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## Lifestyle Management Forms

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This appendix contains a variety of forms that nutrition counselors are likely to find useful during nutrition counseling interventions.

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- LMF 5.1 Client Assessment Questionnaire
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- LMF 14.2 Student Nutrition Counseling Agreement

## Lifestyle Management Form 4.1

# Assessment Graphic\*

<b>NOT READY</b>				<b>NOT SURE</b>	<b>NOT SURE</b>				<b>READY</b>
1	2	3	4	5	6	7	8	9	10

\*For readiness to change 1 = not ready; 10 = very ready

For adherence to dietary goals 1 = never; 10 = always

For confidence in making a lifestyle change: 1 = not ready; 10 = very ready

For degree of importance for making a lifestyle change: 1 = not ready; 10 = very ready

# Client Assessment Questionnaire

## DEMOGRAPHIC DATA

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Address \_\_\_\_\_ Home telephone: \_\_\_\_\_  
\_\_\_\_\_ Cell telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email \_\_\_\_\_  
Sex: M F Age: \_\_\_\_\_ Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## HEALTH HISTORY

1. What medical concerns (e.g., pregnancy), if any, do you have at the present time?  
\_\_\_\_\_

2. Indicate if you have had blood relatives with any of the following problems:

Cancer	<input type="checkbox"/> yes	<input type="checkbox"/> no	High blood pressure	<input type="checkbox"/> yes	<input type="checkbox"/> no
Diabetes	<input type="checkbox"/> yes	<input type="checkbox"/> no	Osteoporosis	<input type="checkbox"/> yes	<input type="checkbox"/> no
Heart disease	<input type="checkbox"/> yes	<input type="checkbox"/> no	Thyroid disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no
High cholesterol	<input type="checkbox"/> yes	<input type="checkbox"/> no			

3. Do you have complaints about any of the following?

_____ Appetite	_____ Constipation	_____ Menstrual difficulties
_____ Bleeding gums	_____ Diarrhea	_____ Seeing in dim light
_____ Bruising	_____ Edema	_____ Sudden weight change
_____ Chewing or swallowing	_____ Indigestion	_____ Stress

4. Do you use tobacco in any way?  yes  no  
How much? \_\_\_\_\_

Did you recently stop smoking?  yes  no

5. Do you enjoy physical activity?  yes  no Explain \_\_\_\_\_

6. List any food allergies or intolerances.  
\_\_\_\_\_  
\_\_\_\_\_

## Lifestyle Management Form 5.1

### DRUG HISTORY

List any prescribed, over-the-counter, herbal, or vitamin/mineral supplements you take.

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### DIET HISTORY

1. Do you follow a special dietary plan, such as, low cholesterol, kosher, vegetarian?  
\_\_\_\_\_
2. Have you ever followed a special diet? \_\_\_\_\_ Explain \_\_\_\_\_
3. Do you have any problems purchasing foods that you want to buy? \_\_\_\_\_
4. Are there certain foods that you do not eat? \_\_\_\_\_
5. Do you eat at regular times each day?  yes  no How often? \_\_\_\_\_
6. Identify any foods you particularly like. \_\_\_\_\_
7. Do you drink alcohol?  yes  no How often? \_\_\_\_\_
8. What change would you like to make?  
 Improve my eating habits                       Improve my activity level  
 Learn to manage my weight                       Improve my cholesterol/triglyceride levels  
 Other \_\_\_\_\_
9. Please add any additional information you feel may be relevant to understanding your nutritional health. \_\_\_\_\_
10. In order to tailor your counseling experience to your needs, it would be useful to know your expectations. Please check one of the following to indicate the amount of structure you believe meets your needs:  
 *Tell me exactly what to eat for all my meals and snacks. I want a detailed food plan.* Example: ½ cup oatmeal, 1 cup skim milk, 6 oz. orange juice, 1 slice whole wheat toast, 1 teaspoon margarine  
 *I want a lot of structure but freedom to select foods. I want to use the exchange system.* Example: 1 milk, 2 starch, 1 fruit, and 1 fat exchange  
 *I want some structure and freedom to select foods. I want to use a food group plan.* Example: 1 serving of dairy foods, fruits, and fat and oil group; 2 servings of grains  
 *I don't want a diet. I just want to eat better. I will just set food goals.*

## Lifestyle Management Form 5.1

### SOCIOECONOMIC HISTORY

1. What is the highest level of formal education you received? \_\_\_\_\_  
Other type of school \_\_\_\_\_
2. Are you employed? \_\_\_\_\_ Occupation \_\_\_\_\_
3. How many people in your household? \_\_\_\_\_ Ages? \_\_\_\_\_
4. Present marital status (circle one):  
Single      Married      Divorced      Widowed      Separated      Engaged
5. Do you have a refrigerator? \_\_\_\_\_ Stove? \_\_\_\_\_
6. Who prepares most of the meals in your home? \_\_\_\_\_ Who shops? \_\_\_\_\_
7. Do you use convenience foods daily?  yes  no
8. How often do you eat out? \_\_\_\_\_ Where? \_\_\_\_\_
9. Have you made any food changes in your life you feel good about?  yes  no
10. Who could support and encourage you to make these changes? \_\_\_\_\_

