

## WEIGHT LOSS PROFILE & LIFESTYLE ASSESSMENT

Please fill in as much of this questionnaire as possible. If you cannot answer any questions, please leave them blank. Please post this to your coach in advance of the programme. Many thanks.

<b>Name</b>		<b>Date</b>	
<b>Age</b>		<b>Gender</b>	
<b>Address</b>			
<b>Telephone / Mobile</b>		<b>Email</b>	
<b>Occupation</b>		<b>Smoker?</b>	
<b>Current weight</b>		<b>Ideal weight &amp; when last at this weight</b>	
<b>Heaviest weight</b>		<b>Height</b>	
<b>Waist (inches and cm)</b> At your navel		<b>Hips (inches)</b>	
<b>Basal metabolic temperature</b> Using a thermometer, on waking, place it in your armpit with as little movement as possible. Do this for 3 days. Menstruating women should perform this on days 2, 3 and 4 of period. 36.4 or lower could indicate a sluggish thyroid			
<b>Hours of exercise per week</b>		<b>Type of exercise</b>	
<b>Medical history / health concerns / medication</b>			
<b>Any digestive problems? (e.g. heartburn, bloating, wind, etc.)</b>			
<b>What nutritional supplements do you take regularly?</b>			
<b>Rate your eating</b>	Unhealthy	1	2
	3	4	5
	6	7	8
	9	10	Healthy
<b>Stress levels</b>	Low	1	2
	3	4	5
	6	7	8
	9	10	High
<b>Energy levels</b>	Low	1	2
	3	4	5
	6	7	8
	9	10	High
<b>Concentration levels</b>	Low	1	2
	3	4	5
	6	7	8
	9	10	High
<b>Self esteem</b>	Low	1	2
	3	4	5
	6	7	8
	9	10	High
<b>Sleep quality</b>	Low	1	2
	3	4	5
	6	7	8
	9	10	High
<b>Skin health</b>	Poor	1	2
	3	4	5
	6	7	8
	9	10	Good
<b>PMS / menopausal symptoms</b>	Poor	1	2
	3	4	5
	6	7	8
	9	10	No symptoms
<b>Craving levels</b>	Low	1	2
	3	4	5
	6	7	8
	9	10	High

## Weight Loss Profile

At what age did you start to diet?			
Are any of your family overweight?		Have you ever had an eating disorder?	
Does your weight regularly fluctuate?		If so, by how much?	
Please list all the other diets you have tried			
What was good about them / was useful to you?			
What was bad about them / unhelpful?			
What do you think are your barriers to weight loss?			
How do you think you might overcome your barriers to weight loss?			
What is your greatest concern regarding health or weight loss?			
3 reasons why you want to be slimmer			
On a scale of 1 (low) to 10 (high) how important is it for you to be slimmer?		On a scale of 1 (low) to 10 (high) how important is it for you to be fitter & healthier?	
On a scale of 1 (low) to 10 (high) how committed are you to making this work?			

**Personal Development planning: please complete your goals below**

<b>Weight loss or weight maintenance</b>	
<b>Health</b>	
<b>Activity / Exercise</b>	
<b>What are the key things you need to change in order to achieve your goals?</b>	

**Any other questions?**

**Please read the following carefully and sign both parts below if you agree:**

We are not a medical organisation and the information and reports generated by us should not be interpreted as a substitute for a medical consultation. Nothing contained in the programme should be construed as medical advice or diagnosis. It is your responsibility to determine, through obtaining appropriate medical advice, that you are fit and well and that such contents and services are suitable for you. It is not our responsibility to do so. You are urged and advised to seek advice from your doctor before beginning any weight loss regime. Please consult your GP (1) if you're in any way concerned about your health, (2) you are very overweight, (3) before commencing any exercise regime, (4) if you have an existing medical condition that could be affected by dieting, (5) if you believe you have an eating disorder, (6) if you are pregnant or planning a pregnancy. The programme is not intended for those under the age of 18. Before starting any weight reduction plan, you should make sure you are not underweight.

We try to make sure that all information contained in this programme (and provided by us to you as part of any services or products) is correct, but we do not accept any liability for any error or omission and exclude all liability for any action you may take or loss or injury you may suffer (direct or indirect including loss of pay, profit, opportunity or time, pain and suffering, any indirect, consequential or special loss, however arising) as a result of relying on any information in this programme or provided through any service supplied by us to you.

Client  
 Signed:

Date:

**Data protection**

During the **zest4life** programme, your coach or nutritionist will need to ask you a range of questions. The information the coach collates on you (which will include information on your physical and mental health) may be recorded in writing, as indeed will details of any dietary supplements, tests (and the results of any tests). Both we and the coach will need to process and hold that information on our files, so that we both have a written record of that information. However, we confirm that none of that information will be passed to third parties outside the Patrick Holford organisation.

Coach  
 Signed:

Date:

Client  
 Signed:

Date:

**We look forward to seeing you on the programme and supporting you to achieve your well being and weightloss goals. Please contact us if you have any questions in the meantime.**

**Please complete this form and return it to your coach**

## Diet analysis & menu planning

Please list all the foods you like to eat. Your coach will then recommend healthy low GL alternatives for you.

Food / drink	How many times per week?	Alternative (please leave blank – your coach will complete)
<b>Drinks</b>		
<b>Breakfast</b>		
<b>Lunch</b>		
<b>Dinner</b>		
<b>Snacks</b>		
<b>Pudding</b>		
<b>Eating out</b>		