

Date:

General Information

I am interested in the following program:

Wellness Coaching Diabetes Prevention Program

Check all that apply:

Oneida Tribal Member Other Tribal Affiliation Oneida Health Center Patient Oneida Employee

What are you looking to accomplish in the next 3 months?

Rate your importance & confidence for accomplishing the above:

	Most					Neutral					Least
Importance	10	9	8	7	6	5	4	3	2	1	0
Confidence	10	9	8	7	6	5	4	3	2	1	0

Do you have a fitness membership?

Yes - Place _____ Usage _____/week

No - How many minutes of physical activity do you get each week? _____min/week

Are you willing to join a fitness facility to increase your physical activity? Yes No

What might get in the way of accomplishing your goals?

What makes this the right timing for you to join this program?

Do you have any surgeries, vacations or extended trips that would take you out of the program for longer than a week at a time?

Surgery – Type _____ Date _____

Vacation or Extended Trip – Date _____

Have you seen a Dietitian or Health Educator to talk about nutrition and healthy eating?

No Yes: Who _____ When _____

Contact Information

First Name _____ Last Name _____ Male Female DOB _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Best time to reach: Before noon Between noon & 4 pm After 4 pm