### EDUCATION INTERESTS

What information would you like from your counselor?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Supermarket shopping tour | <input type="checkbox"/> Eating out      | <input type="checkbox"/> Exercise         |
| <input type="checkbox"/> Weight management         | <input type="checkbox"/> Portion size    | <input type="checkbox"/> Alcohol calories |
| <input type="checkbox"/> Healthy food preparation  | <input type="checkbox"/> Eating less fat | <input type="checkbox"/> Meal planning    |
| <input type="checkbox"/> Fiber                     | <input type="checkbox"/> Walking program | <input type="checkbox"/> Snack foods      |
| <input type="checkbox"/> Food labels               | <input type="checkbox"/> Other _____     |   |

*Thank you for your willingness to share this information and to take part in the Nutrition Clinic. We look forward to working with you to make lifestyle changes in order to meet your food and fitness objectives.*

Lifestyle Management Form 5.2

# Food Record



Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Complete this form as accurately as possible, using the examples as a guide.
- Use only one form per day. Do not put any thing on this form which pertains to another day.
- Record all foods and beverages, including water, you consumed from the time you woke up to the time you went to bed.

TIME	FOOD / DRINK	TYPE	PREPARATION	AMOUNT
8:00 AM	Bagel	Cinnamon Raisin	Toasted	one half
8:00 AM	Milk	1% fat	Fresh	8 ounces
NOON	Chicken	leg and thigh	Fried	1 each

Lifestyle Management Form 5.3

# 24-Hour Recall/Usual Diet Form

Date \_\_\_\_\_ Day of the Week \_\_\_\_\_

Food and Drink Consumed	Amount from Each Group						
	Milk	Meat	Fruit	Veggie	Grain	Oil	Disc <sup>a</sup>
Name & Type							
<b>TOTALS</b>							
MyPyramid Recommendations for 2000 Calories <sup>b</sup>	<b>3 c</b>	<b>5 ½ oz</b>	<b>2 c</b>	<b>2 ½ c</b>	<b>6 oz<sup>c</sup></b>	<b>6 tsp</b>	<b>≤ 267 calories</b>
<b>EVALUATION<sup>c</sup></b>							

<sup>a</sup>Discretionary calories  
<sup>b</sup>These are approximations for a general evaluation of food intake for an adult. Exact amounts of food groups vary according to gender, age, and activity level. See [www.mypyramid.gov](http://www.mypyramid.gov) for a customized food guide.  
<sup>c</sup>At least 3 servings of whole grains should be eaten each day.  
<sup>d</sup>Evaluation: **L** = low    **A** = adequate    **E** = excessive

# Food Group Serving Sizes

## Serving Sizes and MyPyramid Recommendations

### BREADS, CEREALS, AND OTHER GRAIN PRODUCTS

**What counts as 1 ounce of grains?**

1 slice bread	½ bun, bagel, or English muffin
½ c cooked cereal, rice, or pasta	1 small roll, biscuit, or muffin
1 c ready-to-eat cereal	3 to 4 small or 2 large crackers

### VEGETABLES

**What counts as 1 cup of vegetables?**

1 cup of raw or cooked vegetables or vegetable juice	1 cup tofu
2 cups of raw leafy greens	1 medium baked potato, 20 French fries
1 cup cooked dry beans and peas (such as pinto beans or split peas)	

### FRUITS

**What counts as 1 cup of fruit?**

1 cup of fruit or 100% fruit juice	1 small apple
½ cup of dried fruit	1 medium pear, grapefruit
1 large banana, orange, peach	32 seedless grapes

### MEAT, POULTRY, FISH, AND ALTERNATES

**What counts as 1 ounce of meat or meat equivalent?**

1 ounce of meat, poultry or fish	1 tablespoon of peanut butter
¼ cup cooked dry beans, 1 falafel patty (2 ¼", 4 oz)	½ ounce of nuts or seeds (12 almonds, 24 pistachios, 7 walnut halves)
1 egg	¼ cup (about 2 ounces) of tofu,
12 Tbsp. hummus	1 oz tempeh, cooked

### MILK, YOGURT, AND, CHEESE

**What counts as 1 cup of milk?**

1 c milk or yogurt	1/3 c shredded cheese
2 oz process cheese food	2 slices Swiss cheese
1 ½ oz cheese	

### OILS

**What counts as 1 teaspoon of oil?**

1 teaspoon vegetable oil (soy, corn, peanut, and sesame)	1 tablespoon mayonnaise type dressing, Italian dressing
1 ¼ teaspoon mayonnaise	8 large canned olives

### FATS, SWEETS, AND ALCOHOLIC BEVERAGES

- Foods high in fat include margarine, salad dressing, oils, mayonnaise, sour cream, cream cheese, butter, gravy, sauces, potato chips, chocolate bars.
- Foods high in sugar include cakes, pies, cookies, doughnuts, sweet rolls, candy, soft drinks, fruit drinks, jelly, syrup, gelatin, desserts, sugar, and honey.
- Alcoholic beverages include wine, beer, and liquor.



