

**Baseline Evaluation**

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

**Note:** You should contact your physician before beginning any exercise program, as there is a risk of injury (sprain, strain, joint, etc.) with any physical activity. Certain lifestyle factors and health problems can increase these risks. *This document is for your personal use and the use of your physician.*

**Body Measurements**

Chest \_\_\_\_\_ Waist \_\_\_\_\_ Abdomen \_\_\_\_\_ Hips \_\_\_\_\_ Thigh \_\_\_\_\_

Pants/Jean Size \_\_\_\_\_ Dress Size \_\_\_\_\_ Weight \_\_\_\_\_ Body Fat % \_\_\_\_\_

**Medical History**

1) Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

2) Have you ever been diagnosed with any disease or illness?

Please list illness and date of diagnosis

Illness	Date of Diagnosis	Currently Treated and Under Control?	Medications Taking and dosage

3) Have you ever had a heart attack? yes / no

4) Has anyone in your family ever been diagnosed with heart disease, high blood pressure, diabetes or other medical condition? yes / no

If yes, which family member and what condition? \_\_\_\_\_

5) Are you on any other medications that may interfere with your participation in an exercise program? yes / no

6) Are you pregnant or nursing? yes / no

- 7) Have you had surgery, been hospitalized, sustained an injury, or given birth within the past 6 months?      yes / no

Please describe: \_\_\_\_\_

- 8) Do you have any injuries that need to be acknowledged in an exercise program? (For example, an old shoulder injury that still bothers you now and then, “weak knees,” or “a bad back.”)      yes / no

Please describe: \_\_\_\_\_

- 9) Do you have any physical or medical conditions that may interfere with your participation in an exercise program?      yes / no

Please describe: \_\_\_\_\_

### **Lifestyle**

- 1) Does your occupation require much activity? \_\_\_\_\_
- 2) How would you describe your current level of activity?
- Sedentary: sit, stand and/or drive most of the day
  - Light: housework, gardening and some casual walking
  - Moderate: a lot of walking, lifting and/or moving for several hours three or more days per week
  - Active: play active sports and/or participate in moderate to intense exercise for three or more days per week
- 3) What is your tobacco habit?
- Never
  - Quit \_\_\_\_\_ months/years ago
  - I smoke \_\_\_\_\_ cigarettes per day
  - I smoke 1 pack per day or more
  - I use other tobacco products
- 4) Do you feel that you need to lose weight (i.e., fat)?      yes / no
- How much weight (i.e., fat) do you want to lose? \_\_\_\_\_
- 5) How would you rate your current level of motivation on a scale of 1 to 10, with 1 being very low and 10 being very high? \_\_\_\_\_
- 6) How would you rate your current overall level of fitness?
- Excellent
  - Fit
  - Fair to average
  - Poor
  - Ridiculously poor

**Nutrition**

1) Describe your typical daily diet (food intake):

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Snack \_\_\_\_\_

Dessert \_\_\_\_\_

Other \_\_\_\_\_

2) Are you taking any dietary, weight loss or nutritional supplements? yes / no

a. If yes, what are they? \_\_\_\_\_

3) How many caffeinated beverages do you drink per day (coffee, tea, soda, “energy drinks”)?

- a. None
- b. One or two
- c. Three or four
- d. Five or more

4) How many 8-ounce glasses of water do you drink per day? (Sports drinks and other beverages do not count.)

- a. None
- b. One to three
- c. Four to six
- d. Six or seven
- e. Eight or more

5) How often do you eat fast food?

- a. Never or rarely
- b. Once or twice a month
- c. Once or twice a week
- d. Several times a week

6) How would you describe the type of your protein consumption?

- a. Mostly fatty red meats, hot dogs, sausage, processed lunch meats
- b. A mixture of lean and fatty red meats, chicken and fish
- c. Only lean cut red meat, chicken and fish

- d. Mostly chicken and fish with little or no red meat
  - e. Little or no meat
  - f. Eggs, nuts, beans
- 7) How would you describe the amount of your protein consumption?
- a. Less than one or two servings per week
  - b. Several servings per week
  - c. One serving per day
  - d. Two servings per day
  - e. Three servings per day
  - f. More than three servings per day
- 8) How would you describe the type of your fruit and vegetable consumption?
- a. One or two types of fruits and/or vegetables.
  - b. Three or four types of fruits and/or vegetables.
  - c. A variety of different fruits and vegetables.
  - d. A wide variety, including leafy greens and many other colors of fruits and vegetables.
- 9) How would you describe the amount of your fruit and vegetable consumption?
- a. Less than one serving per day
  - b. One to three servings per day
  - c. Four to six servings per day
  - d. Six or seven servings per day
  - e. Eight or more servings per day
- 10) How would you describe the type of your dairy consumption?
- a. High fat (ice cream, cream, butter, cheese, etc.)
  - b. Mostly high fat with some low fat (low fat milk, yogurt, etc.)
  - c. Equal amounts of high and low-fat products
  - d. Mostly low-fat products
  - e. Only low-fat products
- 11) How would you describe the amount of your dairy consumption?
- a. Less than one or two servings per week
  - b. Several servings per week
  - c. One serving per day
  - d. Two servings per day
  - e. Three servings per day
  - f. More than three servings per day
- 12) How would you describe the type of your dessert consumption?
- a. High fat (cakes, pies, cookies, etc.)
  - b. Mostly high fat with some low fat (reduced fat items, gelatin, fruit, etc.)
  - c. Equal amounts of high and low-fat dessert
  - d. Mostly low-fat products
  - e. Only low-fat products and/or fruits for dessert
- 13) How would you describe the amount of your dessert consumption?

- a. Less than one or two servings per month
  - b. Less than one or two servings per week
  - c. Several servings per week
  - d. One serving per day
  - e. More than one serving per day
- 14) How would you describe the type of your carbohydrate consumption?
- a. Only refined products (white bread, rolls, cereal)
  - b. Mostly refined products with some whole grain products (wheat bread, brown rice, etc.)
  - c. Equal amounts of refined and whole grain products
  - d. Mostly whole grain products
  - e. Only whole grain products
- 15) How would you describe the amount of your **simple** carbohydrate consumption?
- a. Several servings per week
  - b. One to three serving per day
  - c. Three to five servings per day
  - d. Five to seven servings per day
  - e. Seven to nine servings per day
  - f. Nine to eleven servings per day
  - g. Eleven or more servings per day
- 16) How would you describe the amount of your **complex** carbohydrate consumption?
- a. Several servings per week
  - b. One to three serving per day
  - c. Three to five servings per day
  - d. Five to seven servings per day
  - e. Seven to nine servings per day
  - f. Nine to eleven servings per day
  - g. Eleven or more servings per day
- 17) How would you describe your cooking and baking style?
- a. Mostly fat, lard, butter and oils
  - b. A mixture of some fats and low-fat items
  - c. Mostly low-fat substitutes for baking (yogurt, applesauce, etc.) and low fat cooking (spray, olive oil, chicken broth, etc.)
- 18) Estimate your daily caloric intake: \_\_\_\_\_

### **Socio-Emotional**

- 1) On a scale of 1 to 10, with 1 being the worst and 10 being the best, how do you rate your overall appearance? \_\_\_\_\_
- 2) What do you like most about yourself? \_\_\_\_\_
- 3) If you could change the appearance of anything on your body, what would it be?

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- 4) Do you feel that your body image is tied to your self-esteem?      yes / no
- 5) On a scale of 1 – 10, with 1 being the lowest and 10 being the highest, rate your level of self-esteem. \_\_\_\_\_
- 6) On a scale of 1 – 10, rate your belief that you can successfully lose the amount of weight you would like to lose. \_\_\_\_\_
- 7) On a scale of 1 – 10, rate your belief that you can successfully maintain your weight loss for more than 2 years. \_\_\_\_\_
- 8) Why do you want to embark on a weight loss/fitness program at this time? (Is there a special event coming up such as a reunion or wedding?) \_\_\_\_\_
- 9) How long have you been considering a weight loss/fitness lifestyle change? \_\_\_\_\_
- 10) How do you describe yourself? \_\_\_\_\_
- 11) What kinds of things make you feel stressed? (Other than answering a lot of questions!)  
\_\_\_\_\_
- 12) How do you usually deal with stress and/or uncomfortable thoughts and feelings?  
\_\_\_\_\_
- 13) What is your explanation for your current weight/fitness situation? (What are your reasons for not exercising?) \_\_\_\_\_
- 14) What are your weight loss and/or fitness goals (circle all that apply):
- |                                     |                                    |
|-------------------------------------|------------------------------------|
| a. Lose fat                         | i. Improve medical-related concern |
| b. Define muscle                    | j. Increase self-esteem            |
| c. Strengthen muscle                | k. Increase metabolism             |
| d. Improve cardiovascular endurance | l. Control blood pressure          |
| e. Gain more energy                 | m. Improve mood                    |
| f. Improve sleep                    | n. Other: _____                    |
| g. Improve posture                  |                                    |
| h. Release stress                   |                                    |

*Don't forget to take your "before" photos! Front, back and side.  
Optional (but suggested): video tape a message to your future healthy self.  
Nice and optional: Tag on Twitter @TweetmentPlan*