

PUR:



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Wellness



Legal disclaimer

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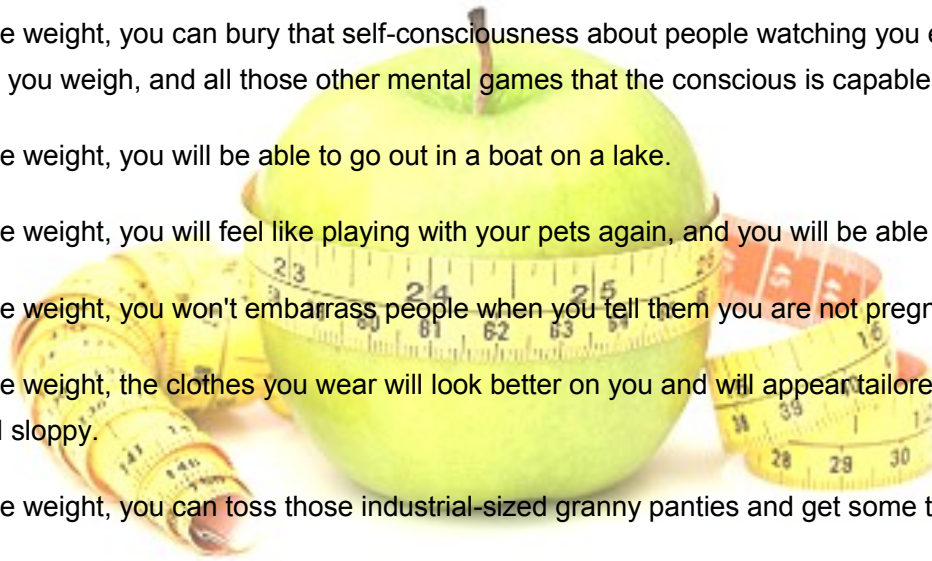
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Lets begin with **“why”** you are joining our program:

Whether your goal for the New Year was to shed a few pounds or a few preschoolers, below is a list of some funny and not so funny statements that people have made !
Hopefully the 70 reasons to lose weight will help keep you motivated and on the straight and narrow, and make you smile along the way.

- If you lose weight, you will be more appealing to others.
- If you lose weight, you can have skinny people as friends again.
- If you lose weight, you will feel the power of accomplishment.
- If you lose weight, you can get regular shoes instead of Velcro.
- If you lose weight, you won't have to worry about wearing revealing clothes such as shorts or a bathing suit.
- If you lose weight, you will stop wearing out the thighs of your pants.
- If you lose weight, you can bury that self-consciousness about people watching you eat, wondering how much you weigh, and all those other mental games that the conscious is capable of.
- If you lose weight, you will be able to go out in a boat on a lake.
- If you lose weight, you will feel like playing with your pets again, and you will be able to.
- If you lose weight, you won't embarrass people when you tell them you are not pregnant.
- If you lose weight, the clothes you wear will look better on you and will appear tailored instead of baggy and sloppy.
- If you lose weight, you can toss those industrial-sized granny panties and get some that are cute and sexy.
- If you lose weight, not only will you ease your mind about your health, you will ease the minds of friends and family who also worry about you.
- If you lose weight, you can quit worrying about coming up with new excuses for being overweight.
- If you lose weight, you won't feel hatred toward mirrors anymore.



- If you lose weight, getting dressed in the morning will be enjoyable instead of the trigger for depression.
- If you lose weight, you can shave all of your legs instead of just what you can reach.
- If you lose weight, you will feel sexier and when you feel sexier, you will become sexier.
- If you lose weight, you will feel more comfortable when driving or riding in a car.
- If you lose weight, you will be able to use a regular towel instead of the beach towels.
- If you lose weight, you will feel good about yourself.
- If you lose weight, you will be able to wear one of the patient gowns at the doctor's office instead of two or three.
- If you lose weight, you will feel better physically.
- If you lose weight, your breasts will undoubtedly stick out farther than your stomach.
- If you lose weight, you will be able to buy stylish clothes that you like, not just because they fit.
- If you lose weight, you won't mind telling people how much you weigh.
- If you lose weight, your heart won't have to work as hard.
- If you lose weight, you can cross your legs again.
- If you lose weight, you will be happier.
- If you lose weight, you won't dread having your picture taken.
- If you lose weight, you will be healthier and less likely to acquire illnesses associated with weight gain such as diabetes, heart disease, high cholesterol, and poor circulation.
- If you lose weight, you won't mind telling people how much you weigh.
- If you lose weight, your heart won't have to work as hard.
- If you lose weight, you can cross your legs again.
- If you lose weight, you will be happier.
- If you lose weight, you will unleash energy that's been stored up inside you.
- If you lose weight, you can offer support and encouragement to others who are trying to lose weight.
- If you lose weight, your socks will stay up over your calves.
- If you lose weight, you can go to the movies again and not have to worry about fitting in the seats



- · If you lose weight, you won't dread having your picture taken.
- If you lose weight, you will be healthier and less likely to acquire illnesses associated with weight gain such as diabetes, heart disease, high cholesterol, and poor circulation.
- If you lose weight, you will be able to wipe yourself completely again.
- If you lose weight, you won't mind eating around others.
- If you lose weight, you will be better able to detect tumors or abnormal growths.
- If you lose weight, you will eat healthier food; therefore your family will eat healthier.
- If you lose weight, you won't perspire as much, and will feel and smell cleaner.
- If you lose weight, you will be less winded when walking stairs or long distances.
- If you lose weight, your laundry time will be reduced because of the smaller clothing.
- If you lose weight, you will become an inspiration and motivator to others who are trying to lose weight.
- If you lose weight, people in the grocery store won't be analyzing your cart to see what you're eating that's making you so fat.
- If you lose weight, you will live longer.
- If you lose weight, you can ride a horse instead of torturing it.
- If you lose weight, you won't have a fear of scales any more.
- If you lose weight, friends and family will be able to remember you as a small person instead of a fat person.
- If you lose weight, you will look better, and when you look better, you automatically feel better.
- If you lose weight, you won't dislike skinny people again.
- If you lose weight, you won't mind looking in the mirror.
- If you lose weight, you will want to go to that next class reunion.
- If you lose weight, your back and feet will thank you.
- If you lose weight, you can ride a motorcycle again because you will be able to successfully lean with the bike.



- If you lose weight, you won't dislike skinny people again.
- If you lose weight, you won't mind looking in the mirror.
- If you lose weight, you will want to go to that next class reunion.
- If you lose weight, your back and feet will thank you.
- If you lose weight, you can ride a motorcycle again because you will be able to successfully lean with the bike.
- If you lose weight, you will become less critical and negative about yourself.
- If you lose weight, your grocery bill will be reduced.
- If you lose weight, you will want to take the stairs instead of the elevator (and you'll be able to!).
- If you lose weight, your doctor's visits and medical expenses will likely be reduced.
- If you lose weight, you will be able to order clothes from your favorite catalog again.
- If you lose weight, you will feel like doing more activities.
- If you lose weight, you will have more mobility to do things like, play with kids/grandkids, walk, run, do housework, yard work, etc.
- If you lose weight, you can enjoy dancing again without feeling ashamed.
- If you lose weight, close friends and family will stop nagging you about dieting and losing weight.
- If you lose weight, you will be more likely to exercise which will make you more physically fit.
- If you lose weight, you will be able to wear a sexy bra (that actually fits).
- If you lose weight, you will have more confidence and boost your self-esteem.
- If you lose weight, summer can be your favorite season of the year again.
- If you lose weight, you will get to wear smaller sized clothing.
- If you lose weight, your doctor will stop badgering you about weight loss plans, healthy eating, blah, blah, blah. (Like you really want to look the way you do.)
- If you lose weight, shopping will be more enjoyable because you will be looking for smaller sized clothes in the latest styles.



So , What's your **WHY**?

I want you to think about think , why do you get up every morning? Why do you want to be better? Why do you want to work harder?

Your "Why" is what is going to wake YOU up !!

Changing the rules....

I am going to teach you the Triple S Criterion.

3 steps for evaluating a strategy for its usefulness

1. Simplicity

are the rules easy to follow?

2. Science

are the rules based on sound scientific principles?

3. Success

have the rules produced success in past clients?

Using the above criteria , the system developed for my clients
always produce a positive result.

Are you ready to train and eat like person you know you are deep down inside....

Our focus is to lose weight, get stronger, feel better, and help lower your cholesterol and blood pressure.

It could transform your life -- if you're ready for the intense commitment.

Does It Work?

Choosing healthy foods and getting lots of exercise is a winning combo. You can build strength, lose pounds, and be healthier. But be prepared to work hard and change your long-term eating and exercise habits, and negative thinking patterns!

What You Can Eat and What You Can't...

You 'll eat small, frequent meals. Most of your food is lean protein, low-fat dairy , fruits, vegetables, whole grains, beans, and nuts.

Our program utilizes many different philosophies , we know that all "diet's" work at some given level... but we want to give you tools to empower your meal plans That is why the design

4-3-2-1 Pyramid:

four servings of fruits and vegetables,
three servings of lean protein,
two servings of whole grains,
and 200 calories of "extras."

Most foods are low in calories but high in fiber, to help you feel fuller longer. By eating five to six small meals and snacks, you'll keep your blood sugar and hunger in check.

WATER: drinking 6-8 glasses of water a day and avoiding caffeine.

Level of Effort: Medium

This plan requires a lot of dedication. You'll exercise a lot, and you'll also get good at reading food labels.

Limitations: You can eat from all food groups. Some of the meal plans may go below 1,200 calories per day, making it hard to meet nutritional needs without a supplement. DO NOT let your self fall below 1200 calories , this is when your body stores fat !!

Cooking and shopping: The foods you'll be eating are widely available in any grocery store. We recommend a wide variety of recipe books available from the library, ie: Biggest Loser cookbooks you can follow.

One former participant, said she researches healthy menu choices before eating out and carries a calorie-counting reference book in her bag. She also advises keeping a food journal, watching that you don't eat too much carbs, protein, fat, and fiber, and not giving in to food cravings. We will be doing a grocery store tour , so you know you are making the right choices. I will be giving you a **5 Habits cheat sheet** to carry in your pocket to keep you in check!!

Packaged foods or meals: None required.

In-person meetings: 4 scheduled body composition assessments in 8 weeks , active involvement outdoor activities , at the Gym or fitness classes.

Exercise: Required. It's a big time commitment that pays off.
Is It Good for Health Conditions?

By helping you lose weight, this program may help lower your odds of getting type 2 diabetes, heart disease, high blood pressure, stroke, and certain cancers. The exercise is also good for you.

The program includes whole foods that are high in fiber and low in saturated fat and salt. The diet is in line with what most major health organizations recommend, including the American Heart Association.



Does It Allow for Dietary Restrictions or Preferences?

Vegetarians and vegans: You'll find plenty of plant-based sources of protein to eat on this plan.

Gluten-free: Foods that include gluten aren't off-limits on this plan. But you should be able to make it work if you're avoiding gluten. meal plans can be adapted for specific food preferences. You'll still need to read food labels to completely avoid gluten.

What Else You Should Know?

Support: You will receive weekly email support from me, regarding , grocery tips , food choices, recipes , and resources for addition support channels to keep you on the road to success.

* please note we want **YOU** to get involved and take control of **your own** choices for individual weight loss.

By following the meal plans and workout guidelines provided by our program ,... You will achieve lasting results . Have the knowledge and the confidence to make good and healthy choices from this day forward!!

Calorie counter :

here are some of my favorite sites below:

myfitnesspal.com
my-calorie-counter.com

www.choosemyplate.gov



Weight Loss Contract

Name: _____ Date: _____

Weight control is a very important issue in improving your health. This is a behavioral change contract, which emphasizes how important it is to take control of your eating and lifestyle habits. The contract outlines specific goals that you set, along with your *doctor*, and holds you, the client/patient, accountable for meeting them.

This contract will be revised & updated at least every 6 months.

I, _____,
agree to achieve my goal of _____ pounds and contract to the following:

Physical Activity

- I will engage in physical activity _____ times per week for _____ minutes.

Eating

- I will limit my intake to _____ calories per day.

I will start eating:

1. _____
2. _____
3. _____

- I will avoid eating:

1. _____
2. _____
3. _____

Examples :

I will start eating—kale, broccoli, breakfast. Lunch

I will avoid eating—muffins, cookies, after 8 pm, sugar ...

I will limit my alcohol consumption to _____ oz per week.

Reward

- I will receive _____ as a reward if I am successful and maintain my new weight for 1 month.

Non-Reward

- If I do not maintain or lose weight, I will _____

Examples of rewards: pedicure, massage, skiing trip, new outfit(not movies or restaurants)
Non-rewards: wash my families vehicles, mow the lawns and all yard work , trash duty , chores, things you usually don't like to do ...

Adherence and Commitment Contract

This is your contract with yourself , we will make “commitments” to others and feel a sense of obligation to not let that person down. This commitment contract will give you permission to not allow your self to get the short end of the stick , putting YOU first , and adhering to a promise you make to yourself.

I, _____, will give weight management a top priority for the next 8 weeks because

Because physical activity is an important part of weight management and overall health, I will

My short-term goal in relation to my health is _____

My long-term goal in relation to my health is _____

client signature _____ Date _____

*My commitment to you:
To empower you with the knowledge and skills to take
control and responsibility for your weight management and heart health
in ways that are effective, dignified, attainable, realistic , fun and safe.
- Teresa :)*

Fitness Test	Wk 1 RHR	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
Step ups 3min: take resting heart rate after 1 min.								
Push Ups total # of push ups in 1 min.								
Sit ups 1 min								
Wall Sit holding wall sit min 30sec—max. 3 min.								

When it comes to tracking weight loss, most of us rely on the scale to tell us whether we've lost or gained weight.

Standard scales can tell you a total weight and measures everything including muscle, fat, bones, and what you ate or drank that day. It doesn't tell you how much lean muscle you have. It does not take into account any food in your stomach or any water weight you may be carrying.

THE IMPORTANCE OF BODY Composition

When trying to build a better physique it is important to understand body composition and to be able to track change in body composition. Body composition is the ratio of lean body mass to fat body mass.

Too much fat can lead to health problems like heart disease, Type 2 diabetes, high cholesterol, and many other serious conditions. By keeping your body fat within a reasonable level, you'll be healthier, feel better, increase your life expectancy, reduce your risk of certain conditions and of course, look slimmer as well.

METHODS OF MEASURING during your program .

1 Skin Fold test (Calipers) Body Fat %

This method uses calipers to measure skinfold thickness at several areas of your body. An expert pinches your skin at several standardized points on the body to determine the subcutaneous fat layer. The results are then plugged into a formula to determine your body fat. Some formulas require as few as three measurements, others as many as seven.

2. BMI calculation

BMI (Body Mass Index) is a measurement of body fat based on height and weight that applies to both men and women between the ages of 18 and 65 years.

BMI can be used to indicate if you are overweight, obese, underweight or normal. A healthy BMI score is between 20 and 25. A score below 20 indicates that you may be underweight; a value above 25 indicates that you may be overweight. Please remember, however, that this is only one of many possible ways to assess your weight.

BMI is between 18.5 and 24.9 (Normal Weight)

People whose BMI is within 18.5 to 24.9 possess the ideal amount of body weight, associated with living longest, the lowest incidence of serious illness.

Note: Since Body Fat Percentage calculations use total body weight and not estimates of lean muscle mass and fat, BMI can not determine between the overweight and the more muscular.

3. Overall body measurements and Weight to hip ratio.

There are formulas for estimating body fat percentage from an individual's weight and girth measurements.

For example, the Navy, Marine and Army compare abdomen or waist and hips measurements to neck measurement and height to estimate one's body fat percentage. The measurements are compared to a height/weight chart with age factored in



BMR CALCULATION

You use energy no matter what you're doing, even when sleeping. Calculate your Basal Metabolic Rate (BMR); the number of calories you'd burn if you stayed in bed all day.

If you've noticed that every year, it becomes harder to eat whatever you want and stay slim, you've also learnt that your BMR decreases as you age. Likewise, depriving yourself of food in hopes of losing weight also decreases your BMR, a foil to your intentions. However, a regular routine of cardiovascular exercise can increase your BMR, improving your health and fitness when your body's ability to burn energy gradually slows down.