Lifestyle Management Form 5.4

# Food Frequency Questionnaire

SERVING SIZES	FOOD GROUP	SERVINGS PER DAY	SERVINGS PER WEEK	NEVER or RARELY
1 slice bread 1 cup dry cereal ½ cup cooked rice, pasta, or cereal ½ bun, bagel, or English muffin 1 small roll, biscuit, or muffin	<b>Refined Grains</b> —white bread, pasta, cereals			<input type="checkbox"/>
	<b>Whole Grains</b> —whole wheat bread, brown rice, oatmeal, bran cereal			<input type="checkbox"/>
1 cup raw leafy vegetable ½ cup cooked or raw vegetables 6 oz vegetable juice	<b>Vegetables</b>			<input type="checkbox"/>
6 oz fruit juice 1 medium fruit ¼ cup dried fruit ½ cup fresh, frozen, or canned fruit	<b>Fruits</b>			<input type="checkbox"/>
8 oz milk 1 cup yogurt 1½ oz cheese 2 oz process cheese	<b>Dairy</b> —low-fat or fat-free ice cream, milk, cheese, yogurt; frozen yogurt			<input type="checkbox"/>
	<b>Dairy</b> —whole milk, regular cheese, regular ice cream			<input type="checkbox"/>
3 oz cooked meats, poultry, or fish	<b>Meats, Poultry, Fish</b> —lean			<input type="checkbox"/>
	<b>Meats, Poultry, Fish</b> —high-fat: sausage, cold cuts, spareribs, hot dogs, eggs, bacon			<input type="checkbox"/>
1/3 cup or 1½ oz nuts 2 Tbsp or ½ oz seeds ½ cup cooked dry beans 4 oz tofu, 1 cup soy milk 2 Tbsp peanut butter	<b>Nuts, Seeds and Dry Beans</b>			<input type="checkbox"/>
1 Tbsp regular dressing 2 Tbsp light salad dressing 1 tsp oil 1 Tbsp low-fat mayonnaise 1 tsp margarine, butter	<b>Fats and Oils</b>			<input type="checkbox"/>
8 oz lemonade 1½ oz candy 8 oz. soda	<b>Sweets</b>			<input type="checkbox"/>
12 oz beer, 4 oz wine 1 shot hard liquor	<b>Alcohol</b>			<input type="checkbox"/>

Lifestyle Management Form 5.5

# Anthropometric Feedback Form

Volunteer's Measurements	Standard
Actual weight =	
Body Mass Index =	Desirable = 19–25
Waist circumference =	High risk = men > 35"; women > 40"

# Client Concerns and Strengths Log

1. List all concerns expressed by your client or identified by you.

2. Write NC (no control) next to all concerns in which you or your client has no control.

3. Categorize in the following chart the remaining concerns in which there is some degree of control and as a result could be addressed by a goal:

Nutritional	Behavioral	Exercise

## Lifestyle Management Form 5.6

4. List strengths and skills.

5. Categorize the strengths and skills in the following chart:

Nutritional	Behavioral	Exercise

6. What strengths and skills can be used to address the concerns? List them in the following chart.

Strengths and Skills	Concerns	Possible Intervention Strategies

# Student Nutrition Interview Agreement

Thank you for your willingness to participate in the nutrition counseling clinic offered by \_\_\_\_\_ . This interview is designed to provide interviewing experience for nutrition counseling students. The objective is for the student to work on counseling skills, gather information about a health problem, and learn something about your health issues. While discussing your situation, you may receive some benefit by clarifying your health concerns and possibly formulating a decision to make a behavior change. However, this experience is not designed to be an intervention.

After this meeting, students will be required to write a report about their findings. This report is shared only with the course instructor. Information in the report may be shared with other students during classroom discussions. However, at no time will your name be used in those discussions. In all other respects, the information you give will be held in absolute and strictest confidence.

We thank you very sincerely for your willingness to participate and for your help in the education of future nutrition counselors. If you have any questions or problems during this project, please call the course instructor, \_\_\_\_\_ at \_\_\_\_\_ .

**I, \_\_\_\_\_, have read and understood the above statement.**

*Print your name here*

\_\_\_\_\_  
*Your signature here*

\_\_\_\_\_  
*Today's date*

\_\_\_\_\_  
*Counselor signature here*

\_\_\_\_\_  
*Today's date*

Lifestyle Management Form 6.1



# Eating Behavior Journal

Name _____		Day/Date _____		Physical Activities <sup>1</sup> _____		
Time	Location/ Place	Foods and Beverages Consumed Amounts/Description	Degree of Hunger <sup>4</sup>	Social Situation <sup>2</sup>	Comments <sup>3</sup>	

<sup>1</sup>Include type of activities and minutes engaged in the activities  
<sup>2</sup>Use the following rating scale: 0 = not hungry, 1 = hungry, 2 = very hungry  
<sup>3</sup>Indicate activities and who you were with, if anyone  
<sup>4</sup>Record significant thoughts (I'm doing fine, I am a loser); feelings (angry, happy, worried); concerns (Maybe I should have had the turkey sandwich.)  
 Source: Adapted from Pastors et al. *Facilitating Lifestyle Change A Resource Manual*. Chicago, IL: American Dietetic Association; © 1996. Reprinted with permission.

# Counseling Agreement



Name \_\_\_\_\_ Date: \_\_\_\_\_

My plan is to do the following:

---

---

This activity will be accomplished on \_\_\_\_\_

My reward will be (specify when, where and what) \_\_\_\_\_

---

---

\_\_\_\_\_  
*Client signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Counselor signature*

\_\_\_\_\_  
*Date*

# Symptoms of Stress



Physical Symptoms	Emotional Symptoms
<ul style="list-style-type: none"> <li>• Muscular tension</li> <li>• Headaches</li> <li>• Insomnia</li> <li>• Twitching eyelid</li> <li>• Fatigue</li> <li>• Backaches</li> <li>• Neck/shoulder pain</li> <li>• Digestive disorders</li> <li>• Teeth grinding</li> <li>• Changes in eating/sleep patterns</li> <li>• Sweaty palms</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Frequent crying</li> <li>• Irritability</li> <li>• Frustration</li> <li>• Depression</li> <li>• Worrying</li> <li>• Nervousness</li> <li>• Moodiness</li> <li>• Anger</li> <li>• Self-doubt</li> <li>• Resentment</li> </ul>
Mental Symptoms	Social Symptoms
<ul style="list-style-type: none"> <li>• Short concentration</li> <li>• Forgetfulness</li> <li>• Lethargy</li> <li>• Pessimism</li> <li>• Low productivity</li> <li>• Confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Loneliness</li> <li>• Nagging</li> <li>• Withdrawal from social contact</li> <li>• Isolation</li> <li>• Yelling at others</li> <li>• Reduced sex drive</li> </ul>
<p>Source: Adapted from Goliszek A. 60 <i>Second Stress Management</i>, 2nd ed. Far Hills, New Jersey: New Horizon Press; 2004.</p>	



# Stress Awareness Journal



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time	Symptom of Stress	Activities*	Internal Self-talk

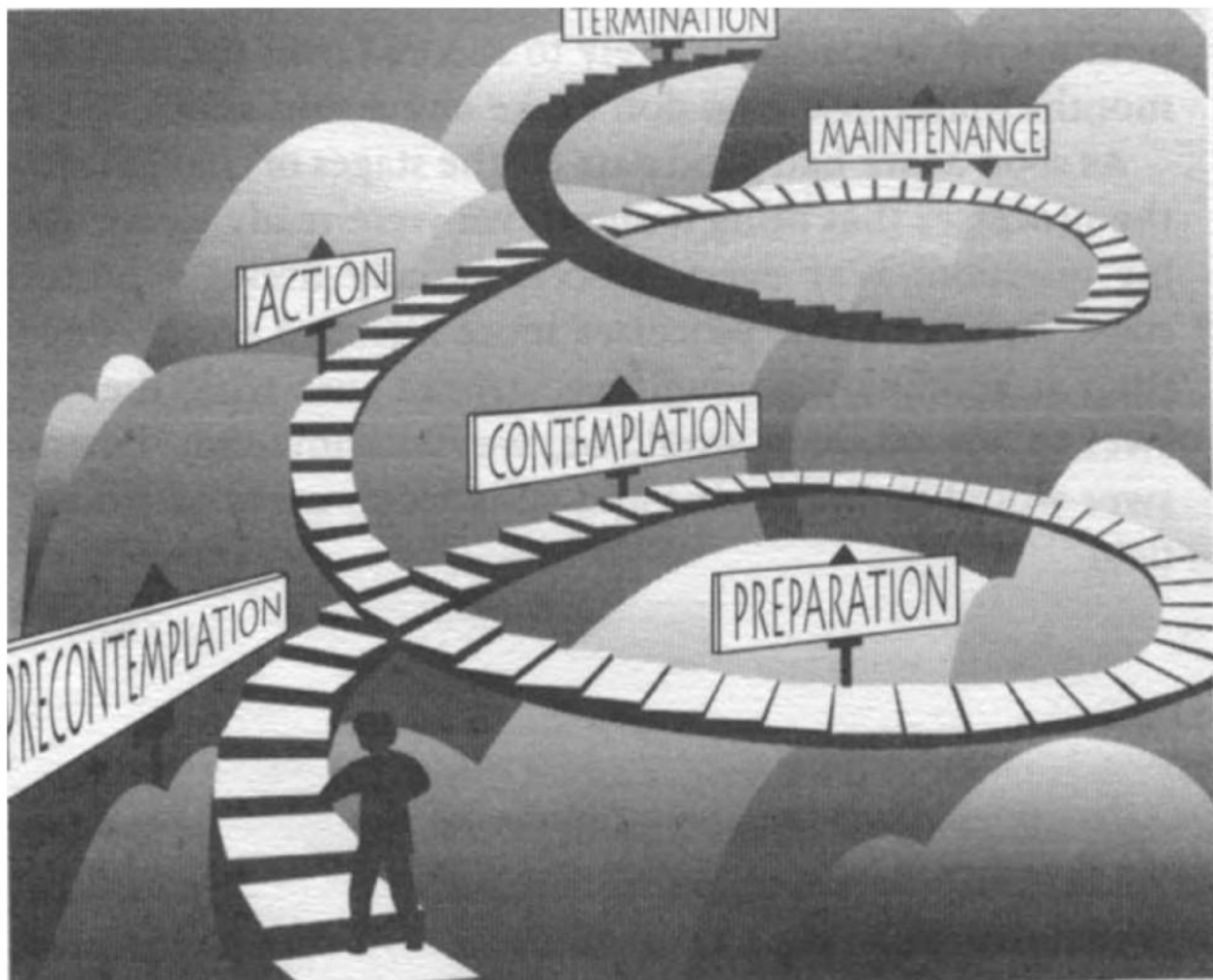
\*List any eating activities before, during symptom, or after experiencing the symptom.

# Tips for Reducing Stress



- Learn to say “no.” Don’t over-commit. Delegate work at home and work.
- Organize your time. Use a daily planner. Prioritize your tasks. Make a list and a realistic timetable. Check off tasks as they are completed. This gives you a sense of control of overwhelming demands and reduces anxiety.
- Be physically active. Big muscle activities, such as walking, are the best for relieving tension.
- Develop a positive attitude. Surround yourself with positive quotes, soothing music, and affirming people.
- Relax or meditate. Schedule regular massages, use guided imagery tapes or just take ten minutes for quiet reflection time in a park.
- Get enough sleep. Small problems can seem overwhelming when you are tired.
- Eat properly. Be sure to eat at least five servings of fruits and vegetables and three servings of whole grains every day. Limit intake of alcohol and caffeine.
- To err is human. Don’t treat a mistake as a catastrophe. Ask yourself what will be the worst thing that will happen.
- Work at making friends and being a friend. Close relationships don’t just happen. Compliment three people today. Send notes to those who did a good job.
- Accept yourself. Appreciate your talents and your limitations. Everyone has them.
- Laugh. Look at the irony of a difficult situation. Watch movies and plays and read stories that are humorous.
- Take three deep breaths.
- Forgive. Holding onto grudges only causes you more stress and pain.

# Prochaska's and DiClemente's Spiral of Change



Source: Prochaska JO, Norcross JC, DiClemente CC, Changing for Good. New York: Avon; © 1994, p. 49. Used with permission.

# Interview Checklist<sup>1</sup>

Interviewer \_\_\_\_\_ Observer \_\_\_\_\_ Date \_\_\_\_\_

Goal of the Interview: \_\_\_\_\_

## I. FLOW OF THE INITIAL INTERVIEW

### A. Involving Phase

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Greeting  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a) Verbal greeting   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Shakes hands  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Introduction of self  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Attention to self comfort—Other obligations finished or planned for a later time; attention focused. (Self-evaluation only)     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Attention to client's comfort—Physical comfort, noise and visual distractions minimized   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Small talk, if appropriate  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Establishes counseling objectives   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a) Opening question— <i>What brings you here today?</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Establishes client's long-term objectives   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Explains counseling process   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Discusses weight monitoring, if appropriate   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Establishes agenda  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Transition Statement— <i>Now that we have gone over the basics of the program, we can explore your needs in greater detail.</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### B. Exploration-Education Phase

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Reviews completed assessment forms  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Compares assessment to a standard, point-by-point, non-judgmental                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Asks client thoughts about comparison   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Segment summary—identifies problems, reiterates self-motivational statements, checks accuracy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Asks client if s/he would like to make changes  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Assesses motivation—use a ruler to determine readiness to change                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Tailors educational experiences to client needs   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

<sup>1</sup>This evaluation form is based on the Brown Interview Checklist, Brown University School of Medicine, Novack, DH, Goldstein, MG, Dubé CE, 1986.

## Lifestyle Management Form 7.5

### C. Resolving Phase

#### Level 1 (numbers 1 to 3 on assessment graphic)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Raises awareness—Discusses benefits of change            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Raises awareness—Personalizes benefits                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Asks open-ended questions regarding importance of change | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Provides summary   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Offers advice, if appropriate                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Expresses support  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### Level 2 (numbers 4 to 7 on assessment graphic)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Raises awareness—Discusses benefits of change and diet options      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Asks open-ended questions regarding confidence in ability to change | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Asks open-ended questions to identify barriers                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Examines pros and cons  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Imagines the future   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Explores past successes   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Explores support networks   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Summarizes ambivalence  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### Level 3 (numbers 8 to 10 on assessment graphic)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Praises positive behaviors  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Explores change options   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a) Asks client's ideas for change  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Uses an options tool, if appropriate  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Explores concerns regarding selected option   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Explains goal setting process   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Identifies a specific goal from a broad goal—uses small talk, explores past experiences, builds on past         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Goal is SMART: specific, measurable, attainable (client has control), rewarding (stated positively), time-bound | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Designs a plan of action  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a) Investigates physical environment   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Examines social support   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Examines cognitive environment, explains coping talk, if needed   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Defines a tracking technique  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Client verbalizes goal  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Writes down goal  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Lifestyle Management Form 7.5

### D. Closing Phase

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Supports self-efficacy  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Reviews issues and strengths                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Uses "respect" relationship building response                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Restates goal or goals  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Reviews next meeting time                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Shakes hands  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Expresses appreciation for participation                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Uses "support and partnership" relationship building responses— | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## II. INTERPERSONAL SKILLS

### A. Facilitation (Attending) Skills

- |   |  |                             |
|---|--|-----------------------------|
| 1. Eye contact—Appropriate length to enhance client comfort                 | Yes <input type="checkbox"/>                           | No <input type="checkbox"/> |
| 2. Uses silences to facilitate client's expression of thoughts and feelings | Yes <input type="checkbox"/>                           | No <input type="checkbox"/> |
| 3. Open posture—Arms uncrossed, facing client                               | F* <input type="checkbox"/> P <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Head nod, <i>mm-hm</i> , repeats client's last statement                 | F* <input type="checkbox"/> P <input type="checkbox"/> | No <input type="checkbox"/> |

\*F = Frequently, P = Partially

### B. Relationship Skills (Conveying Empathy)

- |   |  |                             |
|---|--|-----------------------------|
| 1. Reflection—Restates the client's expressed emotion or inquires about emotions            | F* <input type="checkbox"/> P <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Legitimation—Expresses understandability of client's emotions                            | Yes <input type="checkbox"/>                           | No <input type="checkbox"/> |
| 3. Respect—Expresses respect for the client's coping efforts or makes a statement of praise | Yes <input type="checkbox"/>                           | No <input type="checkbox"/> |
| 4. Support—Expresses willingness to be helpful to client addressing his/her concerns        | Yes <input type="checkbox"/>                           | No <input type="checkbox"/> |
| 5. Partnership—Expresses willingness to work with client                                    | Yes <input type="checkbox"/>                           | No <input type="checkbox"/> |

