Client's Name:			Client's ID#	:	
Client's phone number:		C	oach's Name:		
Client's email:					
Did the client attend ESBA Workshop/NE	<b>ES?</b> □ Ye	es 🗌 No	If yes, what	topic?	
Signed up online?	Is the c	lient participa	ating in WISE\	WOMEN?	Yes No
Session 1 (1 week)		Ent	er date/time of	nrior attemnts	
Was the Session completed?	☐ No		Date	Time	
Date when session was completed:		1 <sup>st</sup>			
Time when session was completed:	_: am	or pm $\frac{2^{nq}}{3^{rd}}$			
☐ Male ☐ Female    Age: ☐ <5 ☐ 5-17 ☐ 18-59 ☐ 60+    ☐ Race: Check all that apply    ☐ American Indian or Alaska Na   ☐ Asian   ☐ Black or African American   How many people are currently living or	tive 🗌	(Includes Mexica American, or othe Native Hawai White	anic/Latino?  In, Cuban, Puerto  Ir Spanish culture  Iian or other F  Thouse?	Rican, Central and e or origin regardle	nd South ess of race.)
Ask behavior questions:  1. How often do you eat food from all foo fruits, vegetables, and protein)					
<1 time/week 1-2 times/wee	k 🗌 3-4 tir	mes/week 🗌	5-6 times/wee	k 🗌 7+ time	es/week
2. During the past week, how many cups	of fruit dic	l you eat on a	n average day	/?	
Cups: None 1½ 1	☐ 1?	/2 2	2½	3 🗆	3½ or more
3. How often do you eat more than one k	kind of fruit	each day?			
<1 time/week 1-2 times/wee	k 🗌 3-4 tir	mes/week 🗌	5-6 times/wee	k 🗌 7+ time	es/week
4. During the past week, how many cups	of vegetal	oles did you e	at on an avera	age day?	
Cups: None 1½ 1	☐ 1:	/2 2	2½	<b>3</b>	3½ or more
5. How often do you eat more than one k	kind of vege	etable each da	ay?		
<1 time/week 1-2 times/wee	k 🗌 3-4 tir	mes/week 🗌	5-6 times/wee	k 🗌 7+ time	es/week
6. How often do you eat or drink the following?	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Whole milk (full fat) or reduced fat (2%) milk					
Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)					
Regular (whole milk) yogurt					
Low-fat or nonfat yogurt					



7. How often do you eat the following?	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Brown rice					
White rice					
Whole grain/wheat pasta					
Regular pasta					
Whole grain/wheat bread or tortillas					
White bread or flour tortillas	$\overline{}$			П	$\overline{}$
Whole grain cereals (toasted oats, bran, granola, oatmeal)					
Refined grain cereals (corn flakes, puffed rice)					
8. How often do you eat the following?	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Skinless chicken or turkey					
Chicken or turkey with skin					
Ground beef 90% lean or greater					
Ground beef 85% or 80% lean or less					
Pork or beef: sausage or bacon or hot dogs					
9. During the past week, how many 1 of average day? (1 cup serving = 8 oun	ces)	_	_		drink on an
Cups: None 1	2 3	<u></u> 4	5 or mo	re	
10. How often do you:	<1 time/ week	1-2 times/	3-4 times/		
Eat convenience or fast foods (Premade frozen or boxed meals, boxed or	WEEK	wook		5-6 times/	
· · · · · · · · · · · · · · · · · · ·		week	week	5-6 times/ week	7+ times/ week
bagged snacks)		week			
bagged snacks)  Add salt when cooking or eating food  Eat low-sodium packaged food options such as canned soups or vegetables,		week			
bagged snacks)  Add salt when cooking or eating food  Eat low-sodium packaged food options		week			
bagged snacks)  Add salt when cooking or eating food  Eat low-sodium packaged food options such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.  Prepare foods by frying/sautéing/deep-	<1 time/week	week			
bagged snacks)  Add salt when cooking or eating food  Eat low-sodium packaged food options such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.  Prepare foods by frying/sautéing/deepfrying (not including air frying)			week	week	week
bagged snacks)  Add salt when cooking or eating food  Eat low-sodium packaged food options such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.  Prepare foods by frying/sautéing/deepfrying (not including air frying)  11. How often do you:  Use the "Nutrition Facts" on the food			week	week	week
bagged snacks)  Add salt when cooking or eating food  Eat low-sodium packaged food options such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.  Prepare foods by frying/sautéing/deepfrying (not including air frying)  11. How often do you:  Use the "Nutrition Facts" on the food label to make food choices?			week	week	week

12. How many minutes of physical activity do you get on an average week? \_\_\_\_ minutes

DPH

Connecticut Department
of Public Health

Overall goal / vision:
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#### Overall goal/vision codes:

- 1. Achieve/maintain a healthy weight
- 2. Meal planning / healthy eating
- 3. Being stronger / more physical active
- 4. Manage supplement(s) / medication(s) regimen
- 5. Prevent/manage diabetes (pre, DM1, DM2, GDM)
- 6. Prevent/manage HTN or CVD
- 7. Prevent/manage stress
- 8. Smoking/vaping cessation
- 9. Reduce alcohol consumption
- 10. Increase food security / become food secure
- 11. Other

Overall Goal / Vision Topic Code: \_\_\_\_\_



Session 1 Goal	1-1:								Goa	al 1-1 To	pic:	_
Confidence Rule	er for G	ioal 1-1										
0	1	2	3	4	5	6	7	8	9	10		
Not Confident				Som	ewhat C	onfident	t			Very	Confident	
Session 1 Goal	1-2:								Go	al 1-2 To	pic:	_
Confidence Rule	er for G	ioal 1-2										
0	1	2	3	4	5	6	7	8	9	10		
Not Confident				Som	ewhat C	onfident	t			Very	Confident	
ppic Codes:				Notes:								
↑ Physical Activit	-											
Planning, shoppin	_	reading										
↑ Fruits & vegeta ↑ Whole grains	abies											
↑ low-nonfat dai	irv, 个 ca	alcium fo	ods									
↑ Lean proteins	,, ,											
↓ Sugar/sodium/	/sat. fat,	个water	r									
Try new recipes				-								
MyPlate Plan, poi												
). Limit snacking, m												
L. Food sources: par	ntries/m	obiles										
2. Social												
B. Medicine, supple	ments											

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14. Other



Client's Name:			Clie	nt's ID#	<b>#</b> :			
Client's phone number:			_ Coa	ich's N	ame: _			
Session 2 (2 weeks)  Was the Session completed? Ye  Date when session was completed:  Time when session was completed:		_!	or pm	1 2	nter dat Da	te/time of te	Time	
Session 1 Goal(s):								
Percent Goal 1-1 Completed		%						
Percent Goal 1-2 Completed		%						
Session 2 Goal 2-1:						Goal	2-1 Top	ic:
Confidence Ruler for Goal 2-1  0 1 2 3	4	5	6	7	8	9	10	
Not Confident	Somev	vhat Co	nfident				Very C	Confident
Session 2 Goal 2-2:						Goal	2-2 Top	ic:
Confidence Ruler for Goal 2-2								
0 1 2 3	4	5	6	7	8	9	10	
Not Confident  Notes:		vhat Co	nfident				Very C	Confident

Health Coaching: Eating Smart • Being Active 9
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Client's Name:							(	Clien	t's II	)#:			
lient's phone	numbe	r:				Co	ach's	Nan	ne: _				
<b>Session 3</b> (3 we	eks)							Ente	r dat	e/time d	of prior att	empts:	
Was the Sessio	n com	pleted?		es 🗌	No				Da	te	Time		
Date when sess	sion wa	s comp	leted:			_		1 <sup>st</sup> 2 <sup>nd</sup>					
Time when ses	sion wa	as comp	leted:	::	am	or pm		3 <sup>rd</sup>					
Session 2 Goal	(s):												
1. Percent (	Goal 2-	1 Comple	eted		%								
2. Percent 0	Goal 2-	2 Comple	eted		%								
Session 3 Goal	3-1:									Goa	l 3-1 Top	oic:	_
Confidence Rul	ler for (	Goal 3-1											
0	1	2	3	4	5	6	7	8	3	9	10	$\overline{}$	
Not Confident				Somo	what Ca	onfident					Voru	Confident	
Not Confident				Some	Milat GC	muent					very	Confident	
Session 3 Goal	3-2:									Goa	I 3-2 Top	oic:	_
Confidence Rul	er for (	Goal 3-2											
2	1	2	2				-		0	•	10	_/\	Γ
0	1	2	3	4	5	6	7		8	9	10	$\neg$ $/$	L
Not Confident				Some	what Co	onfident					Very (	✓ Confident	
Notos:											·		
Notes:													

□Printed □PH

Client's Name:	Chefft 3 ID#.		
Client's phone number:	Coach's Na	me:	
Session 4 (4 weeks)	Ent	er date/time o	of prior attempts:
Was the Session completed? ☐ Yes ☐ No		Date	Time
Date when session was completed://	1 <sup>st</sup>		
Time when session was completed: am o	pm $2^{nd}$		
Follow-up questions asked for topic: Yes N (Obtain the follow-up questionnaire for original session as	)		s for 6-week follow-up
Session 3 Goal(s):			
1. Percent Goal 3-1 Completed%			
2. Percent Goal 3-2 Completed%			
Session 4 Goal 4-1:		Goa	ıl 4-1 Topic:
Confidence Ruler for Goal 4-1			<b>N</b>
0 1 2 3 4 5	6 7	8 9	10
0 1 2 3 4 3	<b>0</b> /		/ L
Not Confident Somewhat Con	ident		Very Confident
Session 4 Goal 4-2:		Goa	ıl 4-2 Topic:
Confidence Ruler for Goal 4-2			_
0 1 2 3 4 5	6 7	8 9	10
			l
Not Confident Somewhat Con	ident		Very Confident
Notes:			

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Health Coaching: Eating Smart • Being Active 9
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Client	's Name	):				_	Clie	ent's ID#	:				
Client	's phon	e numbe	r:				Co	oach's N	ame: _				
Was t	when se	veeks) ion comp ssion wa ssion wa	s comp	leted:	/	/		1s <sup>s</sup> 2n 3re	Dat		of prior atte	mpts:	
Sessi	on 4 Go	al(s):											
1.	Percen	t Goal 4-′	Comple	eted		%							
2.	Percen	t Goal 4-2	2 Comple	eted		%							
Sessi	on 5 Go	al 5-1:								Goa	l 5-1 Topi	c:	_
Confid	dence R 0	uler for (	Goal 5-1 2	3	4	5	6	7	8	9	10		
Not Co	onfident					Some	what Co	onfident			Very C	onfident	
Session	on 5 Go	al 5-2:								Goa	l 5-2 Topi	c:	-
Confid	dence R	uler for C	Goal 5-2										
	0	1	2	3	4	5	6	7	8	9	10		
Not Co	onfident						onfident				Very C	onfident	

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Client's Name:		Client's l	D#:		
Client's phone number:		Coach's	s Name:		
Session 6 (6 weeks)			Enter date/tin	ne of pr <u>i</u> or atter	npts:
Was the Session completed? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	☐ No		Date	Time	
Date when session was completed:		_	1 <sup>st</sup>		
Time when session was completed:	: am	or pm	3 <sup>rd</sup>		
Ask behavior questions:					
1. How often do you eat food from all for fruits, vegetables, and protein)	ood groups	every day? (F	ood groups	include dairy,	grains,
<1 time/week 1-2 times/we	ek 🗌 3-4 ti	mes/week	] 5-6 times/we	ek 🗌 7+ tin	nes/week
2. During the past week, how many cup	os of fruit die	d you eat on a	an average da	ay?	
Cups: None 1/2	1 🔲 13	½ <u></u> 2	2½	□ 3 □	] 3½ or more
3. How often do you eat more than one	kind of fruit	each day?			
<1 time/week 1-2 times/we	ek 🗌 3-4 ti	mes/week	] 5-6 times/we	ek 🗌 7+ tin	nes/week
4. During the past week, how many cup	os of vegetal	oles did you	eat on an ave	rage day?	
Cups: None 1½ 📗	1 🔲 13	½ <u></u> 2	2½	□ 3 □	] 3½ or more
5. How often do you eat more than one	kind of veg	etable each d	lay?		
<1 time/week 1-2 times/week	ek 🗌 3-4 ti	mes/week	] 5-6 times/we	ek 🗌 7+ tin	nes/week
6. How often do you eat or drink the following?	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	
following?  Whole milk (full fat) or reduced fat (2%)					7+ times/
following?	week			week	7+ times/
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk	week		week	week	7+ times/
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt  Low-fat or nonfat yogurt  7. How often do you eat the	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt  Low-fat or nonfat yogurt  7. How often do you eat the following?	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt  Low-fat or nonfat yogurt  7. How often do you eat the following?  Brown rice	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt  Low-fat or nonfat yogurt  7. How often do you eat the following?  Brown rice  White rice	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt  Low-fat or nonfat yogurt  7. How often do you eat the following?  Brown rice  White rice  Whole grain/wheat pasta	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt  Low-fat or nonfat yogurt  7. How often do you eat the following?  Brown rice  White rice	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt  Low-fat or nonfat yogurt  7. How often do you eat the following?  Brown rice  White rice  Whole grain/wheat pasta  Regular pasta	week	week	week	week	7+ times/ week
following?  Whole milk (full fat) or reduced fat (2%) milk  Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)  Regular (whole milk) yogurt  Low-fat or nonfat yogurt  7. How often do you eat the following?  Brown rice  White rice  Whole grain/wheat pasta  Regular pasta  Whole grain/wheat bread or tortillas	week	week	week	week	7+ times/ week



8. How often do you eat the following?	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Skinless chicken or turkey					
Chicken or turkey with skin					
Ground beef 90% lean or greater					
Ground beef 85% or 80% lean or less					
Pork or beef: sausage or bacon or hot dogs					
9. During the past week, how many 1 cu average day? (1 cup serving = 8 ounce Cups: None 1 1		of sugar-swee	etened bevera		Irink on an
10. How often do you:	<1 time/	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Eat convenience or fast foods (Premade	WEEK	WEEK	WEEK	WEEK	WEEK
frozen or boxed meals, boxed or bagged snacks)					
Add salt when cooking or eating food					
Eat low-sodium packaged food options such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.					
Prepare foods by frying/sautéing/deep- frