

Name: _____

M / F

D.O.B.: ____ / ____ / ____

BODY COMPOSITION

Do you consider yourself to be:

Very overweight Slightly overweight About right Slightly underweight Very underweight

Have you had any weight gain or loss in the last year? Yes No

If yes, how much? _____ kgs

Was the change: explained unexplained

If explained, give details: _____

Have you lost and regained weight many times during your life? Yes No Please explain: _____

Have you attended any weight loss programs/ centres before? Yes No

If yes, please state where, when and how successful: _____

What was your approximate weight at age: 20 - _____ 30 - _____ 40 - _____ 50 - _____ 60 - _____

Do you want to lose body fat? Yes No If so, how much? _____ kg

Do you want to increase muscle mass? Yes No If so, how much? _____ kg

What do you think your ideal weight is? _____ kgs Clothing size? _____

STRESS / LIFE PRESSURES

I personally rate my stress/ life pressures at present as:

I rate my stress levels with regard to WORKPLACE AND BUSINESS ISSUES as:										I rate my stress levels with regard to HOME AND PERSONAL ISSUES as:									
No Distress			Acceptable				Severe Distress			No Distress			Acceptable				Severe Distress		
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

Do you feel that your stress level is generally too high? Yes No

Do you feel that your work/ business and home/ personal stressors affect your weight management efforts? Yes No
If so please give details: _____

Do you feel that you eat for comfort reasons or that your moods play a role in eating more than you would like? Yes No
If yes, please explain: _____

Please list things that increase your stress levels:

- _____
- _____
- _____

Please list things that decrease your stress levels:

- _____
- _____
- _____

LIFESTYLE FACTORS

Smoking

Do you smoke? Yes No If yes, how many per day? _____

If no, have you ever smoked? Yes No

If yes, how long ago? _____ For how many years? _____ How many per day? _____

Alcohol

Do you drink alcohol? Yes No What do you drink? Spirits Beer Wine Other

What is the average number of standard drinks that you have per week? _____

How many alcohol free days do you have per week? _____

Do you ever binge (5+ standard drinks) drink? Yes No If yes, how often? _____

If you used to drink and now don't, please tick

EXERCISE/ PHYSICAL ACTIVITY

How physically fit do you feel at the moment?

- Unfit Below average Average Above average Very Fit

How would you rate the amount of physical activity you do at work?

- Very little Little Moderate Active Very Active

How would you rate the amount of physical activity you perform during your leisure time?

- Very little Little Moderate Active Very Active

Has a doctor ever told you to restrict your type or level of physical activity due to a health problem? Yes No

If yes, please specify why: _____

Do you currently do any regular exercise? Yes No

If no, how long is it since you performed regular exercise? _____

Please indicate the reason/s why you are not exercising regularly:

- I don't want to be active or don't really like exercising
- I am unable to exercise due to physical and/or health reasons
- I am active at work
- Insufficient free time
- Need more encouragement
- No transport to or facilities nearby
- Have tried but find it difficult to continue
- Other _____

If yes, please specify:

TYPE OF EXERCISE OR ACTIVITY	FREQUENCY (sessions per week)	INTENSITY (easy, moderate, hard)	DURATION OF EACH SESSION	HOW LONG HAVE YOU BEEN DOING THIS

On average how much time per week could you spend engaged in exercise/ physical activity?

- Number of exercise sessions: _____
 Duration of each session: _____
 Sessions with Personal Best: _____

List 4 forms of physical activity/ exercise that you enjoy doing (in order of preference).

1. _____
2. _____
3. _____
4. _____

How do you prefer to undertake exercise/ physical activity (if more than one choice, please indicate in order of preference)?

- with a group with friends alone supervised unsupervised

What time of day do you like to exercise (if more than one choice, please indicate in order of preference)?

- during work hours outside work hours in the morning during the day during the evening

DIET AND NUTRITION PROFILE

Please read the following and for each question circle the choice which best describes your dietary habits.

Eating Habits

Have you ever been on a 'diet'?	Yes	-	No		
If so, which diet and what results did you achieve?	<hr/>				
Did you maintain the results?	Yes	-	No		
Are you currently on a 'diet'?	Yes	-	No		
If yes, please specify:	<hr/>				
Have you ever been diagnosed as having an eating disorder (eg. bulimia, anorexia)?	Yes	-	No		
If yes, please specify:	<hr/>				
How many meals per day do you have?	1	2	3	4	5 +
Do you eat the majority of your food towards the early part of the day?	Never		Sometimes		Always
How often do you eat breakfast (ie more than a cup of tea or coffee)?	Everyday		4-6 times a week		< 4 times a week
What size portions do you usually eat?	Small		Medium		Large
How often do you have more than one serving?	0-2 times a week		2-3 times a week		> 3 times a week
Do you eat slowly?	Never		Sometimes		Always
Do you eat while doing other activities such as reading, watching TV or working?	Never		Sometimes		Always
How often do you eat out e.g. cafes, restaurants?	0-1 times a week		2-3 times a week		> 3 times a week
How often do you eat fast foods/ takeaways?	Never		1-2 times a week		> 2 times a week
How often do you use salt in food?	Never		Salt food lightly during cooking		Salt food after served at table
Do you eat when you are not hungry?	Yes		Sometimes		No
What do you normally snack on?	<hr/>				
What is your favourite comfort food?	<hr/>				
How many times a week do you indulge in this food?	0-1 times a week		2-3 times a week		> 3 times a week
Do you ever read food labels?	Yes		Sometimes		No
Do you plan your meals in advance?	Yes		Sometimes		No