Women: $BMR = 655 + (4.35 \times \text{weight in pounds}) + (4.7 \times \text{height in inches}) - (4.7 \times \text{age in years})$

Men: $BMR = 66 + (6.23 \times \text{weight in pounds}) + (12.7 \times \text{height in inches}) - (6.8 \times \text{age in year})$

MY BMR _____ + (_____ x _____ lb) + (_____ x _____ in) - (_____ x _____ age) =

example : $655 + (4.35 \times 116) + (4.7 \times 62) - (4.7 \times 45) = 1239.5$

Okay we are off to a great start the above BMR is the minimum amount of calories your body needs to function.

Do the math here :

calories in(food consumption) vs calories out (BMR+ exercise and daily activity)

BMR calculation for men (metric)

$BMR = 88.362 + (13.397 \times \text{weight in kg}) + (4.799 \times \text{height in cm}) - (5.677 \times \text{age in years})$

BMR calculation for women (metric)

$BMR = 447.593 + (9.247 \times \text{weight in kg}) + (3.098 \times \text{height in cm}) - (4.330 \times \text{age in years})$

magic number.....

weight x 7 = minimum caloric intake !!

For weight loss.....we recommend keeping your caloric intake between your minimum caloric intake to your BMR .

Example : 160 lb would eat approx. 1800 calories to maintain her weight , with no physical activity .

So if that same person were to burn 300 calories per day during a workout she could then theoretically eat 2100 calories per day to maintain .

TO LOSE: you must eat 500 calories less per day to lose 1 pound of fat per week !!

Weekly Food Diary

Name: _____

Week Of: _____

Meal Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snack							
Lunch							
Snack							
Supper							
Snack							
# of Glasses Of Water							

* Record all Food and Beverages Consumed Daily



NUTRITION OVERVIEW

our Program focus on wellness –is the stepping stone to better health .

Good nutrition accounts for at least 80% of your success.

In other words , you can be doing everything else correctly—working out consistently , training intensely, getting plenty of rest, however unless your sticking with your nutrition plan it's unlikely that you'll lose weight on a consistent basis.

* I always recommend 60/40 as a ratio for the equation health and fitness.

60 % nutrition (80% eating right)

40% fitness (80% showing up and exercising!)

While it's important to **adhere** to a nutritional plan , it's important to remind ourselves that healthy eating is not about deprivation!
go to the library and resource healthy cookbooks , or online for delicious recipes, you'll discover food entices the taste buds and not eating out of boredom!

While consistency with your nutrition plan is important, aiming for perfection is a recipe for disaster. If you enjoy the occasional indulgence , then indulge . That's why the occasional cheat meal has been built into the nutrition plan.

Rather than aiming for 100%, aim for at least 80% . That 20 % discretion allows your nutrition plan to be sustainable in the long term as well. And ultimately that is what good nutrition is all about. It's about sticking with the eating plan that you can incorporate into your day to day life and sustain week after week , month after month, year after year.

Our nutrition plan addresses nutrition from a holistic perspective.

Many weight loss diets only focus on the ratio of macronutrients– carbs, protein, fat , however this nutrition plan places equal important on micronutrients that are essential for good health.

Fruits and vegetables containing vitamins , minerals, antioxidants, and phytochemicals are mainstay of the nutrition plan as they strengthen our immune system and contribute to our health in numerous ways.

so before we start:
This program is designed to Nourish your body , NOT starve it!
It is about cleaning out the kitchen , cleaning out the body –

here's the thing – I could just give you a clean eating meal plan , and you probably would do just fine , but honestly it's like washing and waxing your car – it might look like your taking care of it , but it's still running like crap!



From now on , I want you to consider your self as a Maserati or Lamborghini-
putting only the highest level of octane (intelligent Food choices) ,
to maximize your performance!!



Eating right – the toughest exercise! But let's master this together- I'm going to be there to help you ; following this plan , I guarantee it's the absolute key to achieving your healthiest results .

So why follow this food plan?

When I was diagnosed with Endometrial cancer, this radically changed my thinking about the physical , emotional and spiritual being – that I once was.

This program is my own practice that healed me , and others that suffered from everything from high blood pressure, to diabetes , to Crohn's and more... not to mention that most people lost 14 lbs in the first 21 days!

The greatest Gift.

I invested all my energy in learning the holistic way to heal not just my physical state , but knowing that I must heal my spiritual and emotional state in order to be completely well.

Now , I know some of you are coming at this from just a "want to lose weight" stand point .

But the biggest advise I will share , is we must learn through our practice together , is to "lose the emotional weight " .

WHAT IF I DON'T EAT MEAT? Tips for a successful mind/body cleanse as a vegan.

all of the program can be followed with slight modifications where flesh foods have been added , for the most part this program works best with out the added meat , however the main concern for vegetarians is getting enough calories each day, especially calories from healthy fats and protein.

Many vegan diets are rich in beans, grains, legumes , wheat and soy. We eliminate a lot of these foods in this cleanse because they tend to be the leading cause of allergies and digestive issues in our western way of eating. Beans, legumes, and grains are rich in toxins such as lectins and alpha-amylase inhibitors and often may cause acid reflux, gas , and bloating. Hence the FOD map diet has been on the fore front of research these days – Eastern medicine adopted this practice 5000 years ago... we now are just catching on to this concept of eating.

I recommend ,as being a former vegan for 13 years , your meal plans to include more good saturated fats, such as coconut oil, avocado and olives That's the best fuel for our bodies overall, even more than protein, and defiantly more than sugar or refined carbohydrates. Starchy vegetables like carrots, acorn squash, pumpkin, peas are a great complex carb option. Protein can come from eggs, quinoa, lentils, spirullina, bee pollen, nuts/seeds and or/ protein powders from rice, hemp or pea. Although lentils and peas are legumes they tend to be better tolerated than many other beans so they are alternatives, but test your own particular intestinal issues since everyone is unique.

It is important to note that because this program is very active – vegans need to focus on healthy fats for fuel that also help heal digestion . You may want to include an extra vegan protein smoothie or snack for extra calories and more protein. Some vegans consume fish and or eggs. If you eat fish , it's an easy exit food , a great source of both healthy fats and high quality protein .

**So play with it – most important have fun with food !
make your meals a presentation of color !**

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Assessment Forms



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

Date: _____

A questionnaire for people age 15-69

Regular physical activity is fun and healthy , and 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 prior to starting more physical activities.

If you are planning to become much more physically active than you are now , please start by answering these questions in the box below. If you are between the 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

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

If you answered YES to one or more questions

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

☐ Find out which community program are safe and helpful for you.

If you answered NO to all of the questions

if you answered NO honestly to all PAR-Q questions , you can reasonably sure that you can

☐ Start becoming much more 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 level of fitness. It is also recommended you have your blood pressure evaluated. If your reading is over 144/94 , talk with your doctor before you start any fitness regime.

Delay becoming more active:

- ☐ If you are not feeling well because of temporary illness such as a cold or a fever -
- ☐ If you are or may be pregnant - talk to your doctor before you start

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.

Health and Lifestyle Questionnaire

Name: _____

Date: _____

In order for you to gain the most benefit from this program , we encourage you to answer all of the following questions . If you are uncomfortable with answering a particular question , feel free to leave it blank. Please explain YES answers at the end of your questionnaire

MUSCULOSKELETAL

MISCELLANEOUS

YES NO

YES NO

YES NO

- ☐ ☐ Back trouble/ pain
- ☐ ☐ Neck trouble/ pain
- ☐ ☐ Joint injury/pain/swelling
- ☐ ☐ Carpal tunnel syndrome

- ☐ ☐ Bleeding or bruise easily
- ☐ ☐ Enlarged glands
- ☐ ☐ Rashes
- ☐ ☐ Unexplained lumps
- ☐ ☐ Chronic Fatigue

- ☐ ☐ Night sweats
- ☐ ☐ Yo– Yo weight
- ☐ ☐ Snoring
- ☐ ☐ Difficulty sleeping
- ☐ ☐ Low blood sugar

ADDITIONAL HEALTH AND LIFESYLE QUESTIONS

YES NO

- ☐ ☐ Are you experiencing any stresses, mood problems, relationship difficulties, or substance—related problems for which you would like resource or referral information on a confidential basis?
- ☐ ☐ Do you occasionally use or are currently taking prescription or over the counter medications?
List name , dosage, and the reason the medication is used on back of page.
- ☐ ☐ Has any one developed heart disease, in your immediate family , before the age of 60 ?
- ☐ ☐ Does any diseases run in your family ? (example cancer)
- ☐ ☐ Are you currently a cigarette smoker?
A. how many cigarettes do you smoke per day? _____
B. how long have you been smoking ? _____
- ☐ ☐ are you an ex-smoker?
A. how many years did you smoke? _____
B. how many cigarettes per day? _____
c. when did you quit? _____

I drink _____ (number of) beers , _____ ounces of hard liquor ; _____ ounces of wine per week.

Describe any hobbies or recreational activities that have exposed you to noise , chemicals, or dust ?

Please describe typical weekly exercise or physical activities including how active your job is .(example, desk job)

My current Eating habits could be best characterized as (check all that apply) :

- ☐ Low– carb
- ☐ Low– Fat
- ☐ High— Protein
- ☐ Vegetarian / Vegan
- ☐ No Special Diet

Comprehensive Client information Sheet

INSTRUCTIONS

this is your comprehensive client information sheet, in which we will ask you to provide some relevant personal information. The answers to these questions are essential in order to allow us to design optimized individual fitness program for you. Please answer all questions in the most accurate manner possible while being concise as possible.

DISCLAIMER

Please recognize the fact that it is your responsibility to work directly with your physician before , during ,and after seeking fitness consultation. As such , any information provided is not to followed without the prior approval of your physician . If you choose to use this information without prior consent of your physician , you are agreeing to accept full responsibility.

Name _____ Gender _____ Age _____
Date of birth (month/day/year) _____ Height _____
Weight (as of this morning) _____
Body fat percentage _____

BODY COMPOSITION

Please provide the following skinfold measures (in mm):

Men _____ , _____ , _____

Women _____ , _____ , _____

GOALS

Given the following goals, please rank them in order of importance, with 1 being most important and 8 being least important.

- | | | |
|--|---|---|
| <input type="checkbox"/> Improved health | <input type="checkbox"/> Improved endurance | <input type="checkbox"/> Increased strength Sport-specific* |
| <input type="checkbox"/> Increased muscle mass | <input type="checkbox"/> Fat loss | <input type="checkbox"/> Increased power Weight gain |

Lifestyle

what do you do for a living? _____

what is the activity level at your job?

- ☐ None (desk, car) ☐ Moderate (light activity such as walking) ☐ High (heavy labor, very active)

Does your job involve shift work? _____ Days, Nights, or afternoons ? _____

How often do you travel ? _____ how often do you eat in restaurants? _____
(rarely, a few times a year, a few times a month, weekly)

Are you currently taking any nutritional supplements? Please list _____

what is your favorite physical fitness / leisure activities ? _____

Three-Day Dietary Record

Name: _____ Date: _____

It is important that this record be both accurate and representative of your normal dietary intake. Thus it is essential that you do not alter your normal eating habits in any way and that you record as precisely as possible every single item that you consume (this includes water, vitamins, condiments, etc.). To do so, you must follow a few simple instructions (listed below). The purpose here is to correctly record and quantify your normal intake, not to judge it. If you change your eating habits in any way, then we cannot accurately analyze your typical diet. The procedure may seem somewhat cumbersome, but remember, it is only three days.

INSTRUCTIONS

Keep a pen and paper with you at all times to record your intake including food item, quantity, and notes. This is imperative as snacks are typically consumed unpredictably and, as a result, it is impossible to record them accurately unless your recording forms are nearby. Use a small food scale if you have one, or use standard measuring devices (e.g., measuring cups, measuring spoons) to record the quantities consumed as accurately as possible. If you do not eat all of the item (for instance a portion of an apparently delicious hastily prepared casserole of leftovers that turned out to be not so delicious), re-measure what's left and record the difference. Record combination foods separately (e.g., hot dog, bun, and condiments) and include brand names of food items (list contents of homemade items) whenever possible. For packaged items, use labels to determine quantities. Record three days that are representative of your normal intake. Therefore if your weekdays are different from your weekends, pick two weekdays and one weekend. Likewise, if your M, W, and F are different from your T and Th and all these days are different from your Sat and Sun, you should pick one day to represent each unique schedule.

EXAMPLE : DIETARY RECORD , Day 1

FOOD ITEM	QUANTITY	NOTES
Breakfast		
2 pieces of toast(Ezekiel bread)	2 pc	
Butter , Dairyland un salted	1 T sp	
Orange Juice	6 oz	
Coffee	8 oz	black , no cream , no sugar
Lunch		
Small pizza	400 g	little Ceasers Pepperoni, mushroom, cheese
Dinner		
Chicken Breast	6 oz	seasoned with herbs , no oil
Baked potato	6 oz	
Mixed vegetables	1 c	Peas, carrots, corn
Butter , Dairyland un salted	2T sp	

DIETARY RECORD: DAY 1

[illegible]

DIETARY RECORD: DAY 2

[illegible]

DIETARY RECORD: DAY 3

[illegible]

Readiness for Change Questionnaire

Name: _____ Date: _____

One of the most important things you can do to develop new daily practices is to understand your readiness for change. In addition, as your coach, it's useful for me to understand how willing you are to adopt some new practices, as slowly or as quickly as feels right for you. Simply answer the questions below by selecting the response most appropriate to your situation. Together we'll calculate your score.

QUESTIONS:	RESPONSES AND SCORING
1. Do you look in the mirror and feel frustrated, upset, or humiliated because of how your body looks? -----	a) Yes (+3) b) I'm not sure (0) c) No (-3) -----
2. When you feel run down and tired, what do you think is the source of these feelings? -----	a) Getting older (-1) b) My lifestyle choices (+3) c) Something else altogether (-3) -----
3. Are you taking any medications for heart disease, high blood pressure, or type II diabetes that you didn't have to take when you were younger? -----	a) Yes, I'm on two or more of these medications (+3) b) Yes, I'm on only one of these medications (+1) c) No, I'm not on any of these medications (-3) -----
4. If your fitness has deteriorated over the years, how do you explain the fact that you're in worse shape than when you were younger but haven't changed your habits at all? -----	a) I think it's my family history (-1) b) I think it's that I'm less active (+3) c) I think it's a natural consequence of aging (-1) d) I don't know why it's happening (0) -----
5. If you don't have anyone to exercise with regularly, are you willing to look for a physical activity partner? -----	a) Yes (+5) b) No (-5) -----
6. Are you willing to join a gym today? And go . -----	a) Yes (+3) b) No (-3) -----
7. If someone told you that you'd need to throw away all the foods in your cupboards today and go shopping for different foods that are more appropriate to your goal, would you do it? -----	a) Yes (+5) b) No (-5) -----
8. If an expert presents some information on diet and exercise that contradicts what you currently believe, what approach will you take? -----	a) Keep an open mind and give it a try (+3) b) Ask a friend (0) c) Ignore the advice (-3) -----
9. Are you willing to have a meeting with your friends and loved ones and share your behavior goals and desired outcomes with them?	a) Yes, right away (+5) b) Yes, but not just yet (-3) c) No (-5)

QUESTIONS	RESPONSES AND SCORING
10. If your work environment presents significant barriers to you exercising and eating well, would you consider speaking to your employer about changing some of these conditions or are you willing to find new employment?	a) Yes (+5) b) No (-5)
11. Are you ready to spend less time with people who offer little or no social support for your goals while spending more time with those who do offer support?	a) Yes (+5) b) No (-5)
12. Can you accept responsibility for the way your body is today and understand that, while your old habits don't make you a bad person, they still need to be changed?	a) Yes (+5) b) No (-5)
13. If a friend or loved one suggests that you don't have what it takes to get into great shape because you've failed before or for some other reason, what will be your response?	a) I can do it (+2) b) I know I've got to make some changes but I'll take it one day at a time (+5) c) Maybe I can't do it (-5)
14. Are you willing to wake up in the morning a bit earlier and stay up at night a bit later to accomplish your goals?	a) Yes (+5) b) No (-5)
15. Are you willing to slowly work up to five hours of physical activity each week?	a) Yes (+5) b) No (-5)

YOUR SCORE AND WHAT IT MEANS

21 to 63:

It's clear that you're ready, willing, and able to adopt some new daily practices. Getting to this point is never easy. So congratulations. I look forward to helping you take that enthusiasm and turn it into results.

-20 to +20:

If you scored in this range, it seems like you're on the fence. You may be frustrated with the way things are but a little nervous about changing the way you do things today. Those feelings are totally normal and natural. I'm happy to help you move forward at the right pace for you.

-61 to -21:

From the results of your questionnaire, it seems like you're apprehensive about the change process. And that's totally okay. Most of my new clients experience the same thing, as this area can feel completely foreign to them. At this point, I'm happy to simply provide a healthy environment for you to consider adopting some new daily practices. They can be as small as you like; we'll go at your pace.

Kitchen Makeover Questionnaire

Name: _____ Date: _____

There's a fundamental law of human nutrition that goes like this: If a food is in your possession or located in your residence, you will eventually eat it. (Whether you plan to or not, whether you want to or not, you'll eventually eat it! Trust us.) Therefore, according to this important law of human nutrition, if you wish to be healthy and lean, you must remove all foods that aren't part of your healthy eating program and replace them with a variety of better, healthier choices. How do you know which foods have got to go and which foods can stay? Simply answer the questions below by selecting the response most appropriate to your situation. Once you've completed all the questions, your score will be calculated. And remember, be honest. You're doing this exercise to find out whether your kitchen is in good shape.

QUESTIONS:

RESPONSES AND SCORING:

1. Do you have the following items in your kitchen?

- | | |
|-----------------------------|--|
| * Good set of pots and pans | * Scale for weighing foods |
| * Good set of knives | * Sealable containers for carrying meals |
| * Spatula | * Small cooler for taking meals to work |
| * Blender | * Shaker bottle for drinks and shakes |
| * Tea kettle | * Food processor |

- a) I have all of them. (-5)
 b) I have more than half of them. (-2)
 c) I have less than half of them. (+2)
 d) I don't have any of them. (+5)

2. Do you have the following items in your pantry?

- | | |
|--------------------------|----------------------------------|
| * Whole oats | * Extra virgin olive oil |
| * Quinoa | * Vinegar |
| * Whole-grain pasta | * Green tea |
| * Natural peanut butter | * Protein supplements |
| * Mixed nuts | * Fish oil/algae oil supplements |
| * Canned or bagged beans | * Green foods supplements |

- a) I have all of them. (-5)
 b) I have more than half of them. (-2)
 c) I have less than half of them. (+2)
 d) I don't have any of them. (+5)

3. Do you have the following items in your fridge or freezer?

- | | |
|-----------------------|---|
| * Extra-lean beef | * At least four varieties of fruit |
| * Chicken breasts | * At least five varieties of vegetables |
| * Salmon | * Flax seed oil |
| * Omega-3 eggs | * Water filter |
| * Packaged egg whites | * Sweet potatoes |
| * Real cheese | * Greek yogurt |

- a) I have all of them. (-5)
 b) I have more than half of them. (-2)
 c) I have less than half of them. (+2)
 d) I don't have any of them. (+5)

4. Do you have the following items in your pantry?

- | | |
|--|----------------------------------|
| * Potato or corn chips | * Chocolates or candy |
| * Fruit or granola bars | * Soft drinks |
| * Regular or low-fat cookies | * Regular peanut butter |
| * Crackers | * At least four types of alcohol |
| * Instant foods like cake mixes and mashed potatoes | |
| * Bread crumbs, croutons, and other dried bread products | |

- a) I have all of them. (+5)
 b) I have more than half of them. (+2)
 c) I have less than half of them. (-2)
 d) I don't have any of them. (-5)

QUESTIONS:

RESPONSES AND SCORING

5. Do you have the following items in your fridge or freezer?
- | | | |
|---------------------------------|--|--|
| * At least four types of sauces | * Baked goods | a) I have all of them. (+5) |
| * Juicy steaks or sausage | * Frozen dinners | b) I have more than half of them. (+2) |
| * Margarine | * At least two types of bread or bagel | c) I have less than half of them. (-2) |
| * Fruit juice | * Take-out or restaurant leftovers | d) I don't have any of them. (-5) |
| * Soft drinks | * Big bowl of mashed potatoes or pasta | |
6. Do you have bowls of candy, chips, crackers, or other snacks sitting around at home?
- a) Yes (+5)
b) No (-5)
7. When you have parties or dinner guests, do you serve them what you think they'll want or what you think is healthy?
- a) What I think is healthy (-3)
b) What I think they want (+3)
8. When food shopping, do you buy economy-sized bags, or do you buy smaller portions?
- a) More than half of the time I buy economy-sized bags. (+3)
b) More than half of the time I buy smaller portions. (-3)
9. How often do you shop for groceries?
- a) Fewer than three times a month (+5)
b) About once a week (-1)
c) More than once a week (-5)
10. Do you keep food in plain view around the house?
- a) Yes (+3)
b) No (-3)
11. Do you think healthy eating means low-fat eating?
- a) Yes (+2)
b) No (-2)
12. If someone were to point to a food in your kitchen, would you know whether it was composed of mostly carbohydrate, protein, or fat?
- a) Yes (-2)
b) No (+2)
13. When you prepare meals from recipe books, do you use those that contain healthy recipes?
- a) Most of the time (-5)
b) About half of the time (0)
c) Almost never (+5)
14. Do you prepare meals in advance to take with you to work, on day trips, or on vacations?
- a) Yes, always (-5)
b) More than half the time (-2)
c) Less than half the time (+2)
d) Almost never (+5)
15. Are you hesitant to throw out unhealthy leftovers or gift foods that don't fit into your nutritional plan?
- a) Yes, I hate throwing food out (+5)
b) No, more than half the time I throw this stuff out (0)
c) No, I always throw this stuff out (-5)

YOUR SCORE AND WHAT IT MEANS

32 to 63 points

You scored high on the kitchen makeover questionnaire. But this high score means you may need some adjustments to your kitchen setup or your shopping habits. That's no problem, though. We'll be working on this together in the coming weeks. 0 to 31 points Your kitchen environment could also use some improvements. I'll be happy to show you what to do and how to do it as we continue to work together.

-31 to -1 points

You're doing pretty well in the kitchen department. With just a few tweaks, it'll be easier than ever to improve your body composition, energy levels, and performance.

-32 to -63 points

Don't let negative scores fool you. In this questionnaire, negative scores mean a great kitchen environment. Nice work. In the coming week's I'll be happy to share even more strategies for keeping the great kitchen environment going.

Social Support Questionnaire

Name: _____ Date: _____

Social support is defined as having a network of people that support your endeavors, contribute positively to your decision-making processes, and are there for you when you need help. Scientists have suggested that people with this kind of network around them can transcend even the worst environments and accomplish great things. Unfortunately, people who don't have this type of network have a harder time accomplishing even modest goals. Remember this: who you are today and who you become in the future has a lot to do with whom you choose to spend your time.

The following questions are designed to assess your level of social support, which strongly influences how well you follow any nutrition or exercise program. Simply answer the questions below by selecting the response most appropriate to your situation. Once you've completed all the questions, your score will be calculated. And remember, be honest. You're doing this exercise to find the areas of your life that might present challenges to your progress.

A word of caution: once you recognize your challenges it's easy to blame them for your outcomes.

Don't do this. Outside factors can affect you – if you let them. But you're in control. You have the power to place yourself in the right environment, so use it!

QUESTIONS:

RESPONSES AND SCORING

- | | |
|--|--|
| 1. Do the people with whom you spend each day (at work or at home) follow healthy lifestyle habits such as exercising regularly, watching what they eat, and taking nutritional supplements? | a) Yes, most of them do. (+3)
b) About half do and half don't. (0)
c) No, most of them don't. (-3) |
| 2. Does your spouse or partner follow healthy lifestyle habits such as exercising regularly, watching what s/he eats, and taking nutritional supplements? | a) Yes, my spouse/partner does. (+5)
b) No, my spouse/partner doesn't. (-5)
c) I don't have a spouse or partner. (0) |
| 3. When you want to perform some physical activity such as going for a workout or taking a hike, is it easy for you to find a partner to go with you? | a) Yes, it's easy to find a partner. (+2)
b) Yes, but very infrequently. (0)
c) No, they never do. (-4) |
| 4. At your workplace, do your coworkers regularly bring in treats like cookies, donuts, and other snacks? | a) Yes, they often do. (-4)
b) Yes, but I typically don't indulge (0)
c) No, they don't (+5) |
| 5. If you go out to eat more than once per week, do the people you dine with order healthy selections? | a) Yes, they always do. (+2)
b) Only about half of the time. (0)
c) No, they never do. (-2) |
| 6. Do you belong to any clubs, groups, or teams that meet at least twice per week and do some physical exercise (this does not include a health club membership)? | a) Yes, I've been a member for years. (+5)
b) Yes, I've just started. (+2)
c) No, I don't. (0) |
| 7. Do you belong to a health club and attend, on average, at least three times per week? | a) Yes, I've been doing this for at least 1 year. (+2)
b) Yes, I've just joined. (+1)
c) No, I don't. (0) |
| 8. When discussing your nutrition and exercise goals with friends, do they seem interested in getting on board, or do they think you're crazy? | a) They're very interested. (+2)
b) They're not interested. (0)
c) They think I'm crazy. (-2) |
| 9. Do the people you live with bring home foods that aren't considered healthy or good for you? | a) Always (-5)
b) Sometimes (-3)
c) Never (0) |

- | | |
|--|--|
| 10. Do the people you live with bring home foods that are considered | a) Always (+5) healthy or good for you?
b) Sometimes (0)
c) Never (-5) |
| 11. Do the people you live with or work with schedule activities for you that interfere with your pre-established exercise time? | a) Always; they don't respect my time. (-3)
b) Sometimes; they don't think about it. (-1)
c) Never; they respect this time. (+3) |
| 12. Do those around you bring nutrition, exercise, or supplement information to your attention so that you can stay informed about these topics? | a) Always (+5)
b) Sometimes (+2)
c) Never (0) |

YOUR SCORE AND WHAT IT MEANS

28 to 38 total points:

Congratulations, it looks like you've got a great social support network around you, a group of people that'll help support your desire to change some of your daily practices. Of course, that's not all you'll need to be successful. But it's a great start.

5 to 27 total points:

It looks like you've got some social support around you but there may be a few areas that will present challenges. Being aware of your social temptations, as indicated above, is a great place to begin. Together we can work on strategies for being successful in the face of those challenges

4 to -14 total points:

Your social support is lacking and may need a makeover. However, you're not alone here. Many people struggle with social support. And that's why our coaching together will provide some strategies for enhancing your support network.

-15 to -31 total points:

This score is quite low and may signal some definite challenges in your work and at-home environments, as well as in your relationships. These can often lead to old habits surfacing as many food related problems are really relationship and environment problems. However, this questionnaire will help us isolate the main challenges. And together we'll work on overcoming them.

