



trim healthy[™]
coaching program

SLEUTH FORM - PERSONAL HEALTH HISTORY

Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Gender: Male _____ Female _____

Current Weight: _____ Height: _____

Measurements:

Bust: _____ Waist: _____ Hips: _____ Thighs: (L) _____ / (R) _____

Are you currently pregnant or nursing? _____

Are you currently taking any medications or supplements? (List them along with the dosage.)

DO YOU HAVE NOW, OR HAVE YOU IN THE PAST:

(Please specify or circle those that apply.)

(Yes)

(No)

1.	A chronic illness or condition		
2.	Elevated blood pressure		
3.	Muscle, joint, or back pain		
4.	Diabetes or Metabolic Syndrome		
5.	Thyroid condition		
6.	Polycystic Ovarian Syndrome		
7.	Hormone imbalances		
8.	Adrenal fatigue		

DO YOU EXPERIENCE ANY OF THESE SYMPTOMS:

(Please circle those that apply.)

(Yes)

(No)

1.	Severe fatigue or loss of energy		
2.	Weight gain, difficulty losing weight		
3.	Depression and depressed mood		
4.	Joint and muscle pain, headaches		
5.	Dry skin or brittle nails		
6.	Brittle hair, itchy scalp, or hair loss		
7.	Irregular periods or PMS symptoms		
8.	Constipation or diarrhea		
9.	Puffiness in the face and/or extremities		
10.	Elevated levels of LDL (the “bad” cholesterol) and heightened risk of heart disease		

EXERCISE AND DIET HISTORY:

1. Are you currently involved in a regular fitness program? If so, describe:

2. Are you involved in physical activities of daily living (walking, gardening, etc.)? If so, what type and how often?

3. What weight loss programs have you participated in over the last 10 years?

4. Would you characterize yourself by always trying a new diet or weight loss program?

Yes _____ No _____

5. What is your weight loss or gain history over the last 10 years?

6. How old were you when you started your first weight loss diet plan?

PERSONAL GOALS:

Long Term Goals: (Where do you want to be in 12 months?)

- 1. _____
- 2. _____
- 3. _____

Short Term Goals:

- 1. _____
- 2. _____
- 3. _____

Weight Loss Goal: (Keep in mind this is a lifestyle approach and not a race.)

Weight Goal: _____ Clothing Size Goal: _____

Health Goals:

Additional Goals:

COACHING INFORMATION:

Why did you seek out a Trim Healthy Coach?

What are the top 3 things you want/need from your Trim Healthy Coach?

1. _____
2. _____
3. _____

What are your hindrances (if any) to losing weight, implementing the Trim Healthy Mama Plan, or falling short of your goals?

What Trim Healthy Mama resources do you have access to?

- | | |
|----------------------------------|--|
| _____ Original THM book | _____ Trim Healthy Table |
| _____ Trim Healthy Plan book | _____ Trim Healthy Membership site |
| _____ Trim Healthy Mama cookbook | _____ THM Official Facebook support groups |

Other: _____

PERSONAL SUPPORT:

Do you feel your family and friends support your decision to improve your health?

Do you have a spouse, family member, or friend following the THM Plan? Please specify:

How would you prefer to connect with your coach? (Please indicate your preference.)

Home Phone: _____ Cell Phone: _____ Email: _____ In Person: _____

How often would you prefer to connect with your coach?

Weekly: _____ Bi-weekly: _____ Monthly: _____

HOW ARE YOU BEST SUPPORTED?

(Example: Gentle nudging , “hard” pushes, or somewhere in between.)

WHICH TYPE OF MAMA DO YOU RELATE TO?

Circle which of these women you relate to. (You can circle more than one.)

1. **Whole Grain Jane** - You grind your own flour, eat mostly whole grains, your diet is high in fruit, dried fruits, and carbohydrates. (Example: banana-based smoothies)
2. **Drive Thru Sue** - You are constantly on the go, frequent restaurant drive thru's, do not have time for a lot of cooking (or don't like to cook) and eat mostly a Standard American Diet.
3. **Raw Green Colleen** - You juice carrots, apples and the occasional greens. You sprout and dehydrate. Your diet is high in raw foods and vegan or vegetarian-based.
4. **Farm Fresh Tess** - You eat mostly homemade and farm-raised meat and produce. Your diet also includes starchy carbohydrates like potatoes and pasta but always in whole food form. You are a meat and potatoes type family.
5. **Scared of Carbs Barb** - You have been on and off low-carb diets for years and you are terrified of adding too many carbs into your diet, even though sometimes you find herself binging on them. Due to this low-carb state, your metabolism has slowed down and shedding weight has become much harder in recent years.
6. **Adrenal Splat Pat** - You have adrenal issues, stalled weight loss, food sensitivities. Your fibromyalgia keeps you from exercising.
7. **Thyroid Mess Jess** - You ate low-carb for a while, continue to put on weight, have low energy, dry skin, and dry hair.