**In SHAPE Client Questionnaire**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Case # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Rate these questions on a scale to 1-10, 10 being the most and 1 being the least.*

How confident do you feel about **making** healthy lifestyle changes?

1 2 3 4 5 6 7 8 9 10

How confident are you in your **ability** to make healthy lifestyle changes?

1 2 3 4 5 6 7 8 9 10

How confident do you feel in your **ability** to track your nutrition and your exercise weekly?

1 2 3 4 5 6 7 8 9 10

How **important** are these lifestyle changes to you?

1 2 3 4 5 6 7 8 9 10

If you picked a 5 or below for any of these questions, what would it take to make you feel more confident in yourself?

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Why are these healthy lifestyle changes important to you?

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