\*F = Frequently, P = Partially

## III. PATIENT RESPONSES

- |   | Often | Sometimes | Seldom |
|---|-------|-----------|--------|
| A. Client freely discusses his/her concerns.                                  | _____ | _____     | _____  |
| B. Client appears comforted and relaxed.                                      | _____ | _____     | _____  |
| C. Client appears engaged in the counseling session.                          | _____ | _____     | _____  |
| D. Client freely offers information about his/her condition and life context. | _____ | _____     | _____  |

## IV. GENERAL COMMENTS

# Counseling Responses Competency Assessment

Audio- or video-tape a counseling session and listen to the tape several times to complete the following assessment:

- Track the number of times you made each response by placing slash marks next to the name of the response. Note that this is an evaluation of your responses, not your client responses.
- For each category of responses, give an example from the tape. In cases where the particular response category was not demonstrated on the tape, write an example that may have been effective with your client and then complete the category evaluation.
- Select an intent and focus of the response. You may wish to review a discussion of these topics in Chapter 3.
- Indicate the effectiveness of your particular response, and explain why it was or was not effective. For responses that do not receive the most effective rating, write alternative responses that you believe would have worked better.
- Some of your responses may not fit any of the categories. This assessment covers many basic counseling responses but it is possible that some of your statements do not appear to fit into any of the categories. If that is the case, such material would not be evaluated. The following is an example of a competency evaluation for one response:

Example

**Questions**       /   /   /   

Example What brings you here? Are you looking to lower your blood pressure?

Intent (circle one): *To acknowledge*    *To explore*    *To challenge*

Focus (circle one): *information*    *experience*    *feelings*    *thoughts*    *behaviors*

Effective     Somewhat Effective     Not Effective    Explain I asked

two questions at the same time. I made an assumption that the main issue was blood pressure.

Alternative Response What brings you here today?

## 1. **Attending** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge*    *To explore*    *To challenge*

Focus (circle one): *information*    *experience*    *feelings*    *thoughts*    *behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

## Lifestyle Management Form 7.6

### 2. **Empathizing (Reflecting)** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 3. **Legitimation** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 4. **Respect** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 5. **Personal Support** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 6. **Partnership** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_



## Lifestyle Management Form 7.6

### 7. **Mirroring (Parroting)** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 8. **Paraphrasing** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 9. **Giving feedback (Immediacy)** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 10. **Questioning** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 11. **Clarifying (Probing, Prompting)** \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective     Somewhat Effective     Not Effective    Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

## Lifestyle Management Form 7.6

### 12. Noting a Discrepancy (Confrontation, Challenging) \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective  Somewhat Effective  Not Effective Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 13. Directing (Instructions) \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective  Somewhat Effective  Not Effective Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 14. Advice \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective  Somewhat Effective  Not Effective Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 15. Allowing Silence \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective  Somewhat Effective  Not Effective Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

### 16. Self-Referent \_\_\_\_\_

Example \_\_\_\_\_

Intent (circle one): *To acknowledge To explore To challenge*

Focus (circle one): *information experience feelings thoughts behaviors*

Effective  Somewhat Effective  Not Effective Explain \_\_\_\_\_

Alternative Response \_\_\_\_\_

Lifestyle Management Form 7.7

# The CARE Measure

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<b>1. Please rate the following statements about today's consultation.</b> Please tick one box for each statement and <i>answer every statement.</i>						
<i>How was the counsellor at ...</i>	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
<b>1. Making you feel at ease...</b> <i>(being friendly and warm towards you, treating you with respect; not cold or abrupt)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Letting you tell your "story" ...</b> <i>(giving you time to fully describe your illness in your own words; not interrupting or diverting you)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Really listening...</b> <i>(paying close attention to what you were saying; not looking at the notes or computer as you were talking)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Being interested in you as a whole person ...</b> <i>(asking/knowing relevant details about your life, your situation; not treating you as "just a number")</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Fully understanding your concerns...</b> <i>(communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Showing care and compassion...</b> <i>(seeming genuinely concerned, connecting with you on a human level; not being indifferent or detached)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Being Positive...</b> <i>(having a positive approach and a positive attitude; being honest but not negative about your problems)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Explaining things clearly...</b> <i>(fully answering your questions, explaining clearly, giving you adequate information; not being vague)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Helping you to take control...</b> <i>(exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Making a plan of action with you ...</b> <i>(discussing the options; involving you in decisions as much as you want to be involved; not ignoring your views)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Potential Benefits of Regular Moderate Physical Activity



There are many potential benefits to becoming physically active. Review this list to identify what is most important to you.

- ➔ Reduces risk of dying prematurely
- ➔ Reduces risk or aids in the management of:
  - heart disease
  - diabetes
  - high blood pressure
  - cancer
  - falls
- ➔ Aids in the support of strong bones
- ➔ Improves mood, self-esteem and self-image
- ➔ Reduces feelings of depression and anxiety
- ➔ Lowers cholesterol
- ➔ Lowers triglycerides
- ➔ Controls of blood sugar levels
- ➔ Strengthens heart and lungs
- ➔ Decreases stress
- ➔ Improves sleep, reduces risk of sleep apnea
- ➔ Improves productivity
- ➔ Increases stamina and energy
- ➔ Makes you feel better
- ➔ Maintains weight or aids loss of weight
- ➔ Maintains ability to function and preserves independence in older adults

# Physical Activity Log



- Record all physical activity for a week. Remember to include regular daily activities such as climbing stairs, gardening, and walking to the office from a parking lot.
- Include all forms of physical fitness activities including stretching, weight lifting, balancing, and aerobic movement.

Day of the Week	Type of Activity	Amount of Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

# Physical Activity Options



## ➤ **Look for Everyday Opportunities**

Short bursts of activity throughout the day make a difference.

- Use steps instead of elevators or escalators.
- Park your car in a distant section of the parking lot.
- Leave work five minutes later. Take a walk around the building.
- Get off the train or bus one stop early and walk the rest of the way.
- Take a walk during lunch.
- March, stretch, or do squats while brushing your teeth.
- Pace around the house or do arm curls with a can of food while talking on the phone.
- Jump rope, stretch, jog in place, or lift weights while watching TV.
- Be prepared. Keep walking shoes in your car or in your desk.
- Take your bike with you to a conference and explore the local scenery before driving home.

## ➤ **Plan a Daily Routine**

Think about cost, convenience, and bad weather options when planning a program. Look for creative ways to keep the activities enjoyable.

- Schedule time for physical activity. Write it in your calendar.
- Vary the physical activities. Plan to bike one day a week, jog two days a week, and go to the gym three days a week.
- Join a walking club, a biking club, etc.
- Add variety to the activity. Have several walking trails; ask a friend to join you in your walks; or listen to music or recorded books during your walks.

## ➤ **Plan Physically Active Leisure Time Events**

Look for activities the whole family can enjoy.

- Have a family baseball or soccer game.
- Plan a bike tour, mountain hike, or canoe trip.
- Explore a cave.

# Physical Activity Readiness Questionnaire, PAR-Q\*



(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

---

**YES NO**

- 1. Has your doctor ever said that you have a heart condition *and* that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?

---

\*Reference: PAR-Q & You, Physical Activity Readiness Questionnaire - PAR-Q (revised 1994), Canadian Society for Exercise Physiology. Reprinted with permission from American College of Sports Medicine. *Guidelines for Exercise Testing and Prescription*, 5<sup>th</sup> Ed. Philadelphia, PA: Williams & Wilkins, 1995, p. 14–16.

## Lifestyle Management Form 8.4

### If you answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.
- Develop an exercise plan with the aid of an exercise specialist.

### If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

### DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever—wait until you feel better; or
- If you are or may be pregnant—talk to your doctor before you start becoming more active.

**Please note:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

*Informed Use of the PAR-Q:* The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature  
of parent or guardian \_\_\_\_\_ Witness \_\_\_\_\_

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Lifestyle Management Form 8.5

# Medical Release

Your patient has enrolled in our nutrition counseling lifestyle management program. We have asked this person to seek medical consultation to evaluate if there should be any limitations to his or her involvement in our clinic. If a client wishes to lose weight, a program is designed allowing for a modest weight loss of 1 to 2 pounds per week. Students counsel clients under the supervision of food and nutrition faculty. Please completely read the following statements and sign the form if you believe your client can safely participate in a lifestyle management program to alter eating and exercise behaviors.

Date: \_\_\_\_\_

This is to certify that I have examined the person named below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

This person was found to be in satisfactory health. There are no reasons to prohibit this person from participating in a lifestyle management program that advocates changes in eating behaviors and modest exercise goals tailored to the client's level of readiness.

Health Practitioner \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

For further information, please contact \_\_\_\_\_ at \_\_\_\_\_

# Physical Activity Assessment and Feedback Form

The following contains your evaluation of the physical activity assessment. Do not be surprised if you do not meet all the standards set by national organizations, most North Americans do not. One consequence of recent technological advances has been to decrease the need to move. This is a serious concern for our health. As evidence has been accumulating about the benefits of regular physical activity, several governmental and health agencies have issued official statements and/or instituted national programs to combat this problem. These include:

- American Medical Association
- American Heart Association
- Centers for Disease Control
- American College of Sports Medicine
- National Institutes of Health
- Office of the Surgeon General and Health Canada.

*Many Americans may be surprised at the extent and strength of the evidence linking physical activity to numerous health improvements.*  
– David Satcher, Former Director of the Centers for Disease Control and Prevention<sup>1</sup>

Benefits of regular *moderate* exercise:

- Reduces your risk or aids in the management of
  - heart disease
  - diabetes
  - high blood pressure
  - cancer
- Aids in the support of strong bones
- Improves your mood, self-esteem and self-image
- Increases energy
- Maintains or aids in loss of weight
- Maintains function and preserves independence in older adults.

<sup>1</sup>Foreword, *Physical Activity and Health a Report of the Surgeon General*, Atlanta, GA: Department of Health and Human Services, 1996.

## Lifestyle Management Form 8.6

Physical Activity Standard <sup>1</sup>	Standard Met	Standard Not Met
<b>Muscular Strength:</b> Engage in muscle strengthening activities that are moderate or high intensity and involve all muscle groups on 2 or more days a week.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexibility:</b> Engage in activities that stretch major muscle groups at least 2 times per week.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Endurance (Minimum):</b> Engage in at least 150 minutes of moderate or 75 minutes of vigorous aerobic activity a week.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Endurance (Additional Benefits):</b> Engage in at least 300 minutes of moderate or 150 minutes of vigorous aerobic activity a week.	<input type="checkbox"/>	<input type="checkbox"/>
Motivation Level	Implication	
Level 1, Not ready	<input type="checkbox"/> Would you consider learning more about how moderate physical activity could help your health?	
Level 2, Unsure	<input type="checkbox"/> For some reason you are not sure that you are ready to begin a physical activity program. Your counselor will explore your ambivalence with you to see if you are ready to make plans to increase your physical activity level.	
Level 3, Ready	<input type="checkbox"/> Great, you are ready to begin or increase your activity level. Your counselor can provide you with resources to aid in developing a plan.	
Level 4, Action	<input type="checkbox"/> Congratulations, you are already actively involved in a physical activity program. Your counselor will review with you the standards set by authorities. If you do not meet all of them, you may wish to make some alterations.	
Physical Activity Readiness:		
<input type="checkbox"/> Talk to your doctor before becoming much more physically active or having a fitness appraisal as indicated by the following: <div style="margin-left: 20px;"> <input type="radio"/> PAR-Q Readiness Questions (LMF 8.4)              <input type="radio"/> Woman over age 50              <input type="radio"/> Man over age 40         </div> <input type="checkbox"/> Delay an increase in physical activity due to pregnancy or illness.		
<sup>1</sup> Standards are based on American College of Sports Medicine Position Standards, 1998 and 2008 Physical Activity Guidelines for Americans. Note: Reevaluate readiness if you experience dizziness, chest pain, undue shortness of breath, difficulty breathing or unusual discomfort after beginning an exercise program.		

# Registration for Nutrition Clinic

Counselor	Participant
_____ <i>Name</i>	_____ <i>Name</i>
_____ <i>Cell Telephone:</i> _____ Best times to call: _____	_____ <i>Cell Telephone:</i> _____ Best times to call: _____
_____ <i>Home Telephone:</i> _____ Best times to call: _____	_____ <i>Home Telephone:</i> _____ Best times to call: _____
<b>Email:</b> _____	<b>Email:</b> _____
<b>Your meeting day is:</b> _____	<b>Location of meetings:</b> _____
<b>Your meeting time is:</b> _____	<b>Room number:</b> _____
Length of meetings is approximately one hour. If welcome packet forms have not been completed previous to the first session, the first counseling session may take an extra 20 minutes.	
The dates of your 4 meetings are as follows: _____ _____	
<ul style="list-style-type: none"><li>• Please complete 2 copies of this agreement form. The client copy should be given to the participant and the clinic copy should be given to the counselor.</li><li>• Thank you for your interest in our program. Please note that any cancellations of meetings should be made directly between each participant and counselor.</li><li>• If you have any questions, please contact the instructor, _____ Phone number _____ Email _____</li></ul>	

# Nutrition Counseling Agreement

Thank you for your interest in the nutrition counseling clinic offered by \_\_\_\_\_. This program is designed to provide a mutually beneficial experience for both students and volunteer adult clients. You will work one on one with an advanced nutrition counseling student for \_\_\_\_\_ sessions, each one lasting approximately one hour. During the registration process, clients are assigned a counselor, a counseling room, and meeting times. The counseling sessions provide clients an opportunity to explore and find solutions for nutrition and weight issues. At the same time, students will be working on their nutrition counseling skills. Although students will be following a well defined counseling guideline, each session will be tailored to their client's needs. Students can only assist clients in achieving weight loss if the client is overweight by National Institutes of Health Standards. Normal and underweight clients can still take part in the program with the goal of improving the quality of their diets.

Your student counselor will use a client-centered, motivational approach during sessions with you. This means your counselor will work collaboratively with you to explore your nutrition and weight issues, brainstorm resources and solutions, and help you to set achievable goals each week. Students will ask you questions about your health and family history as well as present day food habits. Two of the nutrition assessment forms will be given to you at registration. You can look at them before signing this form. Students will have a variety of tools at their disposal including food models and educational handouts. Students are encouraged to engage their clients in hands-on experiences. Therefore, at times your counseling session may take place in a grocery store, the student cafeteria, or the gym.

Physical activity is an important part of fitness and weight management. Experience has shown that our clients have a variety of orientations to this topic. If you are already very active in this area, you will be encouraged to continue your program. However, if exercise has not been an enjoyable experience, you will be invited to explore this issue. As long as there is no medical problem and you are ready to take action, weekly activity goals will be developed with you. For certain clients, we have a structured walking protocol that can be followed.

During the course of the counseling program, your student counselor may discuss his or her counseling interactions with the course instructor. The student will write a report about the counseling experience. This report is only shared with the course instructor. Your counselor may give a case study presentation concerning this experience to the nutrition counseling class, but at no time in these presentations will your name be used. In all other respects, information you give the student will be held in absolute and strictest confidence.

We thank you sincerely for your willingness to participate and for your help in the education of future nutrition counselors. If you have any questions or problems during this project, please call the course instructor, \_\_\_\_\_, at \_\_\_\_\_.

I, \_\_\_\_\_, have read and understand the above statement and agree to

*Print your name here*

meet with \_\_\_\_\_ at agreed times and places on the registration form.

\_\_\_\_\_  
*Your signature here*

\_\_\_\_\_  
*Today's date*

\_\_\_\_\_  
*Counselor signature here*

\_\_\_\_\_  
*Today's date*