



# BariActive Nutrition New Client Assessment

Return to: [vsg.nutrition.coach@gmail.com](mailto:vsg.nutrition.coach@gmail.com)

Date

## General Information

First Name

Last Name

Date of Birth

Age

Gender

Height

Current Weight

Goal Weight

Email

Mobile Phone

Home Phone

## Preferred Method of Contact

Email

Phone

Txt

Zoom

Other \_\_\_\_\_

Emergency Contact

Emergency Contact Phone Number

## What are your Goals?

(check all that apply)

Lose Weight/Fat

Improve Overall Health

Increase Strength

Maintain Weight

Meal Planning

Have More Energy

Gain Weight

Eliminate Snacking

Improve Athletic Ability

Build Muscle

Improve Mobility

Physique Competition

Lose Regain

Improve Physical Fitness

Other

## WLS Stats

Heaviest Weight

Lbs  Kg

Lowest Weight

Lbs  Kg

**What Weight Loss Surgery did you have?**

- Gastric Sleeve (VSG)    Gastric Bypass (RNY)    Duodenal Switch  
 MiniGastric Bypass    LapBand    Other \_\_\_\_\_(Specify)

**When Did you have Weight Loss Surgery?**

**Was your procedure covered by insurance or did you pay out of pocket?**

**Did you have any revisions / modifications to your surgery?**

- Yes    No   (Specify)

**How many times did you followup with your Dietician/Nutritionist post op?**

- 1    2-4    5-8    N/A

**What was the Nutrition Plan given to you by your Dietician/Nutritionist?**

**When is the last time you had bloodwork & were the results favorable?**

**Have you ever had your body composition or metabolic rate tested ?**

(check all that apply)

- Dexa Scan       Hydrostatic body fat test       Inbody Scan
- Bod Pod       Biometric Scale       Calipers
- Resting Metabolic Rate(RMR)     Other \_\_\_\_\_ (Specify)

**Do you Wear a Fitness Tracker?**

- Yes     No
- Apple Iwatch     Polar     Garmin     Fitbit     Samsung
- Other \_\_\_\_\_ (Specify)
- Does Fitness Tracker Monitor Heart Rate?     Yes     No

**How Often Do You Exercise?**

- 1-2 X Per Week     2-3 X Per Week     4-7 X Per Week     N/A

**What type of sports and exercise do you enjoy?**

(check all that apply)

- Cardio     Strength Training     Cycling     Rowing     Swimming
- Walking     Crossfit     Group Classes     HIIT     Powerlifting
- Other \_\_\_\_\_ (Specify)

**How active is your work environment?**

- Sedentary     Somewhat Active     Standing/On your feet all day
- Physically Demanding     Other \_\_\_\_\_ (Specify)
- Retired

**How many hours a day are spent doing sedentary activities?**

- 1-3     4 -6     7 -10     8-12     More than 12

**What time do you wake up in the morning?**

**What time do you go to sleep at night?**

**How many times do you wake up at night?**

**Who lives with you in your home?**

(check all that apply)

- Spouse or Partner(s)     Children     Extended Family     Roomates
- Pet(s)     Other \_\_\_\_\_ (Specify)

**Who does most of the grocery shopping in your household?**

- Me     Spouse or Partner(s)     Extended Family     Roomates
- Other \_\_\_\_\_ (Specify)

**Who does most of the cooking / meal preparation in your household?**

- Me     Spouse or Partner(s)     Extended Family     Roomates
- Other \_\_\_\_\_ (Specify)

**How much do the people around you support your Health & Fitness goals?**

- not at all                                        completely
- 1    2    3    4    5    6    7    8    9    10

**In an average week how many hours are you spending on.....**

- \_\_\_\_\_ Paid Employment    \_\_\_\_\_ Traveling and/or commuting    \_\_\_\_\_ Volunteering
- \_\_\_\_\_ Taking care of others    \_\_\_\_\_ Entertainment    \_\_\_\_\_ School    \_\_\_\_\_ Social Media
- \_\_\_\_\_ Self Care    \_\_\_\_\_ Personal Development     Other \_\_\_\_\_ (Specify)

**How do you feel about your schedule, time use, and overall life activities?**

- Panicked                                        Relaxed
- 1    2    3    4    5    6    7    8    9    10

**Given all the demands on your life , what is your typical stress level?**

- Minimal Stress                                        Extreme Stress
- 1    2    3    4    5    6    7    8    9    10

**How do you normally cope with stress?**

**How would you rank your health right now?**

Worst           Best

1 2 3 4 5 6 7 8 9 10

**Why?** (Be Specific)

**Have you been diagnosed (currently or in the past) with any significant medical conditions and/or injuries?**  Yes  No (Specify)

**Right now do you have any specific health concerns, such as illness, pain and/or injuries?**  
 Yes  No (Specify)

**Right now are you taking any medications, either over the counter or perscription?**  
 Yes  No (Specify)

**Have you been diagnosed (currently or in the past) with any significant complications as a result of bariatric surgery?**  Yes  No (Specify)

**How often are you tracking meals and weighing your food?**

- 1-2 X Per Week     2-3 X Per Week     4-7 X Per Week     N/A

**What Tracking App are you using?**

- Cronometer     Bariastic     My Fitness Pal     Lose It     Fat Secret     N/A

**What is your current calorie intake per day?**

- 800 -1200     1300-1600     1700-2000     2100-2400     2500-3400     Dont Know

**What is your current Macro (Macronutrient) split?**

- Protein  g    Carbs  g    Fat  g     Dont Know

*Why did you choose this Macro profile?*

**What is you total fiber intake from food per day?**

- Fiber  g     Dont Know

*What are the sources of your daily fiber?*

**What is a comfortable food volume for you in a day?**

**What Diets / Meal Plans have you tried in the past?**

- Balanced     Low Carb     Low Fat     Intermittent Fasting     Keto  
 P:E Diet     Carnivore     Other\_\_\_\_\_ (Specify)

**How does taste affect your food choices?**

**Your food choices are primarily.....**

- Whole Food     Processed food     Protein Shakes

**How often do you weigh yourself?**

- 1-2 X Per Week     2-3 X Per Week     4-7 X Per Week     N/A

**How often do you take progress pictures / selfies**

- 1-2 X Per Week     2-3 X Per Week     4-7 X Per Week     N/A

**How often do you take body measurements**

- 1-2 X Per Week     2-3 X Per Week     4-7 X Per Week     N/A

**What do you consider progress in your WLS journey?**

- Scale Weight Decrease     Improved Body Composition     Body Measurements  
 Increased Mobility     Increased Energy     Increased Athletic Ability  
 Positive Comments     Buying New Clothes     Increased Self Confidence  
 Other \_\_\_\_\_ (Specify)

**How READY are you to change your behavior and habits?**

Not at All     1     2     3     4     5     6     7     8     9     10    Completely

**How WILLING are you to change your behavior and habits?**

Not at All     1     2     3     4     5     6     7     8     9     10    Completely

**How ABLE are you to change your behavior and habits?**

Not at All     1     2     3     4     5     6     7     8     9     10    Completely

**How would you rank your current overall eating / nutrition habits?**

Poor     1     2     3     4     5     6     7     8     9     10    Amazing

What do you expect from me as your Nutrition/ WLS Coach?

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

As your Nutrition Coach , I work with you to identify your goals , develop a sustainable plan, provide support, and most importantly accountability to enable you to achieve your health & fitness goals. Nutrition is a complex issue and there is not one plan or method that is effective for everyone. I will help you navigate through all the noise & work with you to develop a sustainable plan that will produce long term results for your specific circumstances , fitness goals , and lifestyle.



*Mindset - Behaviors - Data*

*Helping Active Bariatric Patients*

*Live Their Best Lives*

[www.bariactivenutrition.com](http://www.bariactivenutrition.com)

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