## Inside Out Weight Loss Program

Initial Evaluation Form—Nutrition Wellness

Please Complete this food dairy for the past few days (Include Condiments, Creamers, Added Sugars, etc.)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Breakfast	, , , , , , , , , , , , , , , , , , ,					
Snack						
Shack						
Lunch						
Snack						
Dinner						
Diffiei						
Desserts						
Beverages						
5						
		*0				

## Fill out & Bring to Nutrition Appt

- 1) Is there a reason you are seeking weight loss program?
- 2) What are your goals about weight control & management?

3) Your level of interest in losing weight								
1	2	3	4	5				
Not intere	sted		Very Interested					
4) Are you planning to adopt lifestyle changes as part of your weight control program?								
1	2	3	4	5				
No				Yes				
5) How much support does your family provide you to reach your weight loss goals?								
1	2	3	4	5				
No suppo	rt		Much Support					
6) How much support do your friends provide?								
1	2	3	4	5				
No suppo	rt		Much support					
7) What is	7) What is the hardest part about managing your weight?							
8) What do you believe will be the most to help you lose weight?								
,								
9) How confident are you that you can lose weight at this time?								
1	2	3	4	5				
Not confid	lent		Very Confident					
				-				