

THE ESSENTIALS OF NUTRITION AND COACHING

For health, fitness, and sport

Forms

FOURTH EDITION

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Outcome-based decision making.

It's at the heart of everything you do as a coach.

1. You gather data.
2. You analyze it.
3. You decide what to do next, based on the evidence.

As the saying goes:

“If you're not assessing, you're guessing.”

Indeed, the best coaches are always gathering, analyzing, and using data to make informed, outcome-based decisions.

However, sometimes all that data can feel overwhelming.

Each client comes to you with:

- different life experiences and a different personality;
- different wants and needs;
- different health conditions, movement capacities, and eating habits;
- different problem-solving abilities; and
- different attitudes about change and trying new things.

As a coach, you need to triage — to understand what's most important, right now, for each unique client. Triage helps you focus on “first things first” and set the right priorities.

But how do you know:

- What information to gather? And when?
- What questions to ask? And how?
- The right way to discuss assessment and analysis with clients?
- How to walk them through the process step by step?

Simple.

We've already done the work for you.

The assessment forms in this package will help you get to know your client better, and help you make better, evidence-based decisions about your coaching strategy.

Using them, you'll learn more about your client's:

- **Physiological indicators**

This includes blood work, other lab tests, digestive function, and immunity

- **Body composition and measurements**

This includes height, weight, body girths, lean mass, and body fat

- **Other health needs**

This includes known allergies or food intolerances, medication use, other health problems, and the other health care providers they work with

- **Function and physical capability**

This includes mobility, daily-life tasks, and athletic performance

- **Psychological state and mindset**

This includes readiness for change, resilience, and problem solving

- **Environment and lifestyle**

This includes social support, family, work hours and demands, and travel

- **Goals and desired outcomes**

This includes a specific goal weight or body composition change, decreased medication usage, improved performance measures, and improved relationship with food

Build your “coaching information database” by using these tools and techniques. And use it to generate strategic plans that your clients can stick with, and that you can feel good about.

START WITH THE BASICS.

We suggest you begin with The PN Initial Assessment and Triage Questionnaire, which covers:

- **The client’s perspective**

This includes expectations, goals, self-identified limiting factors, willingness to change, and what behaviors they’d like to focus on or change.

- **Social factors**

This includes social support, stress, and relationships.

- **Health indicators and conditions**

This includes injuries, medication use, and digestion.

- **Lifestyle factors**

This includes how often they see the doctor, whether they smoke, how they spend their time, and how their kitchen is set up.

Ask the client to fill it out beforehand if possible and bring it to your first session together.

Filling out forms in advance gives them time to think and remember details.

At that first session, discuss their responses with them. Look for more information, and try to understand their situation as much as you can. Going through the forms together gives you both an opportunity to fill in any gaps and make sure you’re both on the same page.

A good initial assessment helps you match your coaching plan to what the client can actually understand, manage, and do. This ensures that your clients go steadily from success to success, rather than swinging wildly from resistance to anxiety to failure.

The initial assessment also helps you to give clients an objective appraisal of what and how they’re doing, helps you identify clients who are at risk for illness and / or injury, and helps you determine if you need to refer a client out, either because they fall outside your scope of practice or because the relationship would be a mismatch (remember, referring out is an important and valuable option).

After the first session, if you feel like the Initial Assessment and Triage Questionnaire raises some additional questions you'd like to answer immediately, use some of the questionnaires and worksheets included here. These may help you:

- identify what's most important to your client right now;
- learn what "progress" means for your client;
- identify specific ways to track progress with your client;
- collaborate on next actions together;
- ensure that your client is able to execute any tasks you give them; and / or
- focus on a particular area of interest, such as past / current health problems, sport nutrition, readiness for change, planning and time use

Keep in mind:

- You don't have to use all of these.
- We recommend you only try one at a time.
- Feel free to use them throughout the entire coaching process.
- Only use a form if you find it useful when making coaching decisions.

COACH AND CLIENT FORMS

Many of the forms have "coach" and "client" versions.



The "coach version" is like a teacher's guide to a classroom textbook. It explains what the form is used for, how to talk about the form with your clients, and why you might ask for certain types of information from your clients. Coach versions have the symbol C.

The "client version" is what your clients will see. Simple, to the point, only asking what's needed for each topic. You can give these to your client to fill out at home and bring to your sessions.

We suggest you review the "coach version" of each form before handing the "client" version out. This will help you feel ready and able to explain each form. This will, in turn, help your clients better understand what you're hoping to accomplish and "buy in" to the process.

Index of Precision Nutrition forms

Here's a list of all the worksheets, assessments and questionnaires contained in this package, including what each is used for.

Worksheets, assessments, and questionnaires

WORKSHEET, ASSESSMENT, OR QUESTIONNAIRE	WHAT IT'S USED FOR	VERSIONS
PN Initial Assessment and Triage Questionnaire	Helps you match your coaching plan to what the client can actually understand, manage, and do. Also helps you to give clients an objective appraisal of what and how they're doing, helps you identify clients who are at risk for illness and/or injury, and helps you determine if you need to refer a client out.	Coach version ² Client version ³
4 Crazy Questions Worksheet	For helping clients think through the benefits of the status quo and what they'll have to give up to change.	Client version
A-B-C Worksheet	Similar to the red-yellow-green light food list, use for negotiating which specific exercises and/or foods clients can / will do or eat. (At least right now.)	Client version
All-or-None Worksheet	For helping clients see choices as a continuum versus all or nothing.	Client version
Athletic Nutrition Needs Questionnaire	For understanding a client's training goals, training volume, current recovery practices, and current nutrition practices.	Client version
Behavior Awareness Worksheet	For helping clients change unwanted habits and behaviors (such as stress eating).	Client version
Body Measurements Form	For tracking body composition in clients who might benefit from regular measures.	Client version
Eating Habits Questionnaire	For learning more about a client's eating patterns.	Coach version Client version
FOOD JOURNALS		
3-Day Diet Record	For recording exactly what a client is eating.	Client version
80% Full Meal Journal	For helping clients learn how to eat until satisfied versus stuffed and tracking progress in this area.	Client version

¹ Coach versions contain scripts or background information that that you can use to either explain the form to your clients, or to understand why we've asked certain questions. It's like a "Teacher's guide" for school teachers.

² Client versions of forms are for the clients to take home and fill out themselves.

**WORKSHEET,
ASSESSMENT,
OR QUESTIONNAIRE**
WHAT IT'S USED FOR
VERSIONS

Athletic Performance Indicators and Athlete Nutrition Journal	For correlating mood, energy, and motivation with dietary intake in hard-training athletes. Includes Athletic Performance Indicators worksheet.	Client version
Eating Behaviors Journal	For capturing a client's urges, cravings, and behaviors around meals.	Client version
Eating Slowly Meal Journal and Meal Duration Journal	For tracking a client's meal speed and whether they're consistently eating slowly and mindfully. Use Eating Slowly for subjective self-assessment or Meal Duration for objective self-assessment.	Client version
Emotional Eating Journal	For capturing a client's emotions and thoughts and how they might lead to different food choices.	Client version
How Food Feels Journal	For capturing a client's physical sensations (like allergies or intolerances) related to food.	Client version
Hand-Size Portion Guide	A simple guide to calorie control without calorie tracking.	Coach version Client version
Ideas for Movement	Suggestions for daily movement outside of scheduled "exercise".	Coach version Client version
Kitchen Set-up Assessment	For helping highlight the relationship between a client's environment and their food habits.	Coach version Client version
Limiting Factors, Advantages, and Behavior Goals Log	For identifying a client's struggles, their advantages, and how to turn them into a plan for change.	Coach version
Make It A Habit Worksheet	For moving from vague idea or outcome goal to specific habit and behavior goal.	Coach version
Meal Consistency Worksheet	For tracking a client's consistency with agreed-upon behaviors and practices.	Coach version Client version

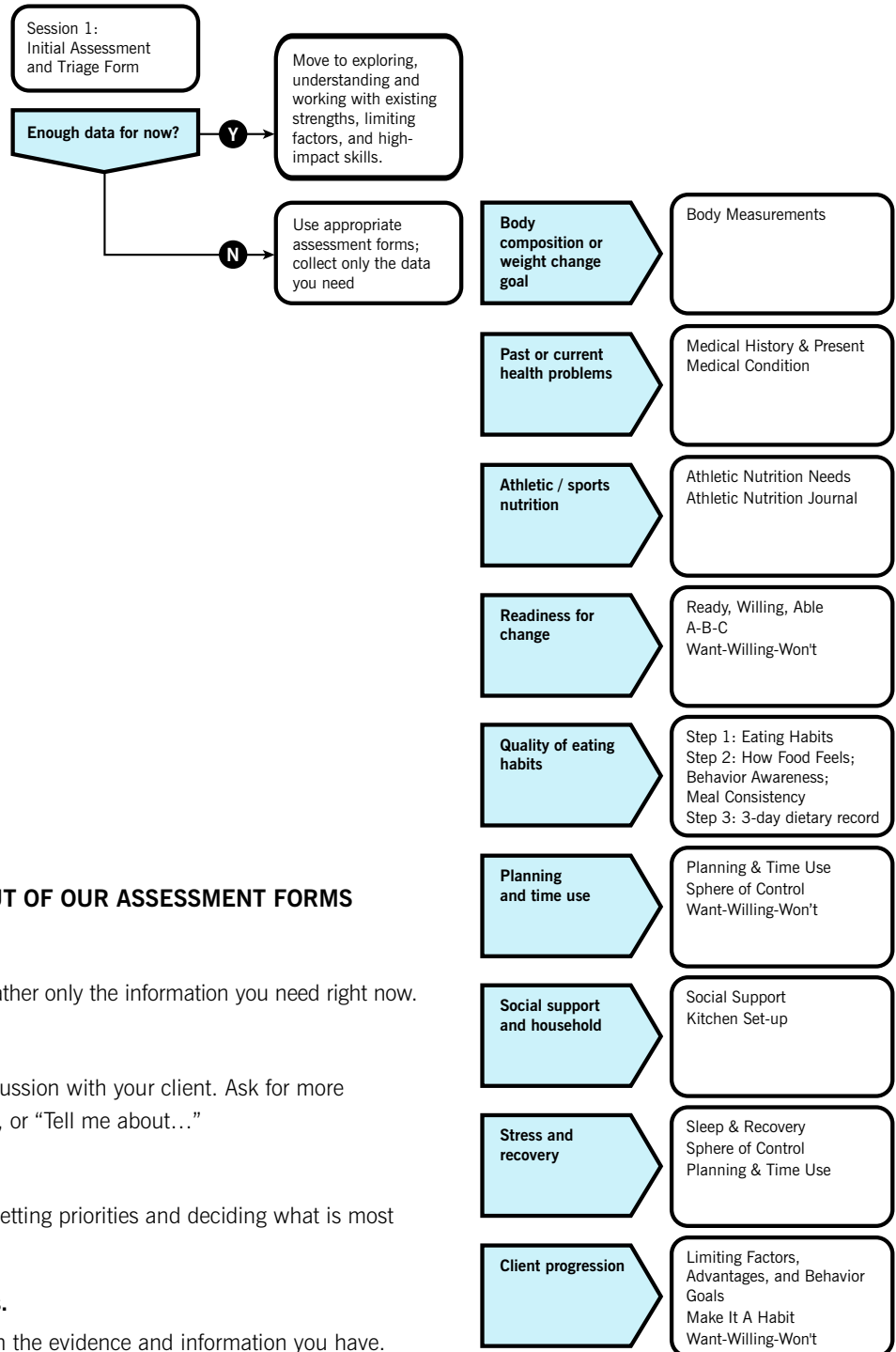
**WORKSHEET,
ASSESSMENT,
OR QUESTIONNAIRE**
WHAT IT'S USED FOR
VERSIONS

Medical History and Present Medical Condition Questionnaire⁴	Provides more detailed information about the client's overall health.	Coach version Client version
Planning and Time Use Worksheet	For clients who have problems with time management.	Client version
Precision Nutrition Plate	A simple way to structure each meal the Precision Nutrition way.	Client version
Push-Pull-Habit-Anxiety Worksheet	For identifying what's pushing clients away from old ways of doing things and pulling them towards new things.	Client version
Ready, Willing, and Able Worksheet	For helping establish how ready, willing, and able a client is to make a given change. Also helps coaches "shrink the change" to make it more manageable.	Client version
Sleep and Recovery Ideas	For helping coaches discuss sleep rituals and stress management.	Coach version Client version
Social Support Form	For showing how social support influences a client's eating and movement decisions.	Coach version Client version
Sphere of Control Worksheet	For helping clients identify what they have control over... and don't... to better manage stress and expectations.	Coach version Client version
Stress and Recovery Questionnaire	For showing patterns of sleep, stress, and recovery.	Coach version Client version
The Hunger Game	For helping clients better tune into hunger and appetite cues.	Client version
Want-Willing-Won't Worksheet	For negotiating what clients want, and what they're willing to do (or not do) for that goal right now.	Coach version Client version

¹ Remember that Medical Nutrition Therapy is off limits unless you're a registered dietitian. We include this form so you can have access to the client's medical history in case that needs to inform your advice.

Using The Precision Nutrition Forms

Here's how to choose which form to use when.



HOW TO GET THE MOST OUT OF OUR ASSESSMENT FORMS

Keep it simple.

Use as few forms as possible. Gather only the information you need right now.

Have a conversation first.

Use the forms to open up a discussion with your client. Ask for more explanation about their answers, or “Tell me about...”

Address one thing at a time.

Collaborate with your client on setting priorities and deciding what is most important to work on.

Make outcome-based decisions.

Decide what to do next based on the evidence and information you have.

PN Initial Assessment & Triage Questionnaire



.....
NAME

.....
DATE

Coaching tips

- You can use this form both for an initial baseline assessment and to track progress periodically.
- Client responses to questions can suggest what areas to work on and track.
- You can also use questions such as the 1-10 numeric scores to track objective progress in particular areas (e.g., "Right now, how would you rank your overall eating / nutrition habits?").

Tell me more about yourself.

By learning more about your lifestyle and your habits, I can take better care of you and make sure coaching is a good fit for your goals and individual needs.

.....
DATE OF BIRTH

.....
GENDER

Staying in touch

Please print clearly.

.....
EMAIL

.....
MOBILE PHONE

.....
HOME PHONE

How do you prefer me to contact you?

- ☐ Email
- ☐ Phone
- ☐ Skype or other video chat
- ☐ Text
- ☐ Other (please specify):

Emergency contact name:

.....

Emergency contact phone number:

.....

Coaching tips

- Ensure that all contact information is complete and correct.
- Confirm with client how they would like to be contacted, and how often.



What do you want?

In general, what are your goals? Check all that apply.

- | | | |
|---|---|---|
| <input type="radio"/> Lose weight / fat | <input type="radio"/> Improve physical fitness | <input type="radio"/> Get control of eating habits |
| <input type="radio"/> Gain weight | <input type="radio"/> Look better | <input type="radio"/> Get stronger |
| <input type="radio"/> Maintain weight | <input type="radio"/> Feel better | <input type="radio"/> Physique competition / modeling |
| <input type="radio"/> Add muscle | <input type="radio"/> Have more energy and vitality | <input type="radio"/> Improve athletic performance |

Coaching tips

- Don't take any of these at face value. Clients may change their goals, say what they think you want to hear, think they want one goal but really want another, and / or simply not have a clear idea of what these categories mean.
- Use these categories as discussion starters. Ask for clarification and help clients explore how they will know when they reach their goals.
 - "When you say 'improve physical fitness', what specifically do you mean by that?"
 - "When you say 'get stronger', is that in a particular exercise? Or just an overall feeling? How will you know when you are 'stronger'?"
 - "You've listed 'look better'. Is there a particular event you want to look better for, or is this more of a general thing? What does 'look better' mean to you exactly?"
- Revisit this question above periodically to ensure that these goals are still meaningful and important to your client.
 - "On [date], you said that goal X was important to you. Does that still feel true?"

Please list all of your concerns about your health, eating habits, fitness, and / or body.

.....

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Coaching tips

- This section starts off with a “brain dump” or “airing of grievances” — all the things that your client is potentially worried about, frustrated with, etc.
- The larger purpose here in the first question is for your client to simply brainstorm, to get their wishes out of their head and on to paper, and to expose their concerns to the light of day.
- The simple act of writing down their concerns will sometimes start changing those concerns... without you doing anything at all!
- **IMPORTANT:** You don't have to address all of the concerns in the first question.
 - In fact, you may address almost none of these concerns directly, and many concerns may self-resolve over time as you put foundational habits in place.
 - Do **ONE** thing at a time, following what your client identifies as top priorities.
- For many people, this may be the first time they've shared these concerns. Be empathetic. It may feel overwhelming to them too.
- Reassure them, if needed, that you are here to help them find a path through the weeds, and that your action plan will involve a clear strategy to work through these concerns step by step.
- If you ever want to dig into exactly what trade-offs your client is willing to make, you can explore with them using the Want-Willing-Won't Worksheet.

Out of all of the above concerns, which ones feel most important / urgent?

1.

.....

2.

.....

3.

.....

Why?

.....

.....

.....

.....

.....



Coaching tips

- These two questions above ask your client to start organizing their thoughts, and begin to define what is urgent / important / a priority for them.
- Asking why something feels most important / urgent helps to surface your client's values, perspective, motivations, and expectations.
 - Consider using the 5 Whys exercise if you'd like to learn more about your client's deeper motivations (outlined in Chapter 10).
 - Asking "why" can also help bring up any potential tensions or areas of resistance (e.g., "My doctor says I should change X, but I'm not sure if I agree."). When these tensions appear, explore them with motivational interviewing.
- If something seems urgent, ask more about expected timelines.
 - How quickly does the client need / want things to change?
 - Is there a deadline (e.g., an upcoming wedding, competition, or other specific event)?
- Ranking priorities can help later on when a client may want to switch goals or do several things at once.
 - "Back on [date], you said that goal X was the most important priority for you because reason Y. Is that still true? If so, then let's stay focused on that. If not, let's revisit what is a priority for you now."

What do you expect?

What do you expect from me as your coach?

.....

.....

What are you prepared to do to work towards your goals?

.....

.....

Coaching tips

- Having clear expectations for both coach and client is essential.
- Identify and discuss any potential areas of ambiguity or misfit (e.g., client wants to be contacted daily, but you normally contact clients weekly).
- The second question not only clarifies what clients are bringing to the table, but emphasizes that the coaching relationship is largely about the client's responsibility. You can use this as a jumping-off point to talk about your role as a guide and facilitator, but not "the boss" or responsible for the client's participation.
- The second question here can open up a discussion about "ready, willing, and able".
 - Consider using the Ready, Willing, and Able Worksheet here if needed.



What do you want to change?

Have you tried anything in the past to change your habits, your health, your eating, and / or your body?

If so, what?



.....

.....

Which of those things worked well for you? (Even if you might not be doing it right now.)

.....

.....

Which of those things didn't work well for you?

.....

.....

Coaching tips

- These questions help you learn more about a client's general history of health, eating and exercise, as well as how knowledgeable and / or competent they may be in these areas.
- These questions also offer some coaching opportunities.
- Testing the evidence: "How did those things work for you?"
 - This highlights that most fad diets / workouts are ultimately unsustainable. Admitting this can help a client "break" from previous unhealthy or unworkable options.
 - If previous things worked well, these can be "bright spots" and clues about what might help your client (e.g., "I was most consistent when...")
- Learning moments: "What did you learn from doing this?"
 - If the client is are focused on "what didn't work", this can reframe their experiences.
- Affirming the client's drive, courage, and grit: "What strikes me here is how many times you tried to change. Even though you didn't make as much progress as you wanted, you were still trying. That tells me you really want to move forward with this, and that you're courageous and persistent."
 - Here, you can reframe "failures" and highlight change potential by pointing out that despite setbacks, the client kept trying to find solutions.



How, specifically, would you like your habits, your health, your eating, and / or your body to be different?

.....

.....

Coaching tips

- This question helps you learn more about and clarify what the client wants, and more precisely how they imagine change.
- This question also suggests possible progress indicators to use.
 - For example, if the client says, “I’d like to have more energy”, you can use energy levels as one measure of progress.

Have you already made changes to your habits, your health, your eating, and / or your body recently?

If so, what?



.....

.....

If you were to consider making further changes to your habits, your health, your eating, and / or your body, what might those be?

.....

.....

Coaching tips

- These questions help you and the client identify what actions may be priorities for the client; and / or what the client feels ready, willing, and able to do right now.
- Keeping the question open-ended and about the potential (“if you were to consider”) encourages the client to think about change, and to identify what they want to happen, without feeling too much resistance.
- These questions can help the client start to commit to a possible course of action, if they are ready, willing, and able to do so.
- Many clients have already started to make changes by the time they get coaching. Call this early change out, validate it, and look for “bright spots” that you can build on.
- If the client suggests several potential changes, talk with them further about which changes might feel most important, urgent, and / or possible, and why.



Until now, what has blocked you or held you back from changing these things?

.....

.....

Coaching tips

- The client's answer here will help you understand what forces are acting against change for the client.
 - What are their limiting factors?
 - What forces are "pushing back" against change?
- This question can also help you find out why the client is considering change now.
 - Why this, why now? Why not last month, or next month?
 - What happened to bring your client here now?
 - Given the forces acting against change, what propelled the client to act?
 - Often there is some significant, precipitating event (e.g., an injury, a medical diagnosis, a family member dying or getting sick). Knowing this can tell you more about the client's motivation and drive.

Right now, how would you rank your overall eating / nutrition habits?

HORRIBLE

1

2

3

4

5

6

7

8

9

10

AWESOME!!!

Why?

.....

.....

Coaching tips

- Clients often rate their eating / nutrition as better than it actually is. Thus, if the client scores 8 or lower, consider using the Eating Habits Questionnaire.
- If the client describes behavior that sounds like possible disordered eating / emotional eating, consider using Emotional Eating Journal as part of a coaching action plan.

Are you regularly active in sports and / or exercise?

Y

N



If so, approximately how many hours per week?

- ☐ Fewer than 5 hours
 ☐ 10-14
 ☐ 20 or more
☐ 5-9
 ☐ 15-19

Coaching tip

If the client indicates 5 or more hours per week, consider using the Athletic Nutrition Needs Questionnaire.

What types of sports and / or exercise do you typically do?

.....

.....

Approximately how many hours a week do you do other types of physical activity? (e.g., housework, walking to work or school, home repairs, moving around at work, gardening)

- ☐ Fewer than 5 hours
 ☐ 10-14
 ☐ 20 or more
☐ 5-9
 ☐ 15-19

What other types of movement and / or activities do you do?

.....

.....

Coaching tips

- Look for a balance of activities, as well as between activity and rest, intensity and rejuvenation. Is your client getting enough variety and recovery?
- For clients who want to lose weight or improve nutrient partitioning, look for opportunities to add daily-life activity, ideally by building on what they already do, for example:

“You mention you walk your daughter to school every day. I’m wondering whether you could take a slightly longer route home to give yourself a few extra minutes of walking?”
- Explore your client’s attitudes towards and expectations of sports, exercise, movement and activity, for example:

• Are they having fun? Do they know how to play?	• What are their expectations for their performance?
• Does activity seem like a chore?	• Do they expect exercise will help them lose weight?
• How hard are they driving themselves?	Is that expectation accurate?
• How consistent are they?	



What's around you?

Who lives with you? Check all that apply.

- ☐ Spouse or partner(s)
 ☐ Child(ren)
 ☐ Other family
☐ Roommate(s)
 ☐ Pet(s)

Do you have children? If yes, how many and what are their ages?



Coaching tips

- Knowing about your client's household, relationship, and / or family situation will help you understand things like:
 - what roles they might play in relation to other people (e.g., caregiver, financial provider);
 - what other time and energy demands they might have (e.g., child care, elder care, stay-at-home parent vs. working outside the home);
 - who might be setting the agenda in the household (e.g., "I have to please my kids" or "I'm in charge of menu planning"); and / or
 - how much structure the household might have (e.g., student household with roommates vs. mature family with well-ordered routines).
- Knowing the specifics of your client's family situation will also allow you to relate to them as individuals (e.g., Client X is newly married, Client Y is starting a family, Client Z is a dog lover)

Who does most of the grocery shopping in your household? Check all that apply.

- ☐ Me
 ☐ Roommate(s)
 ☐ Other family (e.g. parent, grandparent, sibling, etc.)
☐ Spouse or partner(s)
 ☐ Child(ren)

Who does most of the cooking in your household? Check all that apply.

- ☐ Me
 ☐ Roommate(s)
 ☐ Other family
☐ Spouse or partner(s)
 ☐ Child(ren)

Who decides on most of the menus / meal types in your household? Check all that apply.

- ☐ Me
 ☐ Roommate(s)
 ☐ Other family
☐ Spouse or partner(s)
 ☐ Child(ren)



Coaching tips

- These questions can tell you more about:
 - your client's skill, knowledge and responsibility around shopping and food preparation; and
 - your client's ability to make choices (real or perceived).
- If any other people are doing the bulk of shopping, cooking, and / or food decisions, consider how to include them in your client's coaching program so that they are on board with any changes.
- If the client doesn't seem to have strong food preparation skills, or if the kitchen / home environment may be a limiting factor, consider using the Kitchen Set-up Assessment.

Right now, how much do the people and things around you support health, fitness, and / or behavior change?

NOT AT ALL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 COMPLETELY

Coaching tip

If the client scores 7 or lower, consider using the Social Support Form and Kitchen Set-up Assessment.

What's your health like?

Have you been diagnosed (currently or in the past) with any significant medical condition(s) and / or injuries?

☐ Y ☐ N

Right now, do you have any specific health concerns, such as illnesses, pain, and / or injuries?

☐ Y ☐ N

Right now, are you taking any medications, either over-the-counter or prescription?

☐ Y ☐ N

Coaching tip

If the client answer "yes" to any of these, consider using the Medical History and Present Medical Condition Questionnaire.



On a scale of 1-10, how would you rank your health right now?

WORST

1

2

3

4

5

6

7

8

9

10

AWESOME!!!

Why?

.....

.....

Coaching tip

If the client scores 7 or less, consider using the Medical History and Present Medical Condition Questionnaire.

How are you spending your time?

In an average week, how many hours do you spend...

..... In paid employment?

..... At school or doing school work?

..... Traveling and / or commuting?

..... Taking care of others?
(e.g., children, person with
a disability, older person)

..... Doing other unpaid work?
(e.g., housework, errands)

..... Volunteering?

Adding up all these things, how many total hours per week do you spend doing all these activities?

.....

Coaching tip

Is this how many hours the client prefers to be spending on these activities? If they feels rushed / busy / time pressured, consider using the Planning & Time Use Worksheet.

On a scale of 1-10, how do you feel about your schedule, time use, and overall busy-ness?

MY LIFE IS
PANICKED AND
INSANE

1

2

3

4

5

6

7

8

9

10

MY LIFE IS
PERFECTLY CALM
AND RELAXED

Coaching tip

If the client scores 7 or lower, consider using the Planning & Time Use Worksheet as well as Stress and Recovery Questionnaire.



How is your stress and recovery?

Think about all the activities you're involved in (e.g., work, school, caregiving, housework, travel). Then assess as best you can:

Given all the demands of your life, what is your typical stress level on an average day?

NO STRESS 1 2 3 4 5 6 7 8 9 10 EXTREME

Coaching tip

If the client scores 4 or higher, consider using the Stress & Recovery Questionnaire.

On average, how many hours per night do you sleep?

- ☐ 4 or fewer hours
 ☐ 7 hours
 ☐ 10 or more hours
☐ 5 hours
 ☐ 8 hours
☐ 6 hours
 ☐ 9 hours

Coaching tip

If the client sleeps 7 hours or fewer, consider using the Stress & Recovery Questionnaire.

How do you normally cope with your stress?

.....

.....

Coaching tips

- Look for red flags here around coping and recovery methods, such as:
 - alcohol or other addictions;
 - eating (or not eating);
 - high stress levels; and / or
 - poor or no recovery methods.
- Consider using the Stress & Recovery Questionnaire if anything pops up.



How ready, willing, and able are you to change?

Right now, on a scale of 1-10:

How READY are you to change your behaviors and habits?

NOT AT ALL (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) COMPLETELY

How WILLING are you to change your behaviors and habits?

NOT AT ALL (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) COMPLETELY

How ABLE are you to change your behaviors and habits?

NOT AT ALL (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) COMPLETELY

Coaching tips

- If the client scores 7 or less, use Ready, Willing, and Able Worksheet.
- Consider also using the Limiting Factors, Advantages, and Behavior Goals Log as a next step.

Disclaimer

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Client signature:

.....

PN Initial Assessment & Triage Questionnaire

.....
NAME

.....
DATE

Tell me more about yourself.

By learning more about your lifestyle and your habits, I can take better care of you and make sure coaching is a good fit for your goals and individual needs.

.....
DATE OF BIRTH

.....
GENDER

Staying in touch

Please print clearly.

.....
EMAIL

.....
MOBILE PHONE

.....
HOME PHONE

How do you prefer me to contact you?

- ☐ Email
- ☐ Phone
- ☐ Skype or other video chat
- ☐ Text
- ☐ Other (please specify):
.....
.....

Emergency contact name:

.....

Emergency contact phone number:

.....

What do you want?

In general, what are your goals? Check all that apply.

- | | | |
|---|---|---|
| <input type="radio"/> Lose weight / fat | <input type="radio"/> Improve physical fitness | <input type="radio"/> Get control of eating habits |
| <input type="radio"/> Gain weight | <input type="radio"/> Look better | <input type="radio"/> Get stronger |
| <input type="radio"/> Maintain weight | <input type="radio"/> Feel better | <input type="radio"/> Physique competition / modeling |
| <input type="radio"/> Add muscle | <input type="radio"/> Have more energy and vitality | <input type="radio"/> Improve athletic performance |

Please list all of your concerns about your health, eating habits, fitness, and / or body.

.....

.....

.....

.....

.....

Out of all of the above concerns, which ones feel most important / urgent?

1.
2.
3.

Why?

.....

.....

.....

.....

What do you expect?

What do you expect from me as your coach?

.....

.....

What are you prepared to do to work towards your goals?

.....

.....

What do you want to change?

Have you tried anything in the past to change your habits, your health, your eating, and / or your body?

If so, what?

☐ Y ☐ N

.....

.....

Which of those things worked well for you? (Even if you might not be doing it right now.)

.....

.....

Which of those things didn't work well for you?

.....

.....

How, specifically, would you like your habits, your health, your eating, and / or your body to be different?

.....

.....

Have you already made changes to your habits, your health, your eating, and / or your body recently?

If so, what?

☐ Y ☐ N

.....

.....

If you were to consider making further changes to your habits, your health, your eating, and / or your body, what might those be?

.....

.....

Until now, what has blocked you or held you back from changing these things?

.....

.....

Right now, how would you rank your overall eating / nutrition habits?

HORRIBLE

1

2

3

4

5

6

7

8

9

10

AWESOME!!!

Why?

.....

Are you regularly active in sports and / or exercise?

Y N

If so, approximately how many hours per week?

☐

Fewer than 5 hours

☐

10-14

☐

20 or more

☐

5-9

☐

15-19

What types of sports and / or exercise do you typically do?

.....

.....

Approximately how many hours a week do you do other types of physical activity? (e.g., housework, walking to work or school, home repairs, moving around at work, gardening)

☐

Fewer than 5 hours

☐

10-14

☐

20 or more

☐

5-9

☐

15-19

What other types of movement and / or activities do you do?

.....

.....

What's around you?

Who lives with you? Check all that apply.

- | | | |
|--|----------------------------------|--|
| <input type="radio"/> Spouse or partner(s) | <input type="radio"/> Child(ren) | <input type="radio"/> Other family (e.g. parent, grandparent, sibling, etc.) |
| <input type="radio"/> Roommate(s) | <input type="radio"/> Pet(s) | |

Do you have children? If yes, how many and what are their ages?

☐ Y ☐ N

.....

.....

Who does most of the grocery shopping in your household? Check all that apply.

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="radio"/> Me | <input type="radio"/> Roommate(s) | <input type="radio"/> Other family |
| <input type="radio"/> Spouse or partner(s) | <input type="radio"/> Child(ren) | |

Who does most of the cooking in your household? Check all that apply.

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="radio"/> Me | <input type="radio"/> Roommate(s) | <input type="radio"/> Other family |
| <input type="radio"/> Spouse or partner(s) | <input type="radio"/> Child(ren) | |

Who decides on most of the menus / meal types in your household? Check all that apply.

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="radio"/> Me | <input type="radio"/> Roommate(s) | <input type="radio"/> Other family |
| <input type="radio"/> Spouse or partner(s) | <input type="radio"/> Child(ren) | |

Right now, how much do the people and things around you support health, fitness, and / or behavior change?

NOT AT ALL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 COMPLETELY

What's your health like?

Have you have been diagnosed (currently or in the past) with any significant medical condition(s) and / or injuries?

☐ Y ☐ N

Right now, do you have any specific health concerns, such as illnesses, pain, and / or injuries?

☐ Y ☐ N

Right now, are you taking any medications, either over-the-counter or prescription?

☐ Y ☐ N

On a scale of 1-10, how would you rank your health right now?

WORST

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

AWESOME!!!

Why?

.....

.....

How are you spending your time?

In an average week, how many hours do you spend...

..... In paid employment?

..... At school or doing school work?

..... Traveling and / or commuting?

..... Taking care of others?
(e.g., children, person with
a disability, older person)

..... Doing other unpaid work?
(e.g., housework, errands)

..... Volunteering?

Adding up all these things, how many total hours per week do you spend doing all these activities?

.....

On a scale of 1-10, how do you feel about your schedule, time use, and overall busy-ness?

MY LIFE IS
PANICKED AND
INSANE

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

MY LIFE IS
PERFECTLY CALM
AND RELAXED

How is your stress and recovery?

Think about all the activities you're involved in (e.g., work, school, caregiving, housework, travel). Then assess as best you can:

Given all the demands of your life, what is your typical stress level on an average day?

NO STRESS ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 EXTREME STRESS

On average, how many hours per night do you sleep?

- ☐ 4 or fewer hours ☐ 7 hours ☐ 10 or more hours
☐ 5 hours ☐ 8 hours
☐ 6 hours ☐ 9 hours

How do you normally cope with your stress?

.....

.....

How ready, willing, and able are you to change?

Right now, on a scale of 1-10:

How READY are you to change your behaviors and habits?

NOT AT ALL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 COMPLETELY

How WILLING are you to change your behaviors and habits?

NOT AT ALL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 COMPLETELY

How ABLE are you to change your behaviors and habits?

NOT AT ALL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 COMPLETELY

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Client signature:

.....

4 Crazy Questions Worksheet

.....
NAME

.....
DATE

1. What is GOOD about NOT changing?

What is working for you with the status quo? What are the benefits of staying the same?

.....
.....
.....

2. What would be BAD about changing?

If you changed, what might you have to give up or lose? How would your regular routine be disrupted?

.....
.....
.....

3. What might be GOOD about changing?

If you changed, how would that be helpful or beneficial? What new opportunities or possibilities could open up?

.....
.....
.....

4. What might be BAD about NOT changing?

If you didn't change, what bad things could happen? If you keep going the way you're going, what might things look like in the future (say, 10 years from now)?

.....
.....
.....

A-B-C List Worksheet



NAME

DATE

How to explain this form to your clients

Here's a sample script you can use to introduce this form to your clients.

"Most of us would like to be Superman / Superwoman. Let's set that aside for a minute and talk about what you think is most realistic for you, given your lifestyle, abilities, and everything else we've discussed.

Filling out the lists below will give us a better idea what small steps towards your goals might look like."

FOODS A Like	FOODS B Might eat	FOODS C Not right now
Apples	Spinach	Broccoli
Oranges	Watermelon	Olives
Bananas	Shrimp	Fish
Grapes	Brown rice	Quinoa
Chicken	Carrots	Brussels sprouts
Celery	Corn	
Peas	Protein powder	
Hamburgers		

ACTIVITIES A Can do easily	ACTIVITIES B Maybe	ACTIVITIES C Not right now
Walking	Running (up to 15 minutes)	Sprinting
Squats	Pullups (assisted) or pulldowns	Running over 15 minutes
Lunges	Deadlifts (light)	Pressing, pushups
Rows	Hip hinge (light)	
Most mobility work		

A-B-C List Worksheet

.....
NAME

.....
DATE

Take a few minutes to fill out the lists below. It doesn't have to be an exhaustive list. Just do the best you can.

FOODS A

Like

.....

.....

.....

.....

.....

.....

.....

FOODS B

Might eat

.....

.....

.....

.....

.....

.....

.....

FOODS C

Not right now

.....

.....

.....

.....

.....

.....

.....

ACTIVITIES A

Can do easily

.....

.....

.....

.....

.....

.....

.....

ACTIVITIES B

Maybe

.....

.....

.....

.....

.....

.....

.....

ACTIVITIES C

Not right now

.....

.....

.....

.....

.....

.....

.....

All-or-None Worksheet



NAME

DATE

How to explain this form to your clients

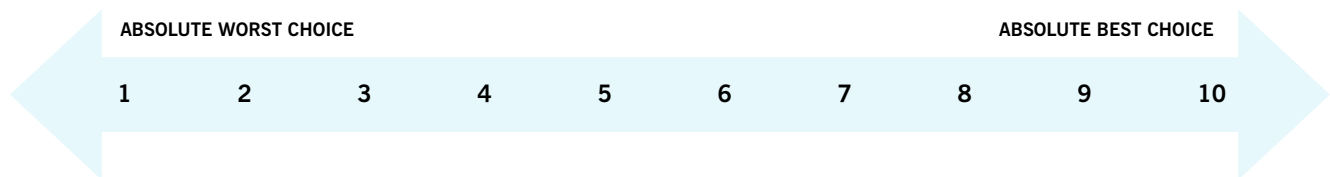
Here's a sample script you can use when discussing this with your clients.

"Sometimes it can be tough to consider the big picture when it comes to nutrition. We have so many things we are trying to juggle. It can often feel like we do the 'healthy thing' or do 'nothing'.

We start to feel like healthy nutrition is taking away from something else we value, like social time or hobbies. We think to ourselves, 'I can eat a healthy meal OR go out with friends to dinner.'

Instead, we can find ways to integrate the two. We can avoid ALL or NONE, and embrace the middle ground."

Consider the following continuum and how it relates to your current situation/decision.



First, what would you say is:

The absolute **WORST** choice?

.....

The absolute **BEST** choice?

.....

Now, think about the choice you've made. Think about where it fits on the continuum and write it in.

.....

.....

Finally, what would be a slightly **better** choice? Where would it rank on the continuum?

.....

What would be a slightly **worse** choice? Where would it rank on the continuum?

.....

All-or-None Worksheet

NAME

DATE

Consider the following continuum and how it relates to your current situation/decision.



First, what would you say is:

The absolute **WORST** choice?

.....

.....

The absolute **BEST** choice?

.....

.....

Now, think about the choice you've made. Think about where it fits on the continuum and write it in.

.....

.....

.....

Finally, what would be a slightly **better** choice? Where would it rank on the continuum?

.....

.....

What would be a slightly **worse** choice? Where would it rank on the continuum?

.....

.....

Athletic Nutrition Needs Questionnaire



NAME

DATE

Coaching tips

- Use with “How active are you” section from the Initial Assessment and Triage Questionnaire.
- Be sure to consider other client data, such as age, body composition, sex, and medical history.
- Combine this with a food journal to show exactly what the athlete is eating and when. Also consider combining with Eating Habits Questionnaire to get the big picture.

What activities do you do?

Please list all the types of physical activity / exercise / athletic training you do, and how much / often.

ACTIVITY TYPE

HOW OFTEN AND HOW MUCH?

e.g., Recreational hockey

On-ice training 2x weekly, 2 hours per session; 1 game per week

Walking

Daily, with the dog, 30 minutes

Are you a professional, amateur, and / or devoted recreational athlete?

- | | |
|---|--|
| <input type="radio"/> Professional athlete | <input type="radio"/> Amateur, compete at local level |
| <input type="radio"/> Amateur, compete at national or international level | <input type="radio"/> I don't compete, but I train like I do |
| <input type="radio"/> Amateur, compete at regional (state / provincial) level | |

If you compete, what phase are you in?

- | | | |
|---|----------------------------------|---|
| <input type="radio"/> Pre-season preparation | <input type="radio"/> Off-season | <input type="radio"/> Currently in competitive season |
| <input type="radio"/> Rehab / injury recovery | | |



Coaching tips

- Review all activities and understand clearly which energy systems are being used.
- Consider mapping out the percentage of time / training your client spends with each athletic demand and energy system. For example:
 - A distance runner who cross-trains 2 x weekly with weights will spend about 80-90% of time in aerobic energy systems and about 10-20% in anaerobic work.
 - A boxer, in contrast, will spend about 70-80% of time in anaerobic work and about 20-30% of time doing aerobic work.
- Look also at total training / activity load, in addition to other stressors.

Adding up all your activities, approximately how many hours per week do you spend doing intense activity or competitive preparation? (e.g., skills training, strength and conditioning)

- | | | |
|--|-----------------------------|----------------------------------|
| <input type="radio"/> Fewer than 5 hours | <input type="radio"/> 10-14 | <input type="radio"/> 20 or more |
| <input type="radio"/> 5-9 | <input type="radio"/> 15-19 | |

Adding up all your activities, approximately how many hours per week do you spend doing restorative, rehab, and / or recovery activities? (e.g., yoga, corrective exercises, hydrotherapy)

- | | | |
|--|-----------------------------|----------------------------------|
| <input type="radio"/> Fewer than 5 hours | <input type="radio"/> 10-14 | <input type="radio"/> 20 or more |
| <input type="radio"/> 5-9 | <input type="radio"/> 15-19 | |

Goals and priorities

In general, what are your goals? (Check all that apply.)

- | | | |
|--|---|---|
| <input type="radio"/> Lose weight / fat | <input type="radio"/> Look better | <input type="radio"/> Get control of eating habits |
| <input type="radio"/> Gain weight | <input type="radio"/> Feel better | <input type="radio"/> Get stronger |
| <input type="radio"/> Maintain weight | <input type="radio"/> Become more consistent | <input type="radio"/> Physique competition / modeling |
| <input type="radio"/> Add muscle | <input type="radio"/> Have more energy and vitality | <input type="radio"/> Improve athletic performance |
| <input type="radio"/> Improve physical fitness | <input type="radio"/> Take less medication | |

Right now, which of these is your top priority? Why?

.....

.....



If “Improve athletic performance” is one of your goals, please tell me more about what might look like for you?

.....

.....

What specific indicators would tell you that you're improving in this area?

.....

.....

Right now, do you have any specific concerns or questions about your sports nutrition? If so, what?

.....

.....

Current habits

Right now, what do you normally eat and drink in the 1-2 hours before a training session or competition?

.....

.....

Right now, what do you normally eat and / or drink during a training session or competition?

.....

.....

Right now, what do you normally eat and drink in the 1-2 hours AFTER a training session or competition?

.....

.....

Do you currently take any sports supplements? If yes, what?

☐ Y ☐ N

.....

.....



Does your sport involve regular weight cuts? If yes, how much do you normally cut, over what period?

☐ Y ☐ N

.....
WEIGHT CUT

.....
DURATION

Right now, do you feel any pressure to change your body size / shape, or maintain a certain weight or body fat percentage? If "yes", please explain further.

☐ Y ☐ N

.....
.....

Coaching tip

If any red flags appear here around eating habits and disordered eating, consider combining this with Eating Habits Assessment form.

Does your sport require you to travel often?

☐ Y ☐ N

Coaching tips

- Many athletes spend a lot of time on the road and will need help with convenient, portable, travel-friendly sports nutrition.
- Explore how often and how far your client travels. Crossing time zones can further hamper recovery or change appetite.

Athletic training indicators

Right now, on a scale of 1-10, how would you rank your overall athletic performance? Why?

HORRIBLE

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

AWESOME

.....
.....



Right now, on a scale of 1-10, how would you rank your overall recovery? Why?

HORRIBLE

1

2

3

4

5

6

7

8

9

10

AWESOME

Right now, on a scale of 1-10, how would you rank your body composition? Why?

HORRIBLE

1

2

3

4

5

6

7

8

9

10

AWESOME

Right now, on a scale of 1-10, how would you rank your energy for and interest in training? Why?

HORRIBLE

1

2

3

4

5

6

7

8

9

10

AWESOME

Do you currently have any injuries or persistent aches and pains? If yes, what?

☐ Y ☐ N

For Women

Should you normally be menstruating regularly?

☐ Y ☐ N

If so, are you getting a regular period?

☐ Y ☐ N

Coaching tips

- If any red flags appear here around recovery, consider combining with Stress & Recovery Questionnaire.
- Consider also combining with the Medical History and Present Medical Condition Questionnaire if any injuries or chronic illnesses are present.

Athletic Nutrition Needs Questionnaire

NAME

DATE

What activities do you do?

Please list all the types of physical activity / exercise / athletic training you do, and how much / often.

ACTIVITY TYPE

HOW OFTEN AND HOW MUCH?

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Are you a professional, amateur, and / or devoted recreational athlete?

- | | |
|---|--|
| <input type="radio"/> Professional athlete | <input type="radio"/> Amateur, compete at local level |
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If you compete, what phase are you in?

- | | | |
|---|----------------------------------|---|
| <input type="radio"/> Pre-season preparation | <input type="radio"/> Off-season | <input type="radio"/> Currently in competitive season |
| <input type="radio"/> Rehab / injury recovery | | |

Adding up all your activities, approximately how many hours per week do you spend doing intense activity or competitive preparation? (e.g., skills training, strength & conditioning)

- | | | |
|--|-----------------------------|----------------------------------|
| <input type="radio"/> Fewer than 5 hours | <input type="radio"/> 10-14 | <input type="radio"/> 20 or more |
| <input type="radio"/> 5-9 | <input type="radio"/> 15-19 | |

Adding up all your activities, approximately how many hours per week do you spend doing restorative, rehab, and / or recovery activities? (e.g., yoga, corrective exercises, hydrotherapy)

- | | | |
|--|-----------------------------|----------------------------------|
| <input type="radio"/> Fewer than 5 hours | <input type="radio"/> 10-14 | <input type="radio"/> 20 or more |
| <input type="radio"/> 5-9 | <input type="radio"/> 15-19 | |

Goals and priorities

In general, what are your goals? (Check all that apply.)

- | | | |
|--|---|---|
| <input type="radio"/> Lose weight / fat | <input type="radio"/> Look better | <input type="radio"/> Get control of eating habits |
| <input type="radio"/> Gain weight | <input type="radio"/> Feel better | <input type="radio"/> Get stronger |
| <input type="radio"/> Maintain weight | <input type="radio"/> Become more consistent | <input type="radio"/> Physique competition / modeling |
| <input type="radio"/> Add muscle | <input type="radio"/> Have more energy and vitality | <input type="radio"/> Improve athletic performance |
| <input type="radio"/> Improve physical fitness | <input type="radio"/> Take less medication | |

Right now, which of these is your top priority? Why?

.....

.....

If “Improve athletic performance” is one of your goals, please tell me more about what that might look like for you?

.....

.....

What specific indicators would tell you that you’re improving in this area?

.....

.....

Right now, do you have any specific concerns or questions about your sports nutrition? If so, what?

.....

.....

Current habits

Right now, what do you normally eat and drink in the 1-2 hours before a training session or competition?

.....

.....

Right now, what do you normally eat and / or drink during a training session or competition?

.....

.....

Right now, what do you normally eat and drink in the 1-2 hours AFTER a training session or competition?

.....

.....

Do you currently take any sports supplements? If yes, what?

☐ Y ☐ N

.....

.....

Does your sport involve regular weight cuts? If yes, how much do you normally cut, over what period?

☐ Y ☐ N

WEIGHT CUT

DURATION

Right now, do you feel any pressure to change your body size / shape, or maintain a certain weight or body fat percentage? If "yes", please explain further.

☐ Y ☐ N

.....

.....

Does your sport require you to travel often?

☐ Y ☐ N

Athletic training indicators

Right now, on a scale of 1-10, how would you rank your overall athletic performance? Why?

HORRIBLE ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 AWESOME

.....

.....

Right now, on a scale of 1-10, how would you rank your overall recovery? Why?

HORRIBLE ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 AWESOME

.....

.....

Right now, on a scale of 1-10, how would you rank your body composition? Why?

HORRIBLE ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 AWESOME

.....

.....

Right now, on a scale of 1-10, how would you rank your energy for and interest in training? Why?

HORRIBLE ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 AWESOME

.....

.....

Do you currently have any injuries or persistent aches and pains? If yes, what?

☐ Y ☐ N

.....

.....

For Women

Should you normally be menstruating regularly?

☐ Y ☐ N

If so, are you getting a regular period?

☐ Y ☐ N

Baseline Blood Chemistry Assessment



.....
NAME

.....
DATE

A complete blood profile test, done by your doctor, will assess your overall blood and cellular health as well as your risk of disease. We recommend the following tests. Please bring this list to your doctor and inquire about having these tests done. Once this information is collected, we can keep it on file to track any changes over time.

General tests

- Typically called SMAC-20, SMA-20, or Chem-20, this basic test looks at 20 different parts of the blood including blood levels of certain minerals, proteins, etc. This test is standard and should be done although it's not very telling of your overall health profile

Cardiovascular risk profile

- Total cholesterol
- LDL
- HDL
- Triglycerides
- C-reactive protein
- Homocysteine

Hormones

- Testosterone
- Free testosterone
- IGF-1
- Growth hormone
- DHEA/DHEAS
- Estradiol
- SHBG

Prostate tests

- PSA

Carbohydrate tolerance

- Fasted insulin
- Fasted glucose

Liver function tests

- Alkaline phosphatase
- GGT
- SGOT
- SGPT
- Bilirubin

Kidney function tests

- Creatinine
- BUN
- Creatinine/BUN ratio

Thyroid panel

- TSH
- T₃
- T₄
- rT₃

Behavior Awareness Worksheet

.....
NAME

.....
DATE

Research shows that while our behaviors may seem “spur-of-the-moment”, when it comes to over-eating the groundwork is laid several hours in advance by our daily rituals, habits, mindset, and automatic thinking. Over-eating is simply the last link in a long chain. If you can break the first link, you have a much better chance of never getting to the last link.

The goal of this exercise is to build awareness of what your eating episodes have in common. Maybe it's a time of day, or a situation, or a type of food, or another person (or being alone), or a feeling – or all of these.

Describe in as much detail as possible what you are experiencing, or remember experiencing, at each stage. Then go back and review. Look for common features. Look at the steps you took.

This helps you build understanding of the process, which you can then use to disrupt these patterns. For instance, if you habitually over-eat in your kitchen at 6 pm when stressed, then figure out strategies to deal with a stressy dinner hour before it happens – as far in advance as possible. If you habitually think certain thoughts beforehand (e.g., “I’m a failure”, “This will make me feel better”, etc.) then come up with ways to respond to those thoughts before they hit you.

Complete this worksheet every time you have an episode of over-eating. Be honest and thorough. You are collecting data so that you can analyze your own patterns and eventually develop strategies to deal with them.

1. In the 1-2 hours beforehand:

What are you doing?
.....

What are you thinking?
.....

What are you feeling, emotionally?
.....

What are you feeling, physically?
.....

Where are you?
.....

What time is it?
.....

Who's with you?
.....

2. Immediately beforehand:

What are you doing?

.....

What are you thinking?

.....

What are you feeling, emotionally?

.....

What are you feeling, physically?

.....

Where are you?

.....

Who's with you?

.....

.....

3. In the middle of it:

What are you doing?

.....

What are you thinking?

.....

What are you feeling, emotionally?

.....

What are you feeling, physically?

.....

What are you choosing to consume?

.....

Why are you choosing this particular food(s)?

.....

Where are you?

.....

Who's with you?

.....

4. Afterwards:

What are you doing?

.....

What are you thinking?

.....

What are you feeling, emotionally?

.....

What are you feeling, physically?

.....

Where are you?

.....








Who's with you?

.....

Body Measurements Form (Men)



NAME DATE

SITE	MEASUREMENT 1	MEASUREMENT 2	MEASUREMENT 3	MEAN OF ALL THREE MEASUREMENTS
 Abdominal skinfold (mm)
 Triceps skinfold (mm)
 Chest skinfold (mm)
 Midaxillary skinfold (mm)
 Subscapular skinfold (mm)
 Suprailiac skinfold (mm)
 Thigh skinfold (mm)
SUM OF MEAN SKINFOLDS (MM) =			
BODY FAT % (USE ONLINE CALCULATOR FOR CALCULATION) =			










SITE	MEASUREMENT 1	MEASUREMENT 2	MEASUREMENT 3	MEAN OF ALL THREE MEASUREMENTS
 <p>Neck girth (cm)</p>				
 <p>Shoulder girth (cm)</p>				
 <p>Chest girth (cm)</p>				
 <p>Upper-arm girth (cm)</p>				
 <p>Waist girth (cm)</p>				
 <p>Hip girth (cm)</p>				
 <p>Thigh girth (cm)</p>				
 <p>Calf girth (cm)</p>				









Body Measurements Form (Women)



NAME DATE

SITE	MEASUREMENT 1	MEASUREMENT 2	MEASUREMENT 3	MEAN OF ALL THREE MEASUREMENTS
 Abdominal skinfold (mm)
 Triceps skinfold (mm)
 Chest skinfold (mm)
 Midaxillary skinfold (mm)
 Subscapular skinfold (mm)
 Suprailiac skinfold (mm)
 Thigh skinfold (mm)
SUM OF MEAN SKINFOLDS (MM) =			
BODY FAT % (USE ONLINE CALCULATOR FOR CALCULATION) =			



SITE	MEASUREMENT 1	MEASUREMENT 2	MEASUREMENT 3	MEAN OF ALL THREE MEASUREMENTS
 Neck girth (cm)				
 Shoulder girth (cm)				
 Chest girth (cm)				
 Upper-arm girth (cm)				
 Waist girth (cm)				
 Hip girth (cm)				
 Thigh girth (cm)				
 Calf girth (cm)				

Eating Habits Questionnaire



NAME

DATE

How to explain this form to your clients

- Here's a sample script you can use to introduce this form to your clients:

"I'd like to understand more about your current eating and nutrition habits.

It's very important that you answer the questions as honestly as you can. There are no right or wrong answers. I'm not judging you (and I've pretty much heard and seen it all).

All we're doing here is just gathering data and information to help you move towards your goals. The more you can tell me about your current habits, experiences, and mindset around eating, the more I can help."

Coaching tips

- You can use this form both as an initial assessment and as a way to track progress. You can periodically use some or all of the form's questions to measure improvement in eating habits.
- This questionnaire is designed to show general patterns or trends, or areas for discussion.
- For a specific food record, use one of the Food Journal forms.

General eating patterns

As best as you can remember right now, tell me generally about an average day of eating and drinking.

This doesn't have to be perfect; just capture your usual patterns.

TIME OF DAY

WHAT MIGHT YOU NORMALLY EAT / DRINK?

Example: 7 AM

Toast with peanut butter & jam / Coffee with cream & sugar / Glass of orange juice



**Coaching tips**

- This is not meant to be a food record, just a way to start discussing the patterns of an average day. Clients probably won't record much that is accurate here. It just gives you a "jumping off point" to go through an average day as they initially report it.
- For a specific food record, use one of the Food Journal forms and ensure that clients complete it as they are eating the meals (rather than too long after the fact).

Right now, are you following any particular diet or style of eating?

(e.g., vegetarian / vegan, Paleo, kosher / halal, low-carb)

**If yes, what? And for how long have you followed this way of eating?**

.....

.....

Coaching tips

- Be aware that what clients say they do is not always what they actually do. Vegetarian clients may eat meat; low-carb clients may have carb binges, etc. Clients are rarely as adherent as they claim to be, and recall is usually selective or poor.
- Here, look mostly for the value and meaning of a specific diet for clients. Why does following a particular diet matter to them? For instance:
 - Are they vegetarian / vegan for ethical reasons? Environmental reasons? Health reasons? Religious reasons?
- Explore the importance and significance of the diet choices, for example:
 - "What do you like about this way of eating?"
 - "What is working for you about this way of eating?"
 - "What things did you consider when deciding to eat this way? Why?"

What are some of the foods or meals you like MOST?

.....

.....

What are some of the foods or meals you DON'T like?

.....

.....

**Coaching tips**

- Explore why the client has certain food preferences. You may discover issues with taste, texture, food prep, convenience, etc.
- When building a nutrition plan, try to include the preferred foods and meals as much as possible, and / or healthier versions of them if needed.

Right now, on a scale of 1-10, how consistent would you say you are with your eating habits?

ALL OVER
THE PLACE

1

2

3

4

5

6

7

8

9

10

PERFECTLY
CONSISTENT,
ALL THE TIME

If you're less consistent than you'd like to be, what seems to get in the way or knock you off track?

.....

.....

Coaching tips

- Depending on the client's answers to the questions above, consider the Ready, Willing, and Able Worksheet as well as the Limiting Factors, Advantages & Behavior Goals Log.

Food and health

Do you have any known / diagnosed food allergies or intolerances? If yes, what are those?

Y N

.....

.....

Do you have any suspected or possible food allergies or intolerances? If yes, what are those?

Y N

.....

.....

Coaching tips

- If yes, ask for as much information as possible, including whether this is a true allergy (i.e., with anaphylaxis) or simply an intolerance.
- For known / diagnosed food allergies / intolerances, find out whether the client has received a clear diagnosis from a health care provider, using valid tests.
- Be aware that food intolerance testing, while helpful, is not a validated test.

How often do you have a bowel movement?

- ☐ More than 3 times daily
 ☐ 1-2 times daily
 ☐ A few times a week
☐ 2-3 times daily
 ☐ Once every 2-3 days
 ☐ Weekly or less

Do you have any digestive system complaints right now? If yes, what are those?

Y N

Coaching tip

Based on the client's answers here, you can consider using the Medical History & Present Medical Condition Questionnaire.

Hunger cues and appetite

On a scale of 1-10, how would you describe your normal appetite / hunger?NEVER
HUNGRY

1

2

3

4

5

6

7

8

9

10

ALWAYS
STARVING/
RAVENOUS**Do you feel like you have trouble controlling your appetite / hunger?**

- ☐ Yes, I feel like I always want food, or eating runs my life
 ☐ Sometimes; it depends
 ☐ No



Coaching tips

- A client who feels they are often hungry may struggle with emotional / stress eating urges and / or be susceptible to environmental cues.
- However, you may be able to help them with hunger and appetite by simply moving them towards:
 - eating slowly and mindfully;
 - clearly identifying physical hunger and fullness cues (rather than urges to eat, or habitual eating at prescribed times); and
 - choosing less processed, more whole foods.
- Explore your client's dieting history as well. "Always-hungry" clients may be compensating biologically for long periods of deprivation and restriction. They may still be following this pattern of significantly under-eating for days, and then overcompensating later.

Do you normally struggle with food cravings?

- ☐ Yes, often
 ☐ Sometimes; it depends
 ☐ No, rarely

If yes or sometimes, what do you normally crave?

.....

.....

What do you normally do when you have cravings?

.....

.....

Coaching tips

- Cravings may be part of disordered eating, emotional / stress eating, and / or susceptibility to environmental eating cues.
- They can also signify an underlying health issue (e.g., persistent salt cravings can signify low adrenal function).

Have you ever noticed any connection between your emotions and your eating habits? If yes, what happens?
(e.g., When I'm feeling sad I use food to comfort myself; when I'm happy I notice I have fewer cravings)



.....

.....



Have you ever noticed any connection between stress and your eating habits? If yes, what happens?

(e.g., When I'm stressed I eat more / less)



.....

.....

How often do you think about food and eating (or avoiding eating)?

- ☐ Almost always
 ☐ Sometimes
 ☐ Never
☐ Often
 ☐ Rarely

If you think about food and eating more than sometimes, what in particular do you think about?

.....

.....

How often do you eat to the point of being full or stuffed?

- ☐ Almost constantly
 ☐ Sometimes
 ☐ Never
☐ Often
 ☐ Rarely

Coaching tips

- The questions in this section above can help surface disordered eating habits.
- You may not be able to help directly with this, but you can help your client identify what some of the patterns are. And, if appropriate, refer them out to a qualified eating disorder counselor and / or registered dietitian.

If you feel you've eaten too much, what do you do afterwards? Check all that apply.

- ☐ Try to eat less at subsequent meals
 ☐ Try to get back in control of things
 ☐ Keep eating... what the heck, already blown it
☐ Skip the following meal(s)
 ☐ Purge by vomiting and / or laxatives
☐ Try to exercise to burn it off
 ☐ Forget about it and go back to normal eating
 ☐ Other:
☐ Feel bad

Coaching tip

You're looking here for compensation behaviors, which almost all of these are except for "Forget about it and go back to normal eating".


How often do you skip meals or purposely go a long time without eating?

- ☐ Almost always
 ☐ Sometimes
 ☐ Never
☐ Often
 ☐ Rarely

Coaching tip

Unless you have a client for whom periodic fasting is appropriate, try to move your client towards a normal, somewhat regular eating schedule.

Daily habits and environment

How often do you normally make meals at home?

- ☐ 0 meals a day
 ☐ 3-4 meals a day
 ☐ 5 or more meals prepared at home
☐ 1-2 meals a day

How often do you normally eat meals in restaurants / cafeterias?

- ☐ 0 meals a week
 ☐ 3-4 meals a week
 ☐ All meals eaten in restaurants / cafeterias
☐ 1-2 meals a week

How often do you shop for food?

- ☐ More than daily
 ☐ A couple times a week
 ☐ I never shop for food; it just magically appears in my house
☐ Daily
 ☐ Once a week
☐ Every other day
 ☐ Less than once a week

On a scale of 1 to 10, how would you rank your food preparation and cooking skills right now?

TERRIBLE /
NONEXISTENT

1

2

3

4

5

6

7

8

9

10

EXPERT CHEF

Do you like cooking?

- ☐ Yes
 ☐ Sometimes, if I have the time / energy
 ☐ No

If no, what do you NOT like?

.....

.....

If yes or sometimes, what do you enjoy about it?

**Coaching tips**

- Improving food prep and cooking skills is often a simple way to improve clients' eating habits, food repertoire, and overall confidence.
- For clients where shopping, food prep and / or cooking skills are limiting factors:
 - Look for easy, convenient, basic tasks that can have big payoffs (e.g., preparing a slow cooker meal for the next few days, shopping with a list).
 - For clients who absolutely hate cooking / food prep and don't have anyone to do it for them, consider a meal delivery service.
 - Consider using the Kitchen Set-up Assessment to further evaluate client's home kitchen environment.

Your goals and priorities

Thinking about all that you have written down here, what do you think you might like to start working on or addressing first?

Coaching tips

- Here, the client can set the agenda, with your guidance. Direct their attention to things that you noticed in their answers, and work together to decide on next steps.
- Those steps can be either low-hanging fruit, or most important limiting factors/skills to be addressed.

Eating Habits Questionnaire

NAME

DATE

Please answer the questions as honestly as you can. There are no right or wrong answers.

General eating patterns

As best as you can remember right now, tell me generally about an average day of eating and drinking.

This doesn't have to be perfect; just capture your usual patterns.

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Example: 7 AM	Toast with peanut butter & jam / Coffee with cream & sugar / Glass of orange juice

Right now, are you following any particular diet or style of eating?

(e.g., vegetarian / vegan, Paleo, kosher / halal, low-carb)

☐ Y

☐ N

If yes, what? And for how long have you followed this way of eating?

What are some of the foods or meals you like MOST?

.....

.....

What are some of the foods or meals you DON'T like?

.....

.....

Right now, on a scale of 1-10, how consistent would you say you are with your eating habits?

ALL OVER
THE PLACE

1

2

3

4

5

6

7

8

9

10

PERFECTLY
CONSISTENT,
ALL THE TIME

If you're less consistent than you'd like to be, what seems to get in the way or knock you off track?

.....

.....

Food and health

Do you have any known / diagnosed food allergies or intolerances? If yes, what are those?

Y N

.....

.....

Do you have any suspected or possible food allergies or intolerances? If yes, what are those?

Y N

.....

.....

How often do you have a bowel movement?

- ☐ More than 3 times daily ☐ 1-2 times daily ☐ A few times a week
☐ 2-3 times daily ☐ Once every 2-3 days ☐ Weekly or less

Do you have any digestive system complaints right now? If yes, what are those?

☐ Y ☐ N

.....

.....

Hunger cues and appetite

On a scale of 1-10, how would you describe your normal appetite / hunger?

NEVER
HUNGRY

1

2

3

4

5

6

7

8

9

10

ALWAYS
STARVING/
RAVENOUS

Do you feel like you have trouble controlling your appetite / hunger?

- ☐ Yes, I feel like I always want food,
or eating runs my life ☐ Sometimes; it depends ☐ No

Do you normally struggle with food cravings?

- ☐ Yes, often ☐ Sometimes; it depends ☐ No, rarely

If yes or sometimes, what do you normally crave?

.....

.....

What do you normally do when you have cravings?

.....

.....

Have you ever noticed any connection between your emotions and your eating habits? If yes, what happens?
(e.g., When I'm feeling sad I use food to comfort myself; when I'm happy I notice I have fewer cravings)

Y N

Have you ever noticed any connection between stress and your eating habits? If yes, what happens?
(e.g., When I'm stressed I eat more / less)

☐ Y ☐ N

How often do you think about food and eating (or avoiding eating)?

- ☐ Almost always
 ☐ Sometimes
 ☐ Never
- ☐ Often
 ☐ Rarely

If you think about food and eating more than sometimes, what in particular do you think about?

.....

How often do you eat to the point of being full or stuffed?

- ☐ Almost constantly
 ☐ Sometimes
 ☐ Never
- ☐ Often
 ☐ Rarely

If you feel you've eaten too much, what do you do afterwards? Check all that apply.

- ☐ Try to eat less at subsequent meals ☐ Try to get back in control of things ☐ Keep eating... what the heck, already blown it
☐ Skip the following meal(s) ☐ Purge by vomiting and / or laxatives
☐ Try to exercise to burn it off ☐ Forget about it and go back to normal eating ☐ Other:
☐ Feel bad

.....

.....

How often do you skip meals or purposely go a long time without eating?

- ☐ Almost always
 ☐ Sometimes
 ☐ Never
- ☐ Often
 ☐ Rarely

Daily habits and environment

How often do you normally make meals at home?

- ☐ 0 meals a day ☐ 3-4 meals a day ☐ All meals prepared at home
☐ 1-2 meals a day

How often do you normally eat meals in restaurants / cafeterias?

- ☐ 0 meals a week ☐ 3-4 meals a week ☐ 5 or more meals eaten in restaurants /
cafeterias
☐ 1-2 meals a week

How often do you shop for food?

- ☐ More than daily ☐ A couple times a week ☐ I never shop for food; it just magically
appears in my house
☐ Daily ☐ Once a week
☐ Every other day ☐ Less than once a week

On a scale of 1 to 10, how would you rank your food preparation and cooking skills right now?

TERRIBLE / NONEXISTENT ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ EXPERT CHEF

Do you like cooking?

- ☐ Yes ☐ Sometimes, if I have the time / energy ☐ No

If no, what do you NOT like?

.....
.....

If yes or sometimes, what do you enjoy about it?

.....
.....

Your goals and priorities

Thinking about all that you have written down here, what do you think you might like to start working on or addressing first?

.....
.....

FOOD JOURNAL

3-Day Diet Record

NAME

DATE

Please record everything you eat and drink for 3 days. Be as thorough and detailed as possible.

Please be as honest as you can be. I am gathering data, not judging. Don't change your normal routine. Just record what you are doing.

If your eating habits change over the week, pick 3 days that are representative (e.g., 2 weekdays plus 1 weekend day).

To measure, simply use hand-sized portions (e.g., 1 palm, 1 fist, 1 cupped handful, 1 thumb) or something else standardized (e.g., baseball, deck of cards). You can use measuring cups or a food scale if you want, but you don't have to.

Record any other notes about other things we've agreed you'll record, such as why you are eating, physical sensations from eating, how you felt after you ate.

Example

MEAL TIME	WHAT YOU ATE / DRANK AND HOW MUCH	NOTES
7 AM	2 pieces whole-grain toast 2 thumbs peanut butter 1 mug of coffee with milk + 2 sugars	Rushing out the door; busy day
10:15 AM	Bran muffin (about 1 fist sized) 1 medium-sized orange Medium coffee from Dunkin' Donuts	In a meeting
12:30 PM	12" Subway turkey sandwich 1 can Diet Coke	No cheese
3:30 PM	1 strawberry Greek yogurt 2 handfuls Triscuits	Ate at desk
6:30 PM	3 slices meat-lovers pizza 2 light beers 1 bowl moose tracks ice cream	Got home late, no energy to cook

Day 1

MEAL TIME	WHAT YOU ATE / DRANK AND HOW MUCH	NOTES
.....
.....
.....
.....
.....
.....
.....
.....

Day 2

MEAL TIME	WHAT YOU ATE / DRANK AND HOW MUCH	NOTES
.....
.....
.....
.....
.....
.....
.....
.....

Day 3

MEAL TIME	WHAT YOU ATE / DRANK AND HOW MUCH	NOTES
.....
.....
.....
.....
.....
.....
.....
.....
.....

FOOD JOURNAL

80% Full Meal Journal

.....	
NAME		DATE
MEAL TIME	WHAT DID YOU EAT	80% FULL?
.....	.....	<div>Y</div> <div>N</div>
.....	.....	<div>Y</div> <div>N</div>
.....	.....	<div>Y</div> <div>N</div>
.....	.....	<div>Y</div> <div>N</div>
.....	.....	<div>Y</div> <div>N</div>
.....	.....	<div>Y</div> <div>N</div>
.....	.....	<div>Y</div> <div>N</div>
.....	.....	<div>Y</div> <div>N</div>
.....	.....	<div>Y</div> <div>N</div>

FOOD JOURNAL

Athletic Performance Indicators

NAME

DATE

How well did you sleep last night?

TERRIBLE

1

2

3

4

5

6

7

8

9

10

AWESOME

Overall, how's your mood today?

TERRIBLE

1

2

3

4

5

6

7

8

9

10

AWESOME

Overall, how's your energy today?

EXHAUSTED

1

2

3

4

5

6

7

8

9

10

SUPERSTAR

Overall, how much do you feel like training today?

UGH,
NO WAY

1

2

3

4

5

6

7

8

9

10

BRING
IT ON!!

Overall, how's your physical health today?

VERY
SICK OR
INJURED

1

2

3

4

5

6

7

8

9

10

100%
HEALTHY
& THRIVING

MORNING HEART RATE

MORNING TEMPERATURE

MORNING HEART RATE VARIABILITY (HRV) SCORE

BPM

°F / °C

FOOD JOURNAL

Athlete Nutrition Journal

.....

NAME

DATE

Instructions: Write down what you eat, and jot down a few notes about how you're feeling.

MEAL TIME	WHAT DID YOU EAT?	HOW ARE YOU FEELING?
.....
.....
.....
.....
.....
.....
.....
.....

FOOD JOURNAL

Eating Behaviors Journal

NAME

DATE

Instructions: Capture any urges or behaviors that you notice, especially around eating time.

MEAL TIME	WHAT DID YOU EAT?	WHAT ARE YOU FEELING, DOING OR THINKING?
7:00 AM	Black coffee	Remember to stay on track with diet today! Doing intermittent fasting - no breakfast. Stay strong! Did 45 minutes fasted cardio.
10 AM	Large coffee with cream & sugar Muffin	Hoping to wait until lunch time. Gave in and ate the muffin at the meeting. Feeling guilty and ashamed.
12 PM	12" Subway sandwich Diet soda	Feeling rushed and anxious. Urge to over-eat is strong. Got extra-large sub and ate it quickly. Planning longer workout tonight to make up for it.

MEAL TIME	WHAT DID YOU EAT?	WHAT ARE YOU FEELING, DOING OR THINKING?
.....
.....
.....
.....
.....
.....
.....
.....
.....

FOOD JOURNAL

Eating Slowly Meal Journal

.....	
NAME		DATE
MEAL TIME	WHAT DID YOU EAT	DID YOU EAT SLOWLY?
.....	<input type="radio"/> Y <input type="radio"/> N
.....	<input type="radio"/> Y <input type="radio"/> N
.....	<input type="radio"/> Y <input type="radio"/> N
.....	<input type="radio"/> Y <input type="radio"/> N
.....	<input type="radio"/> Y <input type="radio"/> N
.....	<input type="radio"/> Y <input type="radio"/> N
.....	<input type="radio"/> Y <input type="radio"/> N
.....	<input type="radio"/> Y <input type="radio"/> N
.....	<input type="radio"/> Y <input type="radio"/> N

Meal Duration Journal

DATE _____

WHAT TIME DID YOU STOP EATING?

FOOD JOURNAL

Emotional Eating Journal

NAME

DATE

Instructions: Capture any urges or behaviors that you notice, especially around eating time.

MEAL TIME	WHAT DID YOU EAT?	WHAT ARE YOU FEELING, DOING OR THINKING?
7 AM	Black coffee	Remember to stay on track with diet today! Doing intermittent fasting - no breakfast. Stay strong! Did 45 minutes fasted cardio.
10 AM	Large coffee with cream & sugar Muffin	Hoping to wait until lunch time. Gave in and ate the muffin at the meeting. Feeling guilty and ashamed.
12 PM	12" Subway sandwich Diet soda	Feeling rushed and anxious. Urge to over-eat is strong. Got extra-large sub and ate it quickly. Planning longer workout tonight to make up for it.

Emotional Eating Journal (cont'd)

MEAL TIME	WHAT DID YOU EAT?	WHAT ARE YOU FEELING, DOING OR THINKING?
.....
.....
.....
.....
.....
.....
.....
.....
.....

FOOD JOURNAL

How Food Feels Journal

NAME

DATE

Instructions: Capture any physical sensations that you notice throughout the day, especially after eating.

MEAL TIME	WHAT DID YOU EAT?	ANY PHYSICAL SENSATIONS? IF SO, WHAT?
8 AM	Whole wheat bagel and cream cheese Glass of milk	Noticed stuffy nose and headache about half hour later. Stomach a bit rumbling.
12 PM	Bowl of vegetable soup Medium-sized bowl of bean salad with tuna	Ate until just satisfied. Feeling good, not over-stuffed.
3 PM	Large coffee Muffin	Low energy; hoping coffee would pick me up. Now I have a headache.

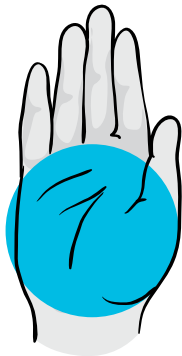
How Food Feels Journal (cont'd)

MEAL TIME	WHAT DID YOU EAT?	ANY PHYSICAL SENSATIONS? IF SO, WHAT?
.....
.....
.....
.....
.....
.....
.....
.....
.....

Hand-Sized Portion Guide

NAME

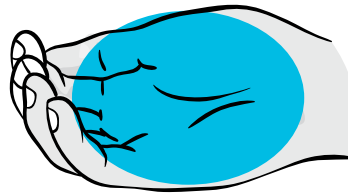
DATE



A serving of protein
= 1 palm



A serving of vegetables
= 1 fist



A serving of carbs
= 1 cupped hand



A serving of fats
= 1 thumb

This works well for many reasons.

First, hands are portable. They come with you to work lunches, restaurants, social gatherings, etc.

Second, hands are a consistent size, providing a consistent reference, and are scaled to the individual. Bigger people need more food, and tend to have bigger hands, therefore getting larger portions. Smaller people need less food, and tend to have smaller hands, therefore getting smaller portions.

Third, it provides reasonable amounts of nutrient dense foods and their specific macronutrients. It will help you meet your protein, vegetable, carb, fat, and calorie needs without having to count a gram or weigh a food.

Assuming you're active and eat about 4 meals per day, this is what we find to be a great starting point:

For each meal, you might begin by eating:

- 1-2 palms of protein-dense foods;
- 1-2 fists of non-starchy vegetables;
- 1-2 cupped handfuls of carb-dense foods; and
- 1-2 thumbs of fat-dense foods.

It's important to note a few things here.

These per-meal numbers are simply a starting guideline to make it very easy to portion out a meal. But your needs, and preferences, might vary a bit.

For most moderately active men, this translates to a daily intake of about:

- 6-8 palms of protein dense foods
- 6-8 fists of vegetables
- 6-8 cupped handfuls of carb dense foods
- 6-8 thumbs of fat dense foods

And for most moderately active women, this translates to a daily intake of about:

- 4-6 palms of protein dense foods
- 4-6 fists of vegetables
- 4-6 cupped handfuls of carb dense foods
- 4-6 thumbs of fat dense foods

It is important that you be aware of this. And to always keep in mind that even these are just starting points. They are to help you more easily meet their protein, vegetable, carb, fat, and calorie needs without having to do kitchen math. But they aren't immutable.

You should adjust actual portion amounts up or down, depending on your unique needs and goals. For example:

If you want to gain lean mass or have very high activity levels you might need to add 1-2 cupped handfuls of carbs and / or 1-2 thumbs of fats to a few meals. Or eat another meal or two each day.

If you want to lose body fat or have very low activity levels you might need to remove 1-2 cupped handfuls of carbs and / or 1-2 thumbs of fats from a few meals. Or eat one less meal each day.

Of course, just like any other form of nutrition planning – this meal template is just a starting point. So stay flexible and “steer dynamically”.

Adjust portions based on hunger, fullness, preferences, goals, overall activity level, and most importantly, results. Start with the basic template and then adjust portions at any time using outcome-based decision-making.

Estimated average food amounts for hand-size portions

APPROXIMATE FOOD AMOUNT AND SAMPLE TYPE



A serving of protein
= 1 palm

~**3 to 4 oz** (85-115 g) cooked meat, fish, shellfish, poultry, or tofu

~**1 cup** (225 g) Greek yogurt or cottage cheese

~**2 whole** eggs

~**1 scoop** protein powder



A serving of vegetables
= 1 fist

~**1 cup** non-starchy vegetables (such as leafy greens, peppers, tomatoes, cabbage)



A serving of carbs
= 1 cupped hand

~**1/2 to 2/3 cup** (100 - 130 g) cooked grains or legumes (such as rice, lentils, or oats)

1 medium fruit (e.g., banana)

1 medium tuber (e.g., potato)



A serving of fats
= 1 thumb

~**1 tablespoon** (14 g) oils, nuts and seeds, nut butter, cheese, etc.

Notes:

1. **Amounts are calculated approximations.**
2. **Bigger hands, bigger portions; smaller hands, smaller portions.** These average portion equivalents are just that. Generally men are at the larger end and women at the smaller, however the elegance of the hand portions is that they're scaled to each client.
3. **Don't get hung up on precise details such as exact portion size to the gram.** For most people, it doesn't matter — we're just looking for an easy method of measuring food intake and increasing food awareness. Only Level 2 and 3 clients benefit from more sophisticated tracking.

.....
NAME

.....
DATE

How to explain this to your clients

Here's a sample script you can use when discussing this with your clients.

"Based on the assessments we did, it appears that you are having some trouble getting enough movement each day. This is likely limiting your progress right now.

Most of us can only spend so much time at the gym. So I thought maybe we could brainstorm some other ways of building movement into your regular routine.

If you are interested, I have some ideas that I can share with you."

Ideas for movement

- ☐ A short movement routine at home first thing in the morning or right before bed
- ☐ Walk or bike to work
- ☐ Walk or bike to do errands
- ☐ Sign up for a class that involves physical activity (dance)
- ☐ Take the stairs whenever possible (seriously, this adds up)
- ☐ Join a sports league
- ☐ Play with kids / grandkids / nieces / nephews
- ☐ Do your own chores
- ☐ Wash your own car
- ☐ Volunteer doing something physically demanding (e.g., food recovery networks, farming)

Ideas for Movement

.....
NAME

.....
DATE

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-
-
-
-

Kitchen Set-up Assessment



NAME

DATE

Coaching tips

- Use this form to help show the relationship between environment and food habits. The better the environment is, the better the food habits will be.
- Combine this with food journal(s) to show exactly what your client is eating and when. Also consider combining with the Eating Habits Questionnaire to get the big picture.
- You can use this form for a baseline assessment as well as progress tracking. Kitchen set-ups often improve over time.
- Look for alcohol use as part of this review. You may not be in a place to discuss it openly with your client, but you can at least include it as part of your assessment.

Berardi's First Law

Berardi's First Law states:

If a food is in your house or possession, either you, someone you love, or someone you marginally tolerate, will eventually eat it.

The corollary of Berardi's First Law is:

If a healthy food is in your house or possession, either you, someone you love, or someone you marginally tolerate, will eventually eat it.

Your surroundings: your “trusted safety system”

Keep healthy stuff near you and convenient. Make your routines and environment support your coaching journey.

Keep unhealthy stuff away from you and inconvenient. Make it hard for unhealthy stuff to get to you. If it doesn't help you reach your goals, you don't need it near you.

A good kitchen set-up makes things easy.

When you have a clear structure and a trusted system, you don't have to think. You can just execute. And it's simple.

Red, yellow, and green light foods and drinks

We like the “traffic light” concept: red, yellow, and green light foods and drinks.

Each person will have a slightly different list of red, yellow, and green lights.



Coaching tips

- Work with your client to decide together on their red, yellow, and green light foods and drinks.
- Ask and collaborate, don't tell.
 - Rather than lecturing your client on what are "good" and "bad" foods and drinks, ask them what foods and drinks do and don't work for them, and why.
 - Assess each food and drink choice together. Ask the client to talk through their reasoning process, and decide how well a specific choice works for them.
- Remember that each choice is not forever. A client may not be willing to part with red or yellow light foods right now, but may be in a month or so.
- And remember that this isn't about eating perfection. For example, if a client will only eat salads with croutons, then that is a small sacrifice to increase vegetable intake. Be reasonable and focus on progress.
- Help your client stock up on green light foods if needed.

Red

"Red light" foods are foods that are just bad news for you.

Maybe they make you feel sick, or they trigger you to eat too much, or you know they're an unhealthy choice for you, etc.

Red means "no go". (Or at least very rarely.)

Yellow

"Yellow light" foods are foods that are sometimes OK, sometimes not.

Maybe you can eat a little bit without feeling ill, or you can eat them sanely at a restaurant with others but not at home alone, or you can have them as an occasional treat, etc.

Yellow means "approach with caution".

Green

"Green light" foods are foods that make you feel good mentally and physically, and that you can eat normally, slowly, to feeling satisfied.

These are usually things like fruits and vegetables, lean protein, and legumes.

Green means "go for it!"

Kitchen review: Food and drink

Review your cupboards, pantry, freezer, fridge, and anywhere else you have food and drinks.

Red

What "red light" foods and drinks do you have?

.....

.....

.....

What "red light" foods and drinks are you willing to part with or make more inconvenient to get to?

.....

.....

.....



Yellow

What “yellow light” foods and drinks do you have?

What “yellow light” foods and drinks are you willing to part with or make more inconvenient to get to?

.....
.....
.....

Green

What “green light” foods and drinks do you have?

What “green light foods” and drinks could you stock up on or add?

.....
.....
.....

Kitchen review: Equipment

What kitchen equipment do you have right now? Check all that apply.

- | | | |
|---|---|---|
| <input type="radio"/> Slow cooker | <input type="radio"/> Wooden spoon(s) | <input type="radio"/> Cookie sheet(s) |
| <input type="radio"/> Blender | <input type="radio"/> Spatula(s) | <input type="radio"/> Aluminum foil |
| <input type="radio"/> Hand blender | <input type="radio"/> Whisk(s) | <input type="radio"/> Parchment paper |
| <input type="radio"/> Mixer | <input type="radio"/> Mixing bowl(s) | <input type="radio"/> Storage containers (e.g., Tupperware) |
| <input type="radio"/> Food processor | <input type="radio"/> Non-stick frying / sauté pan(s) | <input type="radio"/> Cutting board |
| <input type="radio"/> Grater | <input type="radio"/> Small saucepan(s) | <input type="radio"/> Strainer / colander |
| <input type="radio"/> Measuring cups | <input type="radio"/> Medium saucepan(s) | <input type="radio"/> Salad spinner |
| <input type="radio"/> Measuring spoons | <input type="radio"/> Large soup pot(s) | <input type="radio"/> Other: |
| <input type="radio"/> Chef's knife | <input type="radio"/> Ovenproof casserole dish(es) | ..... |
| <input type="radio"/> Other prep knives (e.g. paring knife, boning knife, etc.) | <input type="radio"/> Roasting pan(s) | ..... |
| | | |



What other equipment, if anything, might you need?

.....

.....

What other equipment, if anything, are you willing to add right now?

.....

.....

Kitchen review: Organization and systems

Right now, how would you rank your overall kitchen organization?

CHAOS
AND FILTH

1

2

3

4

5

6

7

8

9

10

MARTHA
STEWART
IS JEALOUS

Right now, do you have a system for regular food preparation? (e.g., weekly meal prep, making lunches the night before) If yes, what?

Y

N

.....

.....

Right now, do you have a system for shopping and stocking food? (e.g., creating weekly shopping list) If yes, what?

Y

N

.....

.....

.....

What, if anything, could you do to improve your kitchen's organization and food preparation systems?

.....

.....

Coaching tip

Work with your client to establish a trusted system of food shopping / stocking and preparation.

Kitchen Set-up Assessment

.....
NAME

.....
DATE

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Right now, do you have a system for shopping and stocking food? (e.g., creating weekly shopping list)

☐ Y ☐ N

If yes, what?

.....

.....

.....

What, if anything, could you do to improve your kitchen's organization and food preparation systems?

.....

.....

Limiting Factors, Advantages, and Behavior Goals Worksheet



NAME DATE

How to use this worksheet

In making changes, clients will have both limiting factors and advantages (or “superpowers”). **Limiting factors** are things that block or work against your client doing something.

For example:

- not enough time
- don't know how
- not getting enough recovery
- other people sabotaging progress

Advantages and superpowers are things that can help your client move through these blocks, things that are already working, and / or things that your client is already doing well. For example:

- client is motivated to change
- client is organized and a good problem solver
- client is already doing part of the behavior
- client has supportive family

To use this form:

1. Capture your client's limiting factors and advantages / superpowers in the form below.
2. Use these limiting factors and advantages / superpowers to identify behavior goals and possible next actions for the client.

NOTE: A good behavior goal:

- decreases, manages, or prevents limiting factors; and
- uses client advantages / superpowers.

Behavior goals are meant to build specific skills.

- Use the 5S system to help you determine which skills should come first (simple, segmental, sequential, strategic, and supported).
- For more, see here: <http://www.precisionnutrition.com/pn-coaching-secrets-revealed-infographic>.

Limiting Factors, Advantages, and Behavior Goals Worksheet

[illegible]

Make It a Habit Worksheet



.....
NAME

.....
DATE

How to make goals into habits: a quick reference

1. Start with the awesome.
2. Let the client choose the direction.
3. Set the right kind of goal.
4. Break the goal down.
5. Choose ONE small piece.
6. Shrink the task even further.
7. Confirm the fit.
8. Set up an accountability system.
9. Use outcome-based decision making to assess how well the habit worked and plan next steps.

Step 1: Start with the awesome

What are your client's existing:

- skills
- solutions to other problems
- successes
- strengths
- superpowers

To ask your client:

- Where / how are you already successful? How can you do more of that?
- In what situations do you tend to be successful? How can we reproduce that for you in the service of a new nutrition-related task?
- Where do you feel strongest? How can we build on those strengths?

What's awesome about your client?



Step 2: Let them choose the direction

Let them choose what direction they want to go in. Give them several options, based on your expert guidance.

As a coach, the top 3 areas I'd suggest they focus on are:

.....

.....

.....

.....

.....

.....

Based on these suggestions, my client and I agree to focus on this ONE area:

.....

.....

Step 3: Set the right kind of goal

What's your client's *general* goal?

.....

.....

.....

This goal is (check all that apply):

- ☐ behavior-based (focuses on executing desired behaviors and activities)
- ☐ approach-oriented (it pulls the client towards something)
- ☐ mastery-focused (emphasizes skill learning)



Step 4: Break the goal down

Break the larger general goal down into smaller pieces.

Always show the client how every task you give them relates to the larger goal. No task should be without a larger purpose.

Small piece 1:

Related to the big goal because:

This piece is:

- ☐ clear and concrete
- ☐ specific
- ☐ do-able

Small piece 2:

Related to the big goal because:

This piece is:

- ☐ clear and concrete
- ☐ specific
- ☐ do-able

Small piece 3:

Related to the big goal because:

This piece is:

- ☐ clear and concrete
- ☐ specific
- ☐ do-able

Small piece 4:

Related to the big goal because:

This piece is:

- ☐ clear and concrete
- ☐ specific
- ☐ do-able

Small piece 5:

Related to the big goal because:

This piece is:

- ☐ clear and concrete
 - ☐ specific
 - ☐ do-able
-



Step 5: Choose ONE small piece

Ask the client which small piece they would like to focus on for the next while, as a daily habit. Focus *only* on that task. Their objective is to do this task consistently, every day. That's it. One thing at a time, until they've got it.

The ONE small piece we've chosen is:

.....

.....

.....

Step 6: Shrink the task even further

Shrink the task so it's slightly smaller than the client thinks they can manage.

A slightly smaller version of the ONE small piece we've chosen is:

.....

.....

Step 7: Confirm the fit

My client is: ☐ ready ☐ willing ☐ able to do the task laid out in Step 6. And:

☐ The task matches the client's nutritional age and overall agenda.

Step 8: Set up an accountability system

☐ We have agreed on a system of accountability for measuring the client's completion of this task.

The system we will use is:

.....

.....

.....



Step 9: Use outcome-based decision making to assess the habit

After the client has had time to try doing the task, and you have reviewed the accountability system, ask the client:

How'd that work for you?

.....

.....

.....

Based on the information above, what is your next step as a coach-client team?

.....

.....

.....

.....

.....

.....

Meal Consistency Worksheet



NAME DATE

How to use this worksheet

- Each time you eat a meal that's consistent with the habits you're working on, put an X in the box.
- Each time you eat a meal that's NOT consistent, put an O in the box. (Leave a cell blank if you didn't have that many meals.)
- At the end of the week, total up all your Xs and divide by the number of meals to get a consistency percentage.

Coaching tips

- Emphasize "consistency" rather than "compliance".
- Use this as both a progress tracker and as a way to surface limiting factors.
- As a progress tracker: Client has made progress when consistency (as a percentage of all meals) improves.
- Treat improvements in consistency as progress in and of themselves (in other words, simply being more consistent is worth celebrating).
- Look for the reasons why consistency improved, and build on those "bright spots" as well.
- As a way to show limiting factors: Use non-adherence / non-consistency to open up a discussion about why the client didn't do the task.
- Do NOT treat non-consistency as "failure" or "mistakes". Treat it as useful data.
- Explore "ready, willing, able".
- Look for patterns over the course of a day, and over the course of a week.
 - For example, the client does well in AM, struggles in PM; client does well Monday-Thursday but struggles Friday-Sunday.
- NOTE: not all clients need to achieve the same amount of consistency to reach their goals.
- Level 1 clients, or clients with more moderate goals, will do incredibly well shooting for 75-80% consistency.
- Level 2 clients, or clients with more advanced goals, will need to aim for 90% consistency or higher.



My consistency checklist

What counts as an “adherent meal” for you? What are you working on?

Habit 1

.....

Habit 2

.....

Habit 3

.....

Habit 4

.....

Habit 5

.....

Coaching tips

- You don’t have to use all 5 habits. Generally, the fewer the better. However, as clients get more advanced, they may be working on a few things at once (e.g., lean protein + colorful fruits and vegetables + eat slowly).
- Agree in advance with the client what will count as “consistent” or a focus of adherence.

	MEAL 1	MEAL 2	MEAL 3	MEAL 4	MEAL 5	MEAL 6	MEAL 7	DAILY Total	NUMBER OF ADHERENT MEALS
Sample Day	X	0	X	X	0		7	5	3/5
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

TOTAL MEALS EATEN THIS WEEK

TOTAL ADHERENT MEALS

CONSISTENCY PERCENTAGE

Coaching tips

- Help clients remember to do this, especially if food tracking is a new task. Consider setting up automated reminders around each meal time.
- Make it clear that having 7 possible slots to record meals doesn’t mean that clients have to eat 7 meals.

Meal Consistency Worksheet

NAME _____ DATE _____

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Habit 1

.....

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.....

Habit 3

.....

Habit 4

.....

Habit 5

.....

	MEAL	MEAL	MEAL	MEAL	MEAL	MEAL	MEAL	DAILY	NUMBER
	1	2	3	4	5	6	7	Total	OF ADHERENT MEALS
Sample Day	X	0	X	X	0			5	3/5

Monday

.....

Tuesday

.....

Wednesday

.....

Thursday

.....

Friday

.....

Saturday

.....

Sunday

.....

TOTAL MEALS EATEN THIS WEEK TOTAL ADHERENT MEALS CONSISTENCY PERCENTAGE

Medical History and Present Medical Condition Questionnaire



NAME

DATE

How to explain this form to your clients

Here's a sample script you can use to introduce this form to your clients.

"The information you give here will help me better understand you and your concerns. If you are uncomfortable answering a particular question, feel free to leave it blank. Please explain all YES answers at the end of this questionnaire."

Coaching tip

Note the date. You can use this form not only for a baseline evaluation, but as a progress indicator. While Medical Nutrition Therapy is not in your scope of practice as a Level 1 coach, many health conditions will respond to basic nutrition coaching and / or improvements in fitness, and you may be able to track improvement in many health problems.

Health conditions

Do you currently have or have you recently had any of the following? Check all that apply.

Coaching tip

Remember that Medical Nutrition Therapy is not in your scope of practice as a Level 1 coach. Set expectations clearly with clients.

Where appropriate, use your referral networks and collaborate with clients' health care providers, pharmacists, etc.

Ear, nose, and throat

- | | | |
|---|--|---|
| <input type="radio"/> Allergies | <input type="radio"/> Frequent sinus trouble | <input type="radio"/> Earaches |
| <input type="radio"/> Hearing loss | <input type="radio"/> Frequent hoarseness | <input type="radio"/> Other ear, nose, throat conditions: |
| <input type="radio"/> Frequent nosebleeds | <input type="radio"/> Ringing / buzzing ears | ..... |

Eyes and vision

- | | | |
|---|--|--|
| <input type="radio"/> Poor night vision | <input type="radio"/> Blurred or double vision | <input type="radio"/> Other eye / vision conditions: |
| <input type="radio"/> Change in vision | <input type="radio"/> Glaucoma | ..... |



Neurological and cognitive

- | | | |
|---|--|---|
| <input type="radio"/> Epilepsy | <input type="radio"/> Dizziness | <input type="radio"/> Numbness / tingling extremities |
| <input type="radio"/> Convulsions / seizures | <input type="radio"/> Frequent headaches | <input type="radio"/> Other mental health conditions:
..... |
| <input type="radio"/> Anxiety | <input type="radio"/> Tremors | |
| <input type="radio"/> Depression | <input type="radio"/> Memory loss | |
| <input type="radio"/> Mood disorder | <input type="radio"/> Loss of coordination | <input type="radio"/> Other neurological / cognitive conditions:
..... |
| <input type="radio"/> Trouble thinking and / or remembering | <input type="radio"/> Difficulty concentrating | |

Mouth and oral health

- | | | |
|---|----------------------------------|--|
| <input type="radio"/> Bleeding gums and / or sore mouth | <input type="radio"/> Bad breath | <input type="radio"/> Other mouth / oral health conditions:
..... |
| <input type="radio"/> Tooth decay | | |

Lungs and airway

- | | | |
|---|---|--|
| <input type="radio"/> Asthma | <input type="radio"/> Brown / blood-tinged sputum | <input type="radio"/> Other lung / airway conditions:
..... |
| <input type="radio"/> Shortness of breath | <input type="radio"/> Chest tightness | |
| <input type="radio"/> Chronic or frequent cough | <input type="radio"/> Wheezing | |

Heart and circulation

- | | | |
|---|---|--|
| <input type="radio"/> Fainting or lightheadedness | <input type="radio"/> High blood pressure | <input type="radio"/> Painful varicose veins |
| <input type="radio"/> Heart attack | <input type="radio"/> Palpitation (irregular heartbeat) | <input type="radio"/> Bleeding / bruising easily |
| <input type="radio"/> Heart murmur | <input type="radio"/> Pain or discomfort in chest | <input type="radio"/> Anemia |
| <input type="radio"/> Positive stress test | <input type="radio"/> High cholesterol | <input type="radio"/> Other heart / circulation conditions:
..... |
| <input type="radio"/> Heart valve abnormality | <input type="radio"/> Stroke | |
| <input type="radio"/> Angina | <input type="radio"/> Swelling of feet | |
| <input type="radio"/> Heart failure | <input type="radio"/> Leg pain while walking | |

Skin

- | | | |
|---------------------------------|---|---|
| <input type="radio"/> Eczema | <input type="radio"/> Skin cancer | <input type="radio"/> Other skin-related conditions:
..... |
| <input type="radio"/> Psoriasis | <input type="radio"/> Fungal infections | |
| <input type="radio"/> Acne | | |



Sleep

- | | | |
|-----------------------------------|--------------------------------|--|
| <input type="radio"/> Sleep apnea | <input type="radio"/> Insomnia | <input type="radio"/> Other sleep-related conditions:
..... |
| <input type="radio"/> Snoring | | |

Genito-urinary

- | | | |
|---|--|---|
| <input type="radio"/> Kidney disease | <input type="radio"/> Difficulty starting / stopping urination | <input type="radio"/> Other genito-urinary conditions:
..... |
| <input type="radio"/> Prostatitis | <input type="radio"/> Urinating 2 or more times per night | |
| <input type="radio"/> Urinary tract infection | <input type="radio"/> Frequent or painful urination | |

Gastrointestinal

- | | | |
|--|---|---|
| <input type="radio"/> Trouble swallowing | <input type="radio"/> Bloating and / or gas | <input type="radio"/> Known food allergies (causing anaphylaxis or hives):
..... |
| <input type="radio"/> GERD / heartburn | <input type="radio"/> Crohn's / Colitis / IBD | |
| <input type="radio"/> Frequent indigestion | <input type="radio"/> Persistent diarrhea | |
| <input type="radio"/> Ulcer | <input type="radio"/> Persistent constipation | |
| <input type="radio"/> Vomited blood | <input type="radio"/> Frequent abdominal pain | <input type="radio"/> Known food intolerances:
..... |
| <input type="radio"/> Hepatitis | <input type="radio"/> Frequent nausea | |
| <input type="radio"/> Liver disease | <input type="radio"/> Black / bloody bowel movement | |
| <input type="radio"/> Elevated liver enzyme test | <input type="radio"/> Hemorrhoids | <input type="radio"/> Other gastrointestinal conditions:
..... |
| <input type="radio"/> Hernia | | |

Hormones

- | | | |
|--|---|---|
| <input type="radio"/> Thyroid conditions | <input type="radio"/> Trouble controlling blood sugar | <input type="radio"/> Low or high cortisol |
| <input type="radio"/> Diabetes | <input type="radio"/> Sex hormone imbalance | <input type="radio"/> Other hormonal conditions:
..... |

Musculoskeletal

- | | | |
|---|--|--|
| <input type="radio"/> Back trouble / pain | <input type="radio"/> Joint injury / pain / swelling | <input type="radio"/> Other musculoskeletal conditions:
..... |
| <input type="radio"/> Neck trouble / pain | <input type="radio"/> Carpal tunnel syndrome | |

Immune and autoimmune

- | | | |
|--|--|---|
| <input type="radio"/> Swollen glands | <input type="radio"/> Lupus | <input type="radio"/> Other immune/ autoimmune conditions:
..... |
| <input type="radio"/> Rheumatoid arthritis | <input type="radio"/> Chronic fatigue syndrome | |



Miscellaneous

- ☐ Cancer ☐ Undesired weight loss

Men's health

- ☐ Prostatitis ☐ Infertility ☐ Other men's health conditions:
☐ Low testosterone ☐ Trouble with sexual function

Women's health

- ☐ PCOS ☐ PMS Are you:
☐ Infertility ☐ Hot flashes / night sweats ☐ Trying to conceive?
☐ Endometriosis ☐ Trouble with sexual function ☐ Currently pregnant?
☐ Painful menstruation ☐ Other women's health conditions: ☐ Post-partum (up to 1 year)?
..... ☐ Breastfeeding?

Should you normally be menstruating regularly?

☐ Y ☐ N

If so, are you getting a regular period?

☐ Y ☐ N

If no, are you:

- ☐ Peri-menopausal ☐ Menopausal

Have you had a Pap smear in the last 5 years?

☐ Y ☐ N

Are you on hormone replacement or hormonal birth control? If yes, what?

☐ Y ☐ N

How often do you visit the doctor for a check-up?

- ☐ Monthly or more ☐ Once or twice a year ☐ What's a doctor and why would I visit one?
☐ Every few months ☐ Every 2-5 years

Are you currently under a doctor's care? If yes, for what?

☐ Y ☐ N

.....
.....



Have you had any surgeries and / or been hospitalized in the last 10 years? If yes, what?



.....

.....

Are there any other significant health concerns that I haven't asked about? If so, please tell me about them.

.....

.....

Are you experiencing any stresses, mood conditions, relationship difficulties, or substance-related conditions for which you would like resources or a confidential referral? If so, please describe briefly.



.....

.....

Coaching tip

Again, where appropriate, use your referral networks and collaborate with your client's health care providers, pharmacists, etc.

- | | |
|---------------------------------------|-----------------------------|
| • Eating disorder specialist | • Massage therapist |
| • Psychotherapist | • Physiotherapist |
| • Psychiatrist | • Pharmacist |
| • Bariatric medicine doctor / surgeon | • Naturopath |
| • Addictions counselor | • Registered dietitian (RD) |
| • Sports medicine doctor | |



Medication, drug, and supplement use

Coaching tips

- Medications can significantly affect your clients' overall health and the results they'll get from your nutrition programming. Be sure you know all medications and supplements your clients are taking, and understand the side effects.
- Consider having a pharmacist in your referral network, and consult as needed.
- You can also refer to <http://www.precisionnutrition.com/drugs-fitness-progress> for more.

Do you take any over-the-counter or prescription medications occasionally or regularly?

☐ Y ☐ N

.....

.....

Are you on hormone replacement / supplementation, or hormonal birth control?
(e.g., testosterone, estrogen, birth control pill, Nuva Ring) If yes, what?

☐ Y ☐ N

.....

.....

Do you take any sports supplements or "natural" health products occasionally or regularly?
(e.g., creatine, BCAAs, ginkgo, ginseng, St. John's Wort) If yes, what?

☐ Y ☐ N

.....

.....

Do you take any other vitamin or mineral supplements occasionally or regularly?
(e.g., multivitamin, iron supplement) If yes, what?

☐ Y ☐ N

.....

.....

**How often do you consume alcohol?**

- ☐ I don't drink alcohol at all ☐ About once every 2 weeks ☐ More than once a week
☐ About once a month or fewer ☐ About once a week ☐ Daily

Each time you consume alcohol, how many drinks do you have (one drink = 12 ounces of beer, 5 ounces wine, 1.5 ounces hard liquor)?

- ☐ I don't drink alcohol at all ☐ 2-3 drinks ☐ More than 3 drinks
☐ 1 drink

How often do you use recreational drugs?

- ☐ I don't at all ☐ About once every 2 weeks ☐ More than once a week
☐ About once a month or fewer ☐ About once a week ☐ Daily

Do you smoke? If yes, how many packs a day?

☐ Y ☐ N

.....

.....

Did you smoke in the past? If yes, when did you quit?

☐ Y ☐ N

.....

.....

Coaching tips

- If appropriate, look for evidence of addictions or less-serious “substance problems” that are somewhere on the continuum between “no issue” and “noticeable effects on health”. You can’t fix this, nor should you try (though getting clients to cut back on alcohol if needed can be very helpful), but it will likely affect the results of your nutrition programming.
- In particular, you’ll likely see a lot of recreational drinking among many clients. And even small changes here can help. Going from 20 drinks per week to 10 can save a client 1,000-2,000 calories!



Further information

If you ticked off any health issues in the “Health conditions” section, please give more details.

HEALTH CONDITION	DETAILS
.....
.....
.....
.....
.....
.....

Coaching tips

- Ask your clients to be as specific as possible.
- You're not a doctor, but it helps to familiarize yourself with common health problems and medications, and their nutritional consequences or implications. For instance:
 - Many skin problems and autoimmune disorders respond well to dietary changes and removing food intolerances.
 - Many health conditions are a result of or exacerbated by malnutrition and nutrient deficiencies.
 - Many common medications deplete important nutrients or have effects on body composition and eating / appetite.

Medical History and Present Medical Condition Questionnaire

NAME

DATE

Health conditions

Do you currently have or have you recently had any of the following? Check all that apply.

Ear, nose, and throat

- | | | |
|---|--|---|
| <input type="radio"/> Allergies | <input type="radio"/> Frequent sinus trouble | <input type="radio"/> Earaches |
| <input type="radio"/> Hearing loss | <input type="radio"/> Frequent hoarseness | <input type="radio"/> Other ear, nose, throat conditions: |
| <input type="radio"/> Frequent nosebleeds | <input type="radio"/> Ringing/buzzing ears | ..... |

Eyes and vision

- | | | |
|---|--|--|
| <input type="radio"/> Poor night vision | <input type="radio"/> Blurred or double vision | <input type="radio"/> Other eye / vision conditions: |
| <input type="radio"/> Change in vision | <input type="radio"/> Glaucoma | ..... |

Neurological and cognitive

- | | | |
|---|--|--|
| <input type="radio"/> Epilepsy | <input type="radio"/> Dizziness | <input type="radio"/> Numbness / tingling extremities |
| <input type="radio"/> Convulsions/seizures | <input type="radio"/> Frequent headaches | <input type="radio"/> Other mental health conditions: |
| <input type="radio"/> Anxiety | <input type="radio"/> Tremors | ..... |
| <input type="radio"/> Depression | <input type="radio"/> Memory loss | |
| <input type="radio"/> Mood disorder | <input type="radio"/> Loss of coordination | <input type="radio"/> Other neurological/cognitive conditions: |
| <input type="radio"/> Trouble thinking and / or remembering | <input type="radio"/> Difficulty concentrating | ..... |

Mouth and oral health

- | | | |
|---|----------------------------------|---|
| <input type="radio"/> Bleeding gums and / or sore mouth | <input type="radio"/> Bad breath | <input type="radio"/> Other mouth / oral health conditions: |
| <input type="radio"/> Tooth decay |  | ..... |

Lungs and airway

- | | | |
|---|---|---|
| <input type="radio"/> Asthma | <input type="radio"/> Brown/blood-tinged sputum | <input type="radio"/> Other lung / airway conditions: |
| <input type="radio"/> Shortness of breath | <input type="radio"/> Chest tightness | ..... |
| <input type="radio"/> Chronic or frequent cough | <input type="radio"/> Wheezing | |

Heart and circulation

- | | | |
|---|---|---|
| <input type="radio"/> Fainting or lightheadedness | <input type="radio"/> High blood pressure | <input type="radio"/> Painful varicose veins |
| <input type="radio"/> Heart attack | <input type="radio"/> Palpitation (irregular heartbeat) | <input type="radio"/> Bleeding / bruising easily |
| <input type="radio"/> Heart murmur | <input type="radio"/> Pain or discomfort in chest | <input type="radio"/> Anemia |
| <input type="radio"/> Positive stress test | <input type="radio"/> High cholesterol | <input type="radio"/> Other heart / circulation conditions: |
| <input type="radio"/> Heart valve abnormality | <input type="radio"/> Stroke | ..... |
| <input type="radio"/> Angina | <input type="radio"/> Swelling of feet | |
| <input type="radio"/> Heart failure | <input type="radio"/> Leg pain while walking | |

Skin

- | | | |
|---------------------------------|---|--|
| <input type="radio"/> Eczema | <input type="radio"/> Skin cancer | <input type="radio"/> Other skin-related conditions: |
| <input type="radio"/> Psoriasis | <input type="radio"/> Fungal infections | ..... |
| <input type="radio"/> Acne | | |

Sleep

- | | | |
|-----------------------------------|--------------------------------|---|
| <input type="radio"/> Sleep apnea | <input type="radio"/> Insomnia | <input type="radio"/> Other sleep-related conditions: |
| <input type="radio"/> Snoring |  | ..... |

Genito-urinary

- | | | |
|---|--|--|
| <input type="radio"/> Kidney disease | <input type="radio"/> Difficulty starting/stopping urination | <input type="radio"/> Other genito-urinary conditions: |
| <input type="radio"/> Prostatitis | <input type="radio"/> Urinating 2 or more times per night | ..... |
| <input type="radio"/> Urinary tract infection | <input type="radio"/> Frequent or painful urination | |

Gastrointestinal

- | | | |
|--|---|--|
| <input type="radio"/> Trouble swallowing | <input type="radio"/> Bloating and / or gas | <input type="radio"/> Known food allergies (causing anaphylaxis or hives): |
| <input type="radio"/> GERD/heartburn | <input type="radio"/> Crohn's / Colitis / IBD | ..... |
| <input type="radio"/> Frequent indigestion | <input type="radio"/> Persistent diarrhea | |
| <input type="radio"/> Ulcer | <input type="radio"/> Persistent constipation | |
| <input type="radio"/> Vomited blood | <input type="radio"/> Frequent abdominal pain | <input type="radio"/> Known food intolerances: |
| <input type="radio"/> Hepatitis | <input type="radio"/> Frequent nausea | ..... |
| <input type="radio"/> Liver disease | <input type="radio"/> Black/bloody bowel movement | |
| <input type="radio"/> Elevated liver enzyme test | <input type="radio"/> Hemorrhoids | <input type="radio"/> Other gastrointestinal conditions: |
| <input type="radio"/> Hernia |  | ..... |

Hormones

- | | | |
|--|---|--|
| <input type="radio"/> Thyroid conditions | <input type="radio"/> Trouble controlling blood sugar | <input type="radio"/> Low or high cortisol |
| <input type="radio"/> Diabetes | <input type="radio"/> Sex hormone imbalance | <input type="radio"/> Other hormonal conditions: |

.....

Musculoskeletal

- | | | |
|---|--|---|
| <input type="radio"/> Back trouble/pain | <input type="radio"/> Joint injury/pain/swelling | <input type="radio"/> Other musculoskeletal conditions: |
| <input type="radio"/> Neck trouble/pain | <input type="radio"/> Carpal tunnel syndrome | |

.....

Immune & autoimmune

- | | | |
|--|--|--|
| <input type="radio"/> Swollen glands | <input type="radio"/> Lupus | <input type="radio"/> Other immune/ autoimmune conditions: |
| <input type="radio"/> Rheumatoid arthritis | <input type="radio"/> Chronic fatigue syndrome | |

.....

Miscellaneous

- | | |
|------------------------------|---|
| <input type="radio"/> Cancer | <input type="radio"/> Undesired weight loss |
|------------------------------|---|

Men's health

- | | | |
|--|--|--|
| <input type="radio"/> Prostatitis | <input type="radio"/> Infertility | <input type="radio"/> Other men's health conditions: |
| <input type="radio"/> Low testosterone | <input type="radio"/> Trouble with sexual function | |

.....

Women's health

- | | | |
|--|--|---|
| <input type="radio"/> PCOS | <input type="radio"/> PMS | Are you: |
| <input type="radio"/> Infertility | <input type="radio"/> Hot flashes / night sweats | <input type="radio"/> Trying to conceive? |
| <input type="radio"/> Endometriosis | <input type="radio"/> Trouble with sexual function | <input type="radio"/> Currently pregnant? |
| <input type="radio"/> Painful menstruation | <input type="radio"/> Other women's health conditions: | <input type="radio"/> Post-partum (up to 1 year)? |
| | | <input type="radio"/> Breastfeeding? |

Should you normally be menstruating regularly?

☐ Y ☐ N

If so, are you getting a regular period?

☐ Y ☐ N

If no, are you:

- | | |
|---------------------------------------|----------------------------------|
| <input type="radio"/> Peri-menopausal | <input type="radio"/> Menopausal |
|---------------------------------------|----------------------------------|

Have you had a Pap smear in the last 5 years?

☐ Y ☐ N

Are you on hormone replacement or hormonal birth control? If yes, what?

☐ Y ☐ N

.....

How often do you visit the doctor for a check-up?

- ☐ Monthly or more ☐ Once or twice a year ☐ What's a doctor and why would I visit one?
☐ Every few months ☐ Every 2-5 years

Are you currently under a doctor's care? If yes, for what?

☐ Y ☐ N

.....

.....

Have you had any surgeries and / or been hospitalized in the last 10 years? If yes, what?

☐ Y ☐ N

.....

.....

Are there any other significant health concerns that I haven't asked about? If so, please tell me about them.

.....

.....

Are you experiencing any stresses, mood conditions, relationship difficulties, or substance-related conditions for which you would like resources or a confidential referral? If so, please describe briefly.

☐ Y ☐ N

.....

.....

Medication, drug, and supplement use

Do you take any over-the-counter or prescription medications occasionally or regularly?

☐ Y ☐ N

.....

.....

Are you on hormone replacement / supplementation, or hormonal birth control?
(e.g., testosterone, estrogen, birth control pill, Nuva Ring) If yes, what?

☐ Y ☐ N

.....

.....

Do you take any sports supplements or “natural” health products occasionally or regularly?
(e.g., creatine, BCAAs, ginkgo, ginseng, St. John’s Wort) If yes, what?

☐ Y ☐ N

.....

.....

Do you take any other vitamin or mineral supplements occasionally or regularly?
(e.g., multivitamin, iron supplement) If yes, what?

☐ Y ☐ N

.....

.....

How often do you consume alcohol?

- | | | |
|--|--|---|
| <input type="radio"/> I don’t drink alcohol at all | <input type="radio"/> About once every 2 weeks | <input type="radio"/> More than once a week |
| <input type="radio"/> About once a month or fewer | <input type="radio"/> About once a week | <input type="radio"/> Daily |

Each time you consume alcohol, how many drinks do you have (one drink = 12 ounces of beer, 5 ounces wine, 1.5 ounces hard liquor)?

- | | | |
|--|----------------------------------|--|
| <input type="radio"/> I don’t drink alcohol at all | <input type="radio"/> 2-3 drinks | <input type="radio"/> More than 3 drinks |
| <input type="radio"/> 1 drink | | |

How often do you use recreational drugs?

- ☐ I don't at all ☐ About once every 2 weeks ☐ More than once a week
☐ About once a month or fewer ☐ About once a week ☐ Daily

Do you smoke? If yes, how many packs a day?

☐ Y ☐ N

.....
.....

Did you smoke in the past? If yes, when did you quit?

☐ Y ☐ N

.....
.....

Further information

If you ticked off any health issues in the "Health conditions" section, please give more details.

HEALTH CONDITION

DETAILS

.....
.....
.....

Planning & Time Use Worksheet

.....
NAME

.....
DATE

How to use this worksheet

- Start with the time diary.
- Pick a day to keep a time diary. (You can do this for more than one day, but one day is often enough to tell you where your time is going.)
- Capture your activities in 30-minute increments. You don't have to write stuff down every 30 minutes, but try to do it once an hour so your recall is accurate.
- Obviously, if you're doing something for a few hours (like sleeping) just fill it in when you can.
- You don't have to be super-detailed, just get the general idea.
- The goal here is simply to show how you spend your time. Try to be as accurate as possible.

Then, look for patterns and consider what to adjust.

- The time diary will show you where your time is going, and what things you might need to anticipate in your routine.
- Work with your coach to explore options for planning and preparing more effectively, as well as plugging any "time leaks".

Time diary

TIME	WHAT ARE YOU DOING?
12:00 AM
12:30
1:00
1:30
2:00
2:30
3:00
3:30
4:00
4:30
5:00
5:30
6:00
6:30
7:00
7:30

8:00	
8:30	
9:00	
9:30	
10:00	
10:30	
11:00	
11:30	
12:00 PM	
12:30	
1:00	
1:30	
2:00	
2:30	
3:00	
3:30	
4:00	
4:30	
5:00	
5:30	
6:00	
6:30	
7:00	
7:30	
8:00	
8:30	
9:00	
9:30	
10:00	
10:30	
11:00	
11:30	
12:00 PM	

Review and analysis

After reviewing your time diary, what do you notice about how you spend your time?

.....

.....

Do you notice any patterns?

.....

.....

How could you plan and prepare more effectively to take advantage of the time you have?

.....

.....

What is ONE small improvement you might be willing to make to your time use to help yourself improve your health, fitness, and / or nutrition habits?

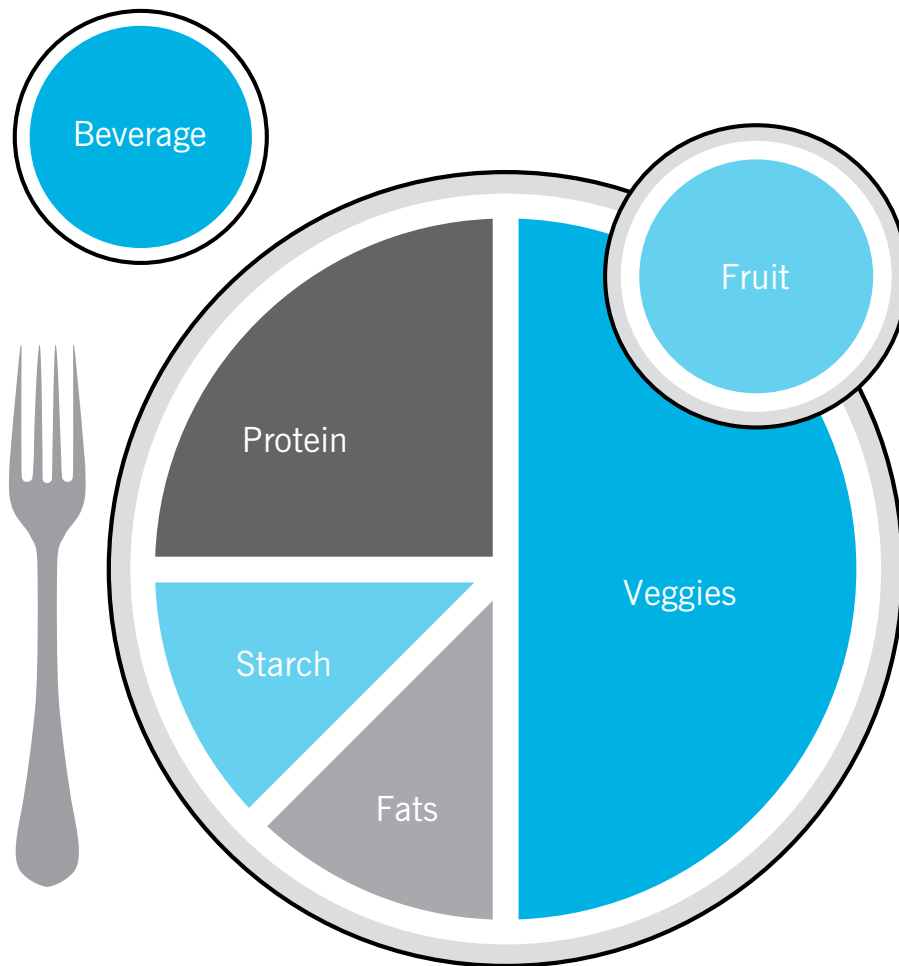
.....

.....

Precision Nutrition's Balanced Plate

NAME

DATE



Protein

including seafood, poultry, red meat, eggs, Greek yogurt, tempeh, tofu, seitan

Starches

including sweet potatoes, potatoes, corn, whole grains, beans, lentils

Fats

including healthy oils, nuts, nut butters, seeds, avocados, cheese

Veggies

including a wide variety of colorful non-starchy vegetables

Fruit

including a wide variety of colorful fresh or frozen fruit

Beverages

including water, tea, coffee and other low-calorie drinks

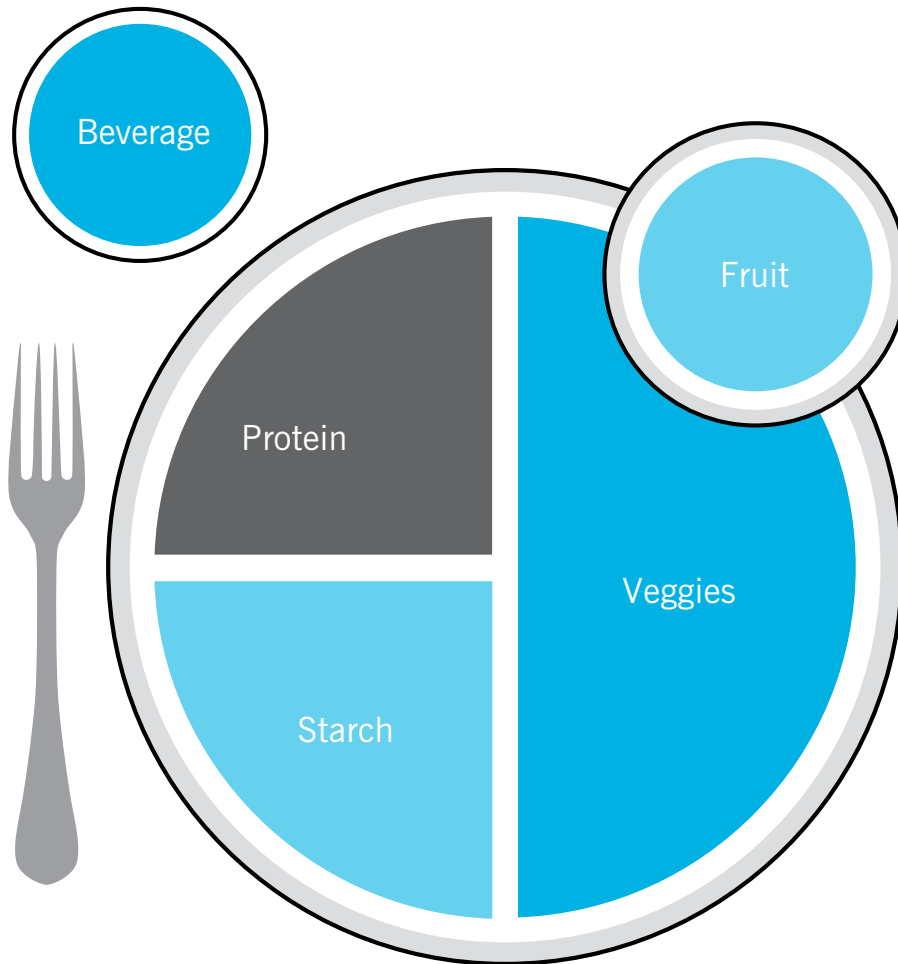
- Eat slowly and stop eating when you're appropriately full.
- Choose mostly whole foods with minimal processing.

- Choose local or organic foods when possible.
- Use smaller or larger plates based on your own body size.

Precision Nutrition's Low-Fat High-Carb Plate

NAME

DATE



Protein

including seafood, poultry, red meat, eggs, Greek yogurt, tempeh, tofu, seitan

Starches

including sweet potatoes, potatoes, corn, whole grains, beans, lentils

Fats

including healthy oils, nuts, nut butters, seeds, avocados, cheese

Veggies

including a wide variety of colorful non-starchy vegetables

Fruit

including a wide variety of colorful fresh or frozen fruit

Beverages

including water, tea, coffee and other low-calorie drinks

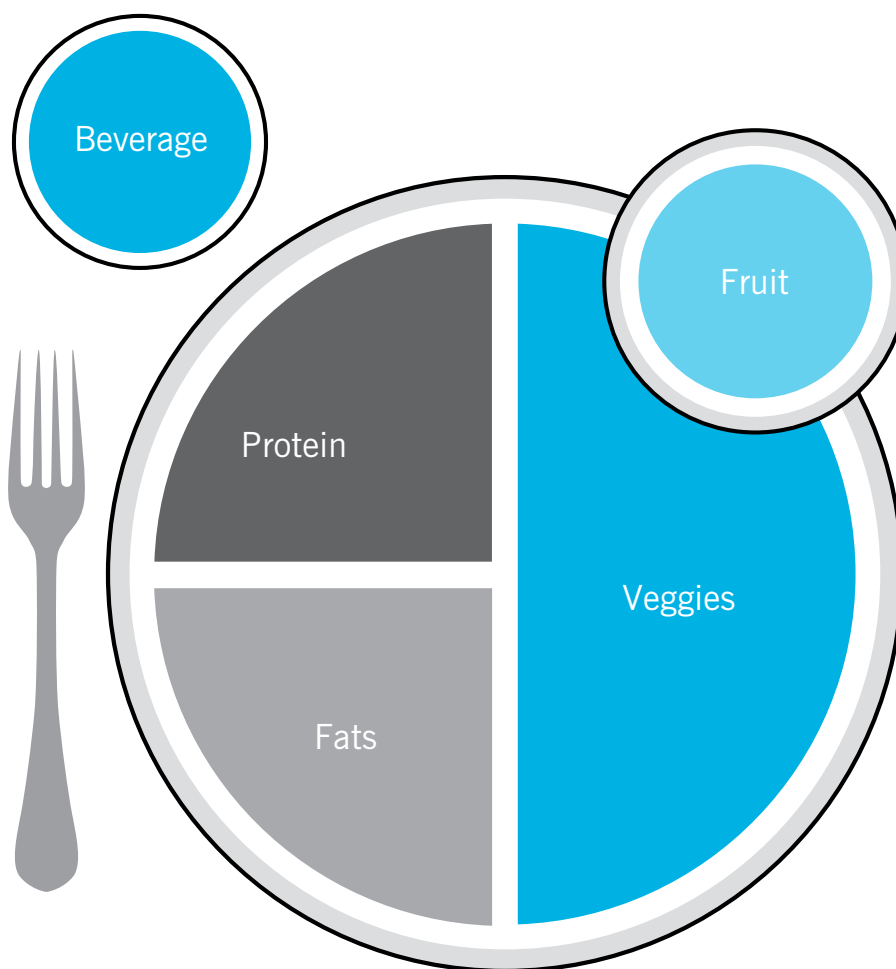
- Eat slowly and stop eating when you're appropriately full.
- Choose mostly whole foods with minimal processing.

- Choose local or organic foods when possible.
- Use smaller or larger plates based on your own body size.

Precision Nutrition's Low-Carb High-Fat Plate

NAME

DATE



Protein

including seafood, poultry, red meat, eggs, Greek yogurt, tempeh, tofu, seitan

Starches

including sweet potatoes, potatoes, corn, whole grains, beans, lentils

Fats

including healthy oils, nuts, nut butters, seeds, avocados, cheese

Veggies

including a wide variety of colorful non-starchy vegetables

Fruit

including a wide variety of colorful fresh or frozen fruit

Beverages

including water, tea, coffee and other low-calorie drinks

- Eat slowly and stop eating when you're appropriately full.
- Choose mostly whole foods with minimal processing.

- Choose local or organic foods when possible.
- Use smaller or larger plates based on your own body size.

Push-Pull-Habit-Anxiety Worksheet



.....
NAME

.....
DATE

(Adapted from Jobs To Be Done)

Push **What is pushing you AWAY from your old ways of doing things?**
What feels uncomfortable, annoying, and / or unworkable about your previous routine?

.....

.....

.....

Pull **What is pulling you TOWARDS new ways of doing things?**
What's appealing about this potential change? What seems valuable, fun, useful, helpful, etc. about your goals?

.....

.....

.....

Habit **To try something new, what old habits and routines would you have to change?**
Thinking about how you normally do things, what would have to be different if you tried this new path?

.....

.....

.....

Anxiety **When you think about changing or doing something new, what do you worry about?**
What are your concerns and / or questions about changing?

.....

.....

.....

Ready, Willing and Able Worksheet

NAME

DATE

PROPOSED TASK

How ready are you to do this task?

NOT AT ALL

1

2

3

4

5

6

7

8

9

10

LET'S GO NOW!

What might make you more ready to do the task?

How willing are you to do this task?

NOT WILLING
AT ALL

1

2

3

4

5

6

7

8

9

10

DYING TO DO IT

What might make you more willing to do the task?

How able are you to do this task?

CAN'T DO IT
AT ALL

1

2

3

4

5

6

7

8

9

10

100%
CONFIDENT
I CAN DO IT

What might make you more able to do the task?

Revised task

REVISED TASK

Revised task score

☐ Ready

☐ Willing

☐ Able

Sleep and Recovery Ideas



.....
NAME

.....
DATE

How to explain this to your clients

Here's a sample script you can use when discussing this with your clients:

"Based on the assessments we did, it appears that you are having some trouble with sleep.

Most of us can't go from 0 to 100 immediately in the morning. We need time to wake up and "get the motor running".

The same is true in reverse: Most of us can't go from 100 to 0 before bed.

Developing a "transition plan" or "sleep ritual" can really help.

30-60 minutes before bed, you can find ways to wind down, activate the parasympathetic nervous system, and tell the body it's time to relax.

If you are interested, I have some ideas that I can share with you now."

Sleep hygiene best practices

1. Keep a regular schedule — our bodies like regularity. Try to go to bed and wake up at the same times. With a regular schedule, your body will know when to release calming hormones before bed, and stimulating hormones to wake up.
2. Keep alcohol and caffeine moderate — both will interfere with sleep. Try to avoid caffeine within 8-9 hours of your bedtime.
3. Eat and drink appropriately — a regular to smallish-sized meal about 2-3 hours before bed, one that is balanced in nutrients, can help facilitate sleep. Try not to drink too much liquid in the hours before bed, which will help you avoid waking up for bathroom breaks.
4. Do a brain dump — take a few minutes to write out a list of whatever is bugging you. Whatever is in your brain, get it out and on to paper.
5. Turn off electronics — digital devices stimulate our brain. We recommend unplugging from all screens at least 30 minutes before bed. This includes television, computers, and smartphones. The screens release a blue light that prevents our brain from preparing for sleep.
6. Stretch / read / de-stress before bed — maybe some yoga poses, reading, or meditation.
7. Go to bed before midnight — this is better aligned with natural light cycles.
8. Sleep at least seven hours — work backwards here. If you need to wake up at 6 AM, 11 PM will be the latest you want to hit the pillow.
9. Exercise regularly — physical movement (especially outdoors) can promote restful sleep at night.
10. Take a bath or shower — a warm bath with epsom salts or even a cool shower (depending on personal preference) can promote restful sleep.



11. Keep the room dark — this means curtains, shades, and / or a sleep mask.
12. Have a stress-free / clutter-free bedroom — get rid of stacks of mail, boxes, clothes strewn about, etc.
13. Keep it cool — anywhere from 60-68 F (15-20 C) appears to work best at night.
14. Use white noise — turn on a fan, humidifier or HEPA filter.
15. Get outside in the sunlight and fresh air during the day.

How to explain this to your clients

Here's a sample script you can use when discussing this with your clients:

“Based on the assessments we did, it appears that you are having some trouble with stress and recovery.

We live in a society that promotes over-scheduling and being busy. It can be tough to ensure balance and allowing regular recovery.

If you are interested, I have some ideas that I can share with you now.”

Ideas for promoting recovery and decreasing stress

1. Take up an enjoyable hobby (at least once weekly): This could be anything. You'll not only get some time to focus on something that brings you joy, but you'll also be around people whose company you enjoy (well, most likely).
2. Volunteer once per week: This will likely increase the time you spend around people whose company you enjoy. Plus, you'll be living according to your values, which always provides a nice dose of goodness.
3. Get a regular massage every few weeks, or on your own preferred schedule.
4. Take ownership of your situation: Acknowledge what role you play in how your life is organized.
5. Spend time outside daily.
6. Set limits on screen time: Yes, this means not constantly checking emails, texting, and reviewing social media.
7. Meditate / pray / quietly reflect (any word you prefer) as often as possible.
8. Include low impact movement (e.g., yoga, walking, biking, hiking) daily. Walk to get your groceries. Bike to the gym. And so on.
9. Gain perspective: Step back and think about your entire life, then consider how today's stressors fit into the big picture.
10. Practice being alone: Turn off your phone and go somewhere. Maybe out to dinner, a movie, a play, or on a hike. You are with yourself always and forever. The more we can learn to enjoy our own company, the better.
11. Take deep breaths, focusing especially on a long out-breath: This immediately calms your stress response.
12. Practice gratitude: This might mean a daily journal. Or maybe a weekly letter to someone you appreciate.



13. Try a mind body scan: Find a quiet place with no distractions. Sit or lie down. Set a time, for 5 minutes if you like. Start at the top of your head, and slowly go down to your toes. Notice all physical sensations: hot / cold, itchy, tense, etc. Observe, don't judge. You can do this anywhere, at any time, in order to slow down and calm your body.
- Question 1: What are you feeling, physically?
 - Question 2: What are you feeling, emotionally?
 - Question 3: What are you thinking?
 - Question 4: Based on this scan, what have you learned about yourself today?

Sleep & Recovery Ideas

.....
NAME

.....
DATE

Sleep hygiene best practices

1. Keep a regular schedule — our bodies like regularity. Try to go to bed and wake up at the same times. With a regular schedule, your body will know when to release calming hormones before bed, and stimulating hormones to wake up.
2. Keep alcohol and caffeine moderate — both will interfere with sleep. Try to avoid caffeine within 8-9 hours of your bedtime.
3. Eat and drink appropriately — a regular to smallish-sized meal about 2-3 hours before bed, one that is balanced in nutrients, can help facilitate sleep. Try not to drink too much liquid in the hours before bed, which will help you avoid waking up for bathroom breaks.
4. Do a brain dump — take a few minutes to write out a list of whatever is bugging you. Whatever is in your brain, get it out and on to paper.
5. Turn off electronics — digital devices stimulate our brain. We recommend unplugging from all screens at least 30 minutes before bed. This includes television, computers, and smartphones. The screens release a blue light that prevents our brain from preparing for sleep.
6. Stretch / read / de-stress before bed — maybe some yoga poses, reading, or meditation.
7. Go to bed before midnight — this is better aligned with natural light cycles.
8. Sleep at least seven hours — work backwards here. If you need to wake up at 6 AM, 11 PM will be the latest you want to hit the pillow.
9. Exercise regularly — physical movement (especially outdoors) can promote restful sleep at night.
10. Take a bath or shower — a warm bath with epsom salts or even a cool shower (depending on personal preference) can promote restful sleep.
11. Keep the room dark — this means curtains, shades, and / or a sleep mask.
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15. Get outside in the sunlight and fresh air during the day.

Ideas for promoting recovery and decreasing stress

1. Take up an enjoyable hobby (at least once weekly): This could be anything. You'll not only get some time to focus on something that brings you joy, but you'll also be around people whose company you enjoy (well, most likely).
2. Volunteer once per week: This will likely increase the time you spend around people whose company you enjoy. Plus, you'll be living according to your values, which always provides a nice dose of goodness.
3. Get a regular massage every few weeks, or on your own preferred schedule.
4. Take ownership of your situation: Acknowledge what role you play in how your life is organized.
5. Spend time outside daily.
6. Set limits on screen time: Yes, this means not constantly checking emails, texting, and reviewing social media.
7. Meditate / pray / quietly reflect (any word you prefer) as often as possible.
8. Include low impact movement (e.g., yoga, walking, biking, hiking) daily. Walk to get your groceries. Bike to the gym. And so on.
9. Gain perspective: Step back and think about your entire life, then consider how today's stressor fit into the big picture.
10. Practice being alone: Turn off your phone and go somewhere. Maybe out to dinner, a movie, a play, or on a hike. You are with yourself always and forever. The more we can learn to enjoy our own company, the better.
11. Take deep breaths, focusing especially on a long out-breath: This immediately calms your stress response.
12. Practice gratitude: This might mean a daily journal. Or maybe a weekly letter to someone you appreciate.
13. Try a mind body scan: Find a quiet place with no distractions. Sit or lie down. Set a time, for 5 minutes if you like. Start at the top of your head, and slowly go down to your toes. Notice all physical sensations: hot / cold, itchy, tense, etc. Observe, don't judge. You can do this anywhere, at any time, in order to slow down and calm your body.
 - Question 1: What are you feeling, physically?
 - Question 2: What are you feeling, emotionally?
 - Question 3: What are you thinking?
 - Question 4: Based on this scan, what have you learned about yourself today?

Social Support Form



.....
NAME

.....
DATE

How to explain this form to your clients

Here's a sample script you can use to introduce this form to your clients:

"Social support can involve a lot of things, such as:

- what the people around us in our daily lives normally do, think, and talk about;
- whether the people closest to us help, encourage, and / or support us;
- whether we feel we can be open, "real", and our true selves around other people;
- whether we have people around us that share our perspective, interests, and activities; and / or
- whether we have people we can trust to listen to our concerns or help us talk through problems.

Social support can come from many places, such as our partners and spouses, boyfriends / girlfriends, family members, close friends, acquaintances, coworkers, or even just people we see at the gym or elsewhere in our lives. It can even be an online community.

Having social support is an important part of meeting your goals and having good habits for life.

I'm part of your social support team, of course, but I'd like to know about how much help, encouragement and support you might get from other people as you change, build, and / or maintain your health, nutrition, and / or exercise habits.

Please be as honest as you can when answering the questions. There are no right or wrong answers.

This will simply help us both understand more about your social support system right now."

Thinking about the help, encouragement and support you might get from various people when changing, building, and / or maintaining your health, nutrition, and / or exercise habits...

Who in your life is the MOST helpful, encouraging, and / or supportive?

.....

.....

How in particular do they help, encourage, and / or support you?

.....

.....



Coaching tips

- Look for “bright spots” and areas where things are going well.
- Ask for more details about how in particular these people listed above are supportive. For instance:
 - What specific behaviors do they do (or not do)?
 - What exactly makes them so helpful and encouraging?
- Encourage your clients to ask for help or simply support from these people.
- Help your client look for more ways in which they could get this existing support.

Who in your life is the LEAST helpful, encouraging, and / or supportive?

.....

.....

How in particular do they NOT help, encourage, and / or support you?

.....

.....

Coaching tips

- Empathize with your client about how lack of support can affect them negatively.
- Where possible, use motivational interviewing to learn more about the deeper tensions that may drive these situations, e.g.
 - “It sounds like on the one hand, you want to ask for help, and on the other hand, you find that hard to do and value your independence.”
- Ask for more details about how in particular these people listed above are NOT supportive.
 - What specific behaviors do they do (or not do)?
 - What exactly makes them so UN-helpful and DIScouraging?
- Show how “don’t-want” can be flipped into “do-want” and move into an action plan, for example:
 - “You’ve said that you don’t like when X says Y. So that tells us you might like the opposite of that, which is Z.”
- If appropriate, help your client broach the topic of lack of support with others. For instance:
 - Help your clients come up with a script to ask for help.
 - Role play the kinds of “crucial conversations” your clients might need or want to have.
 - Help your clients look for other solutions or strategies



In an ideal world, what kinds of help, encouragement, and / or support would you like to have as you work to change, build, and / or maintain your health, nutrition, and / or exercise habits?

Ideally, the kind of help I'd like is:

.....

.....

Ideally, the kind of support I'd like is:

.....

.....

Ideally, the kind of encouragement I'd like is:

.....

.....

Coaching tips

- This question lets you learn more about your clients' wants, needs, and wishes.
- Remind your client that this is an "ideal world" scenario, and not constrained by "reality". Encourage them to imagine alternatives that aren't restricted by "what's actually happening".
- Encourage your client to brainstorm ways in which they could move one very small step towards getting a little bit of the help, support, and encouragement they desire.

Right now, how could the people around you best help, encourage, and support you as you work to change, build, and / or maintain your health, nutrition, and / or exercise habits?

In particular, people could help me right now by:

.....

.....



In particular, people could encourage me right now by:

.....

.....

In particular, people could support me right now by:

.....

.....

Coaching tips

- This question gives you specific ideas about how you could build social support into a future action plan.
- Notice that this question is purposely exploratory and open-ended. It's a "could" not a should.
- The question below can help you "funnel" the answers above into possible next actions.

Right now, what is ONE thing you could do, try, and / or explore to improve your social support team or systems?

.....

.....

Coaching tips

- This question lets you start developing an action plan.
- Notice that this question is purposely exploratory and open-ended. It's a "could" not a should.
- After you get the answer to this question, test "ready, willing, and able" and how confident they are (on a scale of 1-10) about committing to trying it.
 - If the client feels ready, willing, and able, and you get a 9/10 or higher with confidence, start building it into an action plan and move into strategy and problem solving.
 - If the client isn't yet ready, willing, or able: Keep the question open-ended and "potential" for now. Don't ask the client to commit to anything. Your client may not feel ready to move forward with changing their social support team or systems right now, but keep this item on file for later discussions.

Social Support Form

.....
NAME

.....
DATE

Thinking about the help, encouragement and support you might get from various people when changing, building, and / or maintaining your health, nutrition, and / or exercise habits...

Who in your life is the MOST helpful, encouraging, and / or supportive?

.....
.....

How in particular do they help, encourage, and / or support you?

.....
.....

Who in your life is the LEAST helpful, encouraging, and / or supportive?

.....
.....

How in particular do they NOT help, encourage, and / or support you?

.....
.....

In an ideal world, what kinds of help, encouragement, and / or support would you like to have as you work to change, build, and / or maintain your health, nutrition, and / or exercise habits?

Ideally, the kind of help I'd like is:

.....
.....

Ideally, the kind of support I'd like is:

.....

.....

Ideally, the kind of encouragement I'd like is:

.....

.....

Right now, how could the people around you best help, encourage, and support you as you work to change, build, and / or maintain your health, nutrition, and / or exercise habits?

In particular, people could help me right now by:

.....

.....

In particular, people could encourage me right now by:

.....

.....

In particular, people could support me right now by:

.....

.....

Right now, what is ONE thing you could do, try, and / or explore to improve your social support team or systems?

.....

.....

Sphere of Control Worksheet



NAME

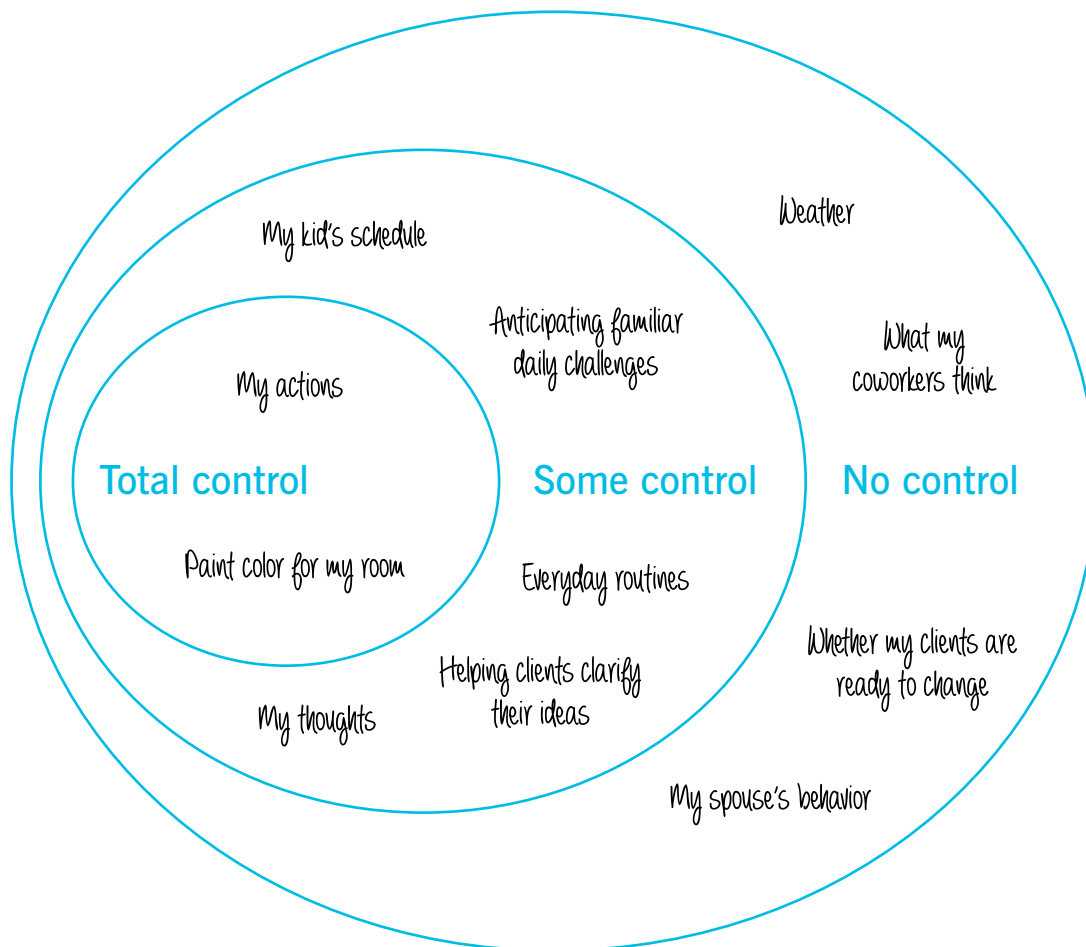
DATE

How to use this form

- For helping clients identify what they have control over... and don't.
- Can be helpful for clients who are trying to control things they cannot AND for clients who aren't controlling things they can.
- Taking time to do this simply raises awareness and highlights discussion points.
- We've given you an example here. Your client's circle will be blank.

Use the image below for the following exercise. Now, start filling it in.

- What in your life do you have total control over?
- What do you have some control over?
- What do you have no control over?





Review the diagram. Test your evidence for each one.

For example:

- Are you absolutely sure you have zero control over certain things? None? How do you know for sure?
- Are you absolutely sure you have total control over certain things? How do you know for sure?

Make sure each item holds up under critical scrutiny.

Then, look at the circle and see where you've allocated everything.

1

Highlight the items under “total control”.

Start there. You are the boss of those things. For the next few weeks, focus on making deliberate choices that reflect this reality. Control what you can actually control.

2

Think about the items under “some control”.

What could bring them into the “total control” sphere? What pushes them out into the “no control” sphere? When and how could you control these items? Do you need to control these? For now, just think about them.

3

Let go of the items under “no control”.

All you can do is manage and dynamically respond to these, using whatever behaviors and other factors that you can control. Release your grasp on things you can't control.

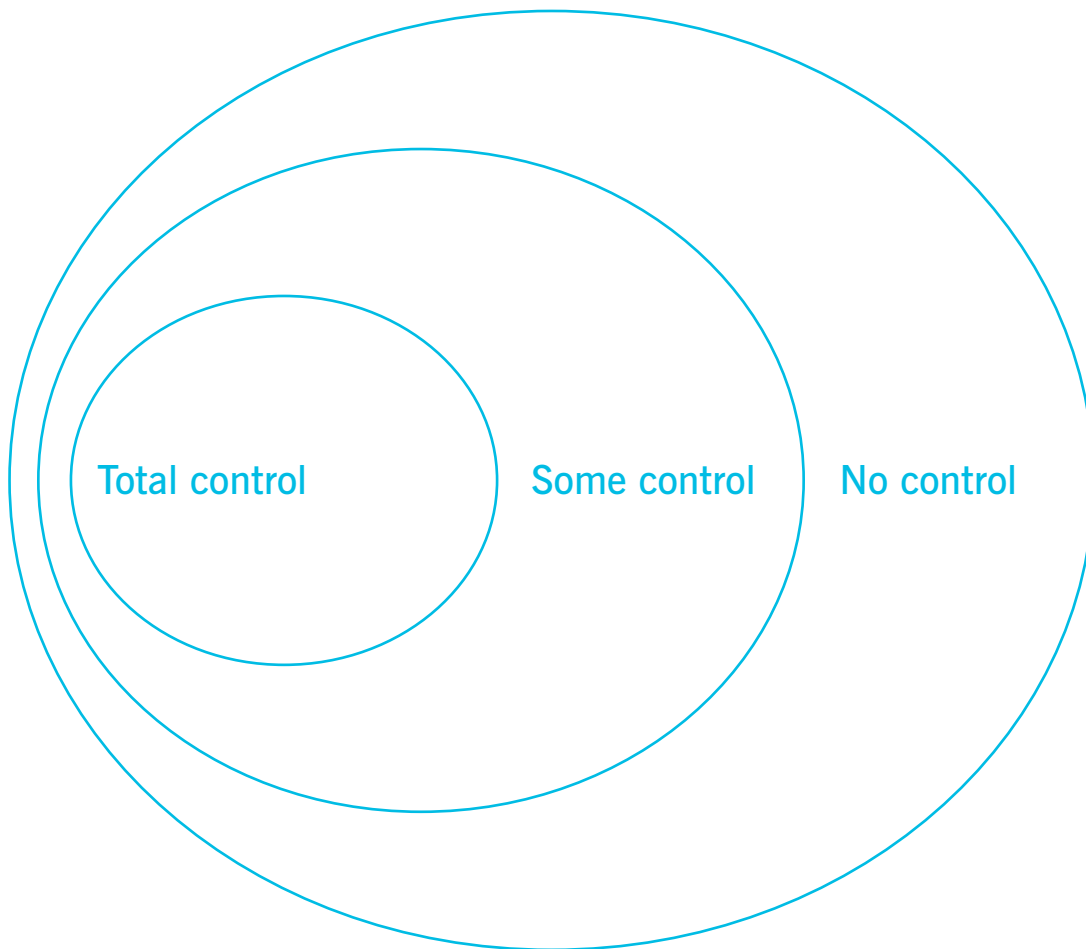
Sphere of Control Worksheet

.....
NAME

.....
DATE

Use the image below for the following exercise. Now, start filling it in. (If you aren't sure how to do this, ask your coach.)

- What in your life do you have total control over?
- What do you have some control over?
- What do you have no control over?



Review the diagram. Test your evidence for each one.

For example:

- Are you absolutely sure you have zero control over certain things? None? How do you know for sure?
- Are you absolutely sure you have total control over certain things? How do you know for sure?

Make sure each item holds up under critical scrutiny.

Then, look at the circle and see where you've allocated everything.

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2

Think about the items under “some control”.

What could bring them into the “total control” sphere? What pushes them out into the “no control” sphere? When and how could you control these items? Do you need to control these? For now, just think about them.

3

Let go of the items under “no control”.

All you can do is manage and dynamically respond to these, using whatever behaviors and other factors that you can control. Release your grasp on things you can't control.

Stress & Recovery Questionnaire



.....
NAME

.....
DATE

Coaching tips

- You can use this form both as an initial baseline and to track progress.
- For clients with a lot of stress and poor recovery, set realistic expectations about:
 - how fast they'll be able to make changes;
 - how significant and dramatic those changes could be;
 - what kind of physical results they might see while stress hormones / inflammatory factors, etc. are elevated;
 - And so on.
- Focus on progress, not perfection

Sleep habits and quality

Think about your sleep habits and quality right now.

On average, how many hours per night do you sleep?

- | | | |
|--|-------------------------------|--|
| <input type="radio"/> 4 or fewer hours | <input type="radio"/> 7 hours | <input type="radio"/> 10 or more hours |
| <input type="radio"/> 5 hours | <input type="radio"/> 8 hours | |
| <input type="radio"/> 6 hours | <input type="radio"/> 9 hours | |

Coaching tips

- Poor-quality and short-duration sleep can cause or exacerbate many metabolic and other physiological problems.
- While sleep hours are an outcome (which means you can't completely control them), sleep hygiene and pre-bed sleep rituals are behaviors.
- If clients aren't sleeping enough, consider sleep hygiene and pre-bed rituals as part of a coaching action plan.

Do you work shift work?

☐ Y ☐ N

Coaching tip

Shift work can disrupt circadian rhythms, leading to many of the same effects as poor / short sleep. Help your client manage their schedule and use pre-sleep rituals to alleviate at least some of the effects of shift work



What is your typical bedtime?

.....

Coaching tips

- To move your client along the continuum, you can work on setting bedtime 15 to 60 minutes earlier. (Start small.)
- You can also work on a pre-bed ritual that starts at least 30 minutes before the client's typical bedtime (e.g., if client goes to bed at midnight, start preparing at 11:30 PM).

On a scale of 1-10, how good is your sleep quality?

HORRIBLE (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) AWESOME!!!

What tends to interfere with you getting enough sleep, and / or the quality of your sleep?

.....

.....

What, if anything, tends to help you sleep better / longer?

.....

.....

Coaching tips

Use these questions above to find limiting factors and bright spots.

Do you currently take any medications or natural health products to help yourself sleep? If yes, what?

(Y) (N)

.....

.....



Stress factors

Many things can cause us stress. Check all that you've experienced in the last six months.

- | | | |
|--|--|---|
| <input type="radio"/> Death of partner; close family; or friend | <input type="radio"/> Ongoing pressure and demands at work or school | <input type="radio"/> Caring for child(ren) |
| <input type="radio"/> Death of someone else you cared about | <input type="radio"/> Recently retired | <input type="radio"/> Caring for sick, disabled, and / or older family member or friend |
| <input type="radio"/> Death of pet | <input type="radio"/> Debt, lost money, or other financial pressures | <input type="radio"/> Child left home |
| <input type="radio"/> Left home | <input type="radio"/> Significant or frequent travel | <input type="radio"/> Other change to family situation (e.g., aging parent moved in) |
| <input type="radio"/> Moved house | <input type="radio"/> Fast-paced / busy / rushed life | <input type="radio"/> Major physical health problem (either acute or chronic) |
| <input type="radio"/> Moved to a new region (new state / province, etc.) | <input type="radio"/> Got married | <input type="radio"/> Substance abuse issues and / or another addiction |
| <input type="radio"/> Started school | <input type="radio"/> Ongoing relationship problems with partner(s) | <input type="radio"/> Heavy athletic training or other physical endeavors |
| <input type="radio"/> Graduated from school | <input type="radio"/> Relationship breakup / divorce or separation | <input type="radio"/> Athletic competition |
| <input type="radio"/> Started a new job / career | <input type="radio"/> Ongoing problems with other family, relatives, friends | <input type="radio"/> Other: |
| <input type="radio"/> Changed jobs | <input type="radio"/> Pregnancy / new baby | ..... |
| <input type="radio"/> Long work hours (10+ hours/day) | | |
| <input type="radio"/> Shift work | | |
| <input type="radio"/> Occupational exposure to toxins | | |

Considering all these factors, how would you rank your overall level of stress right now?

NO STRESS ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ EXTREME STRESS

Considering all these factors, how well would you say you're coping right now?

HORRIBLY ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ PERFECTLY

What, if anything, do you do right now to cope and / or recover from stressors?

(Include physical, mental, and emotional recovery.)

.....

.....

Coaching tips

- Use this section to open up a discussion about what demands are already loading your client.
- A client with a heavy stress load may have to change slowly and / or set lower expectations about what they can manage, or the results they'll get.
- Explore coping mechanisms, and consider healthier alternatives.
- In particular, explore coping mechanisms around food, including emotional eating / avoidance and restriction.
- If you need ideas for promoting recovery and decreasing stress, refer to the Sleep & Recovery Ideas form.

How physically energetic and vital do you normally feel on an average day?

EXHAUSTED (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) SUPERSTAR!!!

On an average day, do you have any persistent pain, soreness, stiffness, aching, etc.?

(Y) (N)

If yes, how bad is it?

ALMOST NOTHING (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) EXCRUCIATING / DISABLING

How mentally "sharp", quick, and clear do you normally feel on an average day?

TOTAL BRAIN FOG (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) GENIUS

How happy and cheerful do you normally feel on an average day?

COMPLETELY DEPRESSED (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) RAY OF SUNSHINE

Today, how interested are you in exercise and / or training? How excited to train?

UGH, I'D RATHER TAKE A NAP (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) LET'S CRUSH IT!

For women: If you should be having regular periods, are you? If no, how long has it been since your last period?

(Y) (N)



Record your resting morning heart rate before getting out of bed. Place your index and middle finger on either your carotid artery (neck) or radial artery (inside of wrist) and count the number of beats you feel in 60 seconds. **Morning heart rate:**

.....

Record your morning temperature when you wake up. **Morning temperature:**

.....

Coaching tips

- A HIGHER morning heart rate can signal poor recovery.
- A LOWER morning temperature can signal poor recovery and / or metabolic downregulation (for instance, from chronic dieting, hypothyroid, overtraining).

Stress & Recovery Questionnaire

.....
NAME

.....
DATE

Sleep habits and quality

Think about your sleep habits and quality right now.

On average, how many hours per night do you sleep?

- | | | |
|--|-------------------------------|--|
| <input type="radio"/> 4 or fewer hours | <input type="radio"/> 7 hours | <input type="radio"/> 10 or more hours |
| <input type="radio"/> 5 hours | <input type="radio"/> 8 hours | |
| <input type="radio"/> 6 hours | <input type="radio"/> 9 hours | |

Do you work shift work?

☐ Y ☐ N

What is your typical bedtime?

.....

On a scale of 1-10, how good is your sleep quality?

HORRIBLE ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 AWESOME!!!

What tends to interfere with you getting enough sleep, and / or the quality of your sleep?

.....

.....

What, if anything, tends to help you sleep better / longer?

.....

.....

Do you currently take any medications or natural health products to help yourself sleep? If yes, what?

Y N

Stress factors

Many things can cause us stress. Check all that you've experienced in the last six months.

- | | | |
|--|--|---|
| <input type="radio"/> Death of partner; close family; or friend | <input type="radio"/> Ongoing pressure and demands at work or school | <input type="radio"/> Caring for child(ren) |
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| <input type="radio"/> Death of pet | <input type="radio"/> Recently retired | |
| <input type="radio"/> Left home | <input type="radio"/> Debt, lost money, or other financial pressures | <input type="radio"/> Child left home |
| <input type="radio"/> Moved house | <input type="radio"/> Significant or frequent travel | <input type="radio"/> Other change to family situation (e.g., aging parent moved in) |
| <input type="radio"/> Moved to a new region (new state / province, etc.) | <input type="radio"/> Fast-paced / busy / rushed life | <input type="radio"/> Major physical health problem (either acute or chronic) |
| <input type="radio"/> Started school | <input type="radio"/> Got married | <input type="radio"/> Substance abuse issues and / or another addiction |
| <input type="radio"/> Graduated from school | <input type="radio"/> Ongoing relationship problems with partner(s) | <input type="radio"/> Heavy athletic training or other physical endeavors |
| <input type="radio"/> Started a new job / career | <input type="radio"/> Relationship breakup / divorce or separation | <input type="radio"/> Athletic competition |
| <input type="radio"/> Changed jobs | <input type="radio"/> Ongoing problems with other family, relatives, friends | <input type="radio"/> Other: |
| <input type="radio"/> Long work hours (10+ hours/day) | <input type="radio"/> Pregnancy / new baby | |
| <input type="radio"/> Shift work | | |
| <input type="radio"/> Occupational exposure to toxins | | |

Considering all these factors, how would you rank your overall level of stress right now?

NO STRESS 1 2 3 4 5 6 7 8 9 10 EXTREME STRESS

Considering all these factors, how well would you say you're coping right now?

HORRIBLY 1 2 3 4 5 6 7 8 9 10 PERFECTLY

What, if anything, do you do right now to cope and / or recover from stressors?

(Include physical, mental, and emotional recovery.)

.....

.....

How physically energetic and vital do you normally feel on an average day?

EXHAUSTED

1

2

3

4

5

6

7

8

9

10

SUPERSTAR!!!

On an average day, do you have any persistent pain, soreness, stiffness, aching, etc.?

Y

N

If yes, how bad is it?

ALMOST
NOTHING

1

2

3

4

5

6

7

8

9

10

EXCRUCIATING
/ DISABLING

How mentally "sharp", quick, and clear do you normally feel on an average day?

TOTAL
BRAIN FOG

1

2

3

4

5

6

7

8

9

10

GENIUS

How happy and cheerful do you normally feel on an average day?

COMPLETELY
DEPRESSED

1

2

3

4

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9

10

RAY OF
SUNSHINE

Today, how interested are you in exercise and / or training? How excited to train?

UGH, I'D
RATHER TAKE
A NAP

1

2

3

4

5

6

7

8

9

10

LET'S
CRUSH IT!

For women: If you should be having regular periods, are you? If no, how long has it been since your last period?

Y

N

.....

.....

Stress & Recovery Questionnaire (cont'd)

Record your resting morning heart rate before getting out of bed. Place your index and middle finger on either your carotid artery (neck) or radial artery (inside of wrist) and count the number of beats you feel in 60 seconds. **Morning heart rate:**

.....

Record your morning temperature when you wake up. **Morning temperature:**

.....

The Hunger Game

NAME

DATE

The “how you should feel timeline”

Today, notice how you feel before, during, and after eating. Rank your physical hunger on a scale from 1 (no hunger) to 10 (worst hunger ever). When you're truly physically hungry, eat. Eat slowly, and stop at 80% full. Adjust your meal size and frequency depending on your body cues.



Just before eating

Are you physically hungry? Pause and check in. Look for signals like a rumbling stomach, lightheadedness, irritability, etc. You want to be around a 7 out of 10 on the hunger scale.



Immediately after eating

To be 80% full, shoot for about a 2 or 3 out of 10 on the hunger scale. Pause for 15-20 minutes before you eat more. This will give your brain time to catch up. You want to feel satisfied, not stuffed.



One hour after finishing

You should still feel physically satisfied with no desire to eat another meal.



Two hours after finishing

You may start to feel a little hungry, like you could eat something, but the feeling isn't overwhelming.



Three to four hours after finishing

Check in. You may be getting a bit hungry, perhaps a 4 to 6 out of 10. If you're around a 7, eat. Not really hungry yet? That's OK. Follow your body cues.

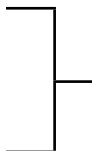


Four or more hours after finishing

You're probably quite hungry, like nothing is getting between you and the kitchen. If you're around a 7 or higher, eat. Not really hungry yet? That's OK. Keep checking in with your body. You may find you need to act fast once your body decides to be hungry — so be prepared with a healthy and quick option, just in case.

This worksheet helps you get into the habit of noticing how physically hungry or full you are. Look for body cues such as:

- growling stomach or sense of stomach emptiness
- lightheadedness; headache
- irritability, shakiness



The more you practice observing your physical hunger cues (and differentiating them from just wanting to eat), the better you will get.

Goals

1.

Stay aware of your physical hunger cues and learn to calibrate your eating.

2.

Start eating when you're around a 7 or higher.

3.

Stop eating when you're around a 2 or 3 (80% full).

4.

Notice your thoughts, emotions, and physical sensations around eating times.

5.

Try to distinguish "need to eat" from "want to eat" or "should eat".

How to use this worksheet

1. **Mark TWO numbers for each meal:** how hungry you are when you *start* eating, and how hungry you are (or aren't) when you *finish* eating.
2. **Observe and record your physical and emotional sensations at each meal.** For physical sensations, focus on how your stomach feels in particular

Example

DATE	TIME	HUNGRIEST										NOT HUNGRY	
Jan 26/14	12 PM	10	9	8	7	6	5	4	3	2	1		
		Notes Starving when I started out... didn't eat breakfast. Over-ate. Feel really gross and full now; upset stomach.											
	5 PM	10	9	8	7	6	5	4	3	2	1		
		Notes Didn't stop soon enough; feel sluggish and bloated.											
	9 PM	10	9	8	7	6	5	4	3	2	1		
		Notes Feel good. Went to the store and bought some nice berries to eat. Stomach upset subsiding.											

The Hunger Game (cont'd)

1. **Mark TWO boxes for each meal:** how hungry you are when you start eating, and how hungry you are (or aren't) when you finish eating.
1 = not hungry; 10 = hungriest you've ever been. Your goal is to start eating when you're around 7-8, and finish around 2-3 (80% full).
2. **Observe and record your physical and emotional sensations at each meal.** For physical sensations, focus on how your stomach feels in particular. Also feel free to jot down any thoughts or other notes about what helps or hinders you to eat slowly and stop at 80% full.

DATE	TIME	HUNGRIEST										NOT HUNGRY	
		10	9	8	7	6	5	4	3	2	1		
		Notes											
.....													
		10	9	8	7	6	5	4	3	2	1		
		Notes											
.....													
		10	9	8	7	6	5	4	3	2	1		
		Notes											
.....													
		10	9	8	7	6	5	4	3	2	1		
		Notes											
.....													
		10	9	8	7	6	5	4	3	2	1		
		Notes											
.....													
		10	9	8	7	6	5	4	3	2	1		
		Notes											
.....													

Want-Willing-Won't Worksheet



.....
NAME

.....
DATE

How to explain this form to your clients

Here's a sample script you can use to introduce this form to your clients.

"I'd like to understand more about your current goals, limitations, and priorities. When we are trying to change our body and health, we have to make certain trade-offs. In order for X to happen, you may have to change Y. And not everyone is ready to take certain actions. That's okay.

I just want us to get clear on what you are willing — and not willing — to do right now. Of course, this can change. We can re-visit this discussion any time you like.

Please be honest. There are no right or wrong answers. The more truthful you are, the more I can match your coaching program to your unique situation. I just want to help you stay safe and sane about your trade-offs."

Please answer the questions as honestly as you can. There are no right or wrong answers.

1. What do you want?

.....
.....

2. What are you willing to do for that goal right now?

.....
.....

3. What won't you do for that goal right now?

.....
.....

Want-Willing-Won't Worksheet

.....
NAME

.....
DATE

Please answer the questions as honestly as you can. There are no right or wrong answers.

1. What do you want?

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2. What are you willing to do for that goal right now?

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3. What won't you do for that goal right now?

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The Precision Nutrition Code of Ethics

.....
NAME

.....
DATE

In your professional role as a coach:

- **Act in the client's best interest.** Prioritize their wellbeing, safety, values, goals, and comfort where possible.
- **Respect the worth and dignity of the clients you serve.** Treat all clients with professional courtesy, compassion, and care.
- **Protect your clients' privacy and confidentiality.** This includes:
 - Follow standard data security protocols, (e.g., protecting your personal logins and storing client data securely).
 - Be careful what you discuss about clients, and with whom.
 - Do not disclose personal or identifying details of clients.
 - Ask permission before sharing anything publicly (e.g., on social media).
- **Act with integrity.** Make yourself worthy of your clients' respect and trust. Don't exploit your clients, financially or otherwise. Don't seek personal gain from your client relationship (beyond your coaching reimbursement, obviously).
- **Act with objectivity.** Know the rules, regulations, and procedures expected of you, and follow them equitably and appropriately for each client.
- **Set clear, accurate, and reasonable expectations.** Define the terms of the coaching arrangement (e.g. payment, frequency of meeting, how coaching works) immediately and explicitly, and reinforce them often. Be upfront about what results the client can realistically expect to see.
- **Have clear professional boundaries.** Avoid multiple relationships (e.g., coaching friends or family members; becoming friends with clients) where possible. If you must have multiple relationships, recognize the inherent power imbalance in coaching, and be very clear what hat you are wearing in a given situation.
- **Know the limits of your skills and scope of practice.** If you can't serve a client for reasons of ethics or expertise, refer them out to another coach and/or care provider if possible.
- **Keep your skills current.** Pursue professional competence, excellence, and mastery. Be a credit to your profession.

The 5 Whys

.....
NAME

.....
DATE

Why coach?

Whether it's a client's nutrition habit or your own career choices, it's important to understand why you're doing something. As much as possible, your coaching decisions should be deliberate and purpose-driven.

Of course, you won't always know why you're doing something. Nor will your clients.

So here's a little thought exercise we use in our PN Coaching program: **The 5 Whys**.

The idea is that you ask a "why" question, like:

Why do you want to be a nutrition coach?

You answer that question as best you can. For instance, you might answer:

I want to help people.

Then, you ask "why" again. Like this:

Why is helping people important to me?

You answer that question as best you can. Maybe you might say:

I believe that helping people is an essential value.

Then, you ask "why" again, like this:

But why is helping people an essential value for me?

And you answer that question.

Well, because...

And so on, five times in total. (Or as many times you as want.)

Each "why" builds on the previous answer.

By the time you've gotten to the fifth "why", you should have a pretty good idea of some of your core values and motivators. After all, you didn't just put on a blindfold and point to a random list of careers, winding up on "nutrition coach". Something happened in your life that made you want to coach other people in nutrition.

If possible, figure out what that reason is. Because when you can harness this reason, you'll be able to come back to it when business finances are tight, when you have a 5 AM client, and / or when you're feeling symptoms of burnout.

Or maybe right now you don't have a strong "why" for your coaching. That's okay too. And that's useful to know. That can also help you make career decisions.

For instance:

- If nutrition coaching is a deep passion for you, you might decide to take a more difficult but more personally rewarding coaching job.
- If nutrition coaching is just a way to pay the bills, you might decide to take a position that's less personally rewarding, but more steady and financially secure.

Either way, the more you know, the stronger your strategic position can be.

Q. Why...

A. Because...

Q. Ok, why...

A. Because...

Q. But why...

A. Because...

Q. Ok, why...

A. Because...

Q. Ok, but why...

A. Well, because...

From Goal to Action

.....
NAME

.....
DATE

How to develop the skills to achieve your goals

Want to do achieve something awesome? Lose weight, run a marathon, become a better coach, or improve your relationship?

You can do it... but you have to develop the necessary skills first.

At Precision Nutrition, we've found that goal achievement only happens — reliably — when you do two things:

First, you break down your goal into specific skills.

Second, you build those skills through strategic daily practices.

If you do these two things, you can accomplish your goals more quickly, with less effort, and maintain your results.

Skill development, 101

Before you get started, know these basics...

What is a skill?

A skill is an ability to do something that will allow you to achieve the bigger goal. Remember, information is not a skill. Just because you know some stuff (e.g. say you read nutrition and fitness blogs) does not mean you have the skills to achieve weight loss. Skills take time and practice to develop. That's why we break down skills into practices: manageable activities you can work on to build competence.

What makes a good practice?

A practice is a daily behavior or action that helps with skill development. PN coaching devotes two weeks to any given practice — that's the time required to get comfortable with any practice. But as the word implies, practices require just that... practice.

A good practice should follow the 'Five S formula'. Each practice should be:

Simple Non-intimidating and easily done in the context of your real life.

Segmental Part of a larger process that works together with other manageable steps.

Sequential Introduced at the right time, in the right order.

Strategic Addresses the biggest thing that's preventing your progress right now.

Supported Accompanied by support, mentorship, and accountability.

Build your skill & practice plan

Here's how to use this worksheet:

1. Pick a goal — any goal — that you want to work on. Using the flow chart below, write your goal at the top of the page in the “goal” box. Note: you can print off the flow chart, or type directly into the pdf.
2. Now brainstorm what skills may be needed to achieve your goal. They don't have to be perfect— just get your brain working. Write your ideas in the “skills” boxes.
3. Think up some practices that may help you build those skills. Again, perfection not required. Write your ideas in the “practices” boxes.
4. Once your worksheet is complete, review the plan. Do you have the expertise to know whether it's right for you? If so, consider the right time to get started. If not, is there someone who can help review the plan and help you revise it?
5. When you're confident with the plan, consider what you'll do for support and accountability. Who will you check in with? How frequently? What can they help with?
6. Get started. Begin with your first 2-week practice and continue your curriculum of practices from left to right on your worksheet.

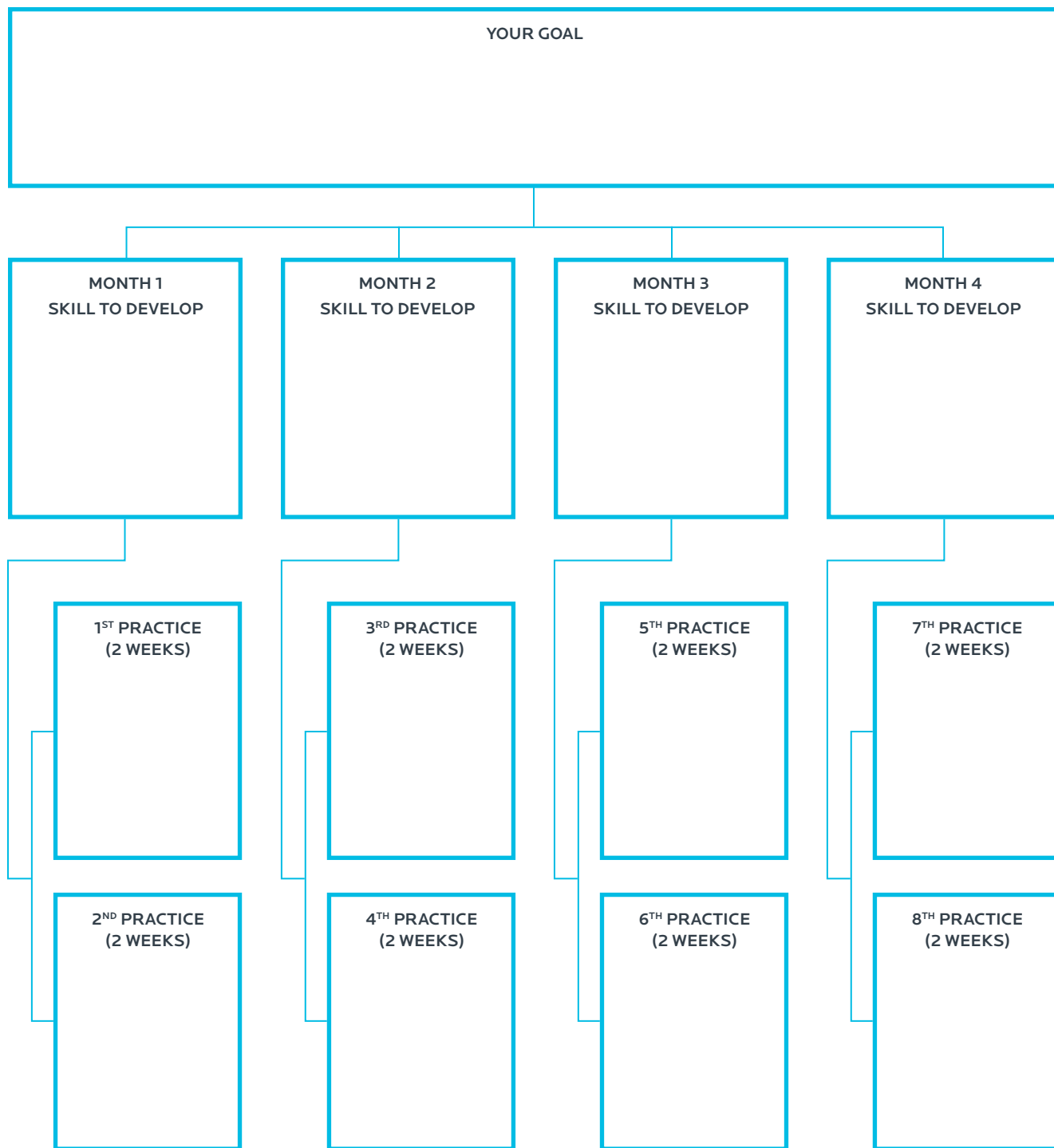
And don't forget to have fun!

Why can't I do it all at once?

Don't try to race to the finish line too fast! Practices take time to develop. By devoting two weeks to each practice you'll gain competency and get to 'level up' consistently. By pacing yourself, skill development will become a lot more easy and fast than you think!

Want some more help?

For more PN coaching secrets, tips and insights, check out our accompanying article: [Precision Nutrition Coaching revealed: A practice-based formula for helping clients change their lives.](#)



Level 1 habit assessment

NAME

DATE

This assessment can show you how consistently and well you do some of the basic Level 1 nutrition and lifestyle habits. Scoring is at the end.

I make time for healthy habits.

NEVER 1 2 3 4 5 6 7 8 9 10 EVERY SINGLE DAY WITHOUT FAIL
SOMETIMES

I exercise or do some movement.

NEVER 1 2 3 4 5 6 7 8 9 10 EVERY SINGLE DAY WITHOUT FAIL
SOMETIMES

I eat slowly.

NEVER 1 2 3 4 5 6 7 8 9 10 EVERY SINGLE DAY WITHOUT FAIL
SOMETIMES

I eat mindfully, with few distractions. I notice the taste and texture of my food.

NEVER 1 2 3 4 5 6 7 8 9 10 EVERY SINGLE DAY WITHOUT FAIL
SOMETIMES

I include some lean protein at most meals.

NEVER 1 2 3 4 5 6 7 8 9 10 EVERY SINGLE DAY WITHOUT FAIL
SOMETIMES

I include colorful fruits and/or vegetables at most meals.

NEVER 1 2 3 4 5 6 7 8 9 10 EVERY SINGLE DAY WITHOUT FAIL
SOMETIMES

I eat mostly slow-digesting, high-fiber, nutrient rich “smart carbohydrates” such as fruits, starchy vegetables, whole grains, or beans / legumes.

NEVER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I eat mostly healthy fats.

NEVER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I eat mostly whole, minimally processed foods.

NEVER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I plan most of my meals. (Or, I have a trusted system such as meal delivery.)

NEVER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I make time to relax, have fun, and de-stress.

NEVER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I do purposeful recovery.

NEVER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I practice good “sleep hygiene” and try to get plenty of high-quality sleep.

NEVER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I can manage my stress or emotions without relying on food and eating.

NEVER ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I drink sparingly, or don't drink at all.

NEVER ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I have at least one positive, supportive social connection.

NEVER ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 EVERY SINGLE DAY WITHOUT FAIL

SOMETIMES

I smoke. (Yes – 1 point / No – 10 points)

☐ Y ☐ N

Your score

135 and above

Crushing it! You might be ready for Level 2, if you want. Or just keep being great at Level 1.

111-135

Doing well! Some areas for improvement, but you can still feel pretty good about your Level 1 skills.

85-110

You might be doing well with some fundamental habits, but you're probably struggling with others.

Less than 85

Have you considered getting coaching?

Wheel of Stress

.....
NAME

.....
DATE

Color in each wedge with how strongly each particular stressor is affecting you right now. The more you color in, the more stress you have in that domain.