Carbohydrates

How many slices of bread do you eat per week?	0-4-slices a week		5-8 slices a week		> 8 slices a week
How often do you eat cereals and grains (e.g. rice, pasta, corn, rye)?	0-4 times a week		5-8 times a week		> 8 times a week
The breads, grains and cereals I eat are:	Always		Sometimes		Always
<u>Unprocessed</u> (eg. wholemeal, wholegrain, bran, oats)	Unprocessed		Processed		Processed
<u>Processed</u> (eg. white bread/ rice, cereals like cornflakes)					
How often do you have sugar in drinks, on cereals?	Never		Sometimes		Always

Fruit and Vegetables

How often do you eat vegetables (including salads)?	Everyday		4-6 times a week		< 4 times a week
How do you usually eat your vegetables?	Lightly cooked, microwaved, steamed or raw		Moderately cooked, boiled		Well cooked or reheated
How often do you eat fruit – fresh or tinned?	Everyday		4-6 times a week		< 4 times a week

Protein

How often do you eat red meat?	Never	1-3 times a week	> 4 times a week
How often do you eat fish, including salmon, tuna and sardines?	Never	1-3 times a week	> 4 times a week
Do you eat only lean meat and remove the fat or skin (i.e. on chicken) before cooking?	Never	Sometimes	Always
How do you usually cook your meat?	Grilled or Barbequed	Roasted or pan fried adding only a little fat	Deep fried
How often do you eat other proteins such as legumes, beans and nuts?	0-4 times a week	5-7 times a week	> 7 times a week
How often do you eat eggs?	0-2 eggs a week	3-5 eggs a week	> 6 eggs a week

Dairy Products

How often do you eat dairy products? e.g. cheese, milk, cream, ice cream	0-4 times a week	5-7 times a week	> 7 times a week
The dairy products I eat are	Always low fat	Low fat most of the time	Only whole fat products

Fats

Do you use polyunsaturated or monounsaturated margarines and/or oils (e.g. canola, olive oil) on breads or in cooking instead of lard, butter or dairy blends?	Never	Sometimes	Always
Do you add fat based sauces and gravies, or dressings to meals?	Never	Sometimes	Always
How often do you eat deep fried or pastry-based foods (e.g. hot chips, meatballs, sausage rolls, pies)?	Never	1-3 times a week	> 3 times a week
How often do you eat cakes, desserts, lollies, chocolate, sweet biscuits etc?	Never	1-3 times a week	> 3 times a week

Beverages

How many glasses (250 ml) of water do you drink a day?	0-4 per day	5-7 per day	> 7 per day
How many glasses (250 ml) of fruit/ vegetable juice do you drink per day?	0 per day	1-2 per day	> 2 per day
How many glasses or cans of soft drink do you drink per day?	0 per day	1-2 per day	> 2 per day
Are these diet soft drinks?	Never	Sometimes	Always
How many cups of coffee do you drink per day?	0 per day	1-3 per day	> 3 per day
How many cups of tea do you drink per day?	0 per day	1-3 per day	> 3 per day

DIET AND NUTRITION PROFILE

Please complete the following 24 hour food record to provide a basis for an analysis of your diet and nutrition profile. You must record ALL food, ALL drinks and ALL supplements consumed during a day. It is important that you record as much information as possible such as the type of food (e.g. white bread, lean steak), brand names (e.g. Kellogg's Sustain), quantities in serves or metric amounts (e.g. 2 rashers, 100 grams, 1 cup) and how the food is prepared (e.g. grilled, boiled). For example, rather than just writing a ham & tomato sandwich, a more complete record would be:

- 2 slices of wholemeal bread
- 2 teaspoons of polyunsaturated margarine
- 1 thin slice of processed shoulder ham
- 2 slices of tomato

FOOD ITEM	APPROXIMATE AMOUNT
BREAKFAST	
MORNING TEA	
LUNCH	
AFTERNOON TEA	
DINNER	
SUPPER	
OTHER SNACKS	
BEVERAGES	

Additional Comments:
