some form of exercise? _____
- What do you do? _____
- How long do you do it? _____
- What is your heart rate? If you do not know are you able to talk easily while doing, slightly out of breath or breathing hard? _____

Other helpful things:

- Do you have gall Bladder? Y/N
- Thyroid issues? Y/N
- Depression? Y/N
- Diabetes? Y/N
- High BP? Y/N
- High Cholesterol? Y/N
- Injuries? (back, knees, hips...) Y/N
- On any meds? If so what? Y/N

- Have you hit menopause? (FM only) Y/N

- If yes when? _____
- How long have you been struggling with your weight? _____
- Did you yo-yo diet? _____
- What diets did you try? Results? _____

- What caused the initial weight gain or was it gradual? _____

- How is your energy level? _____
- Do you ever binge? _____
- What is your craving or weakness? _____
- Where is most of your weight? (ie middle, hips, all over...) _____

Please tell me anything else that could help me help you: _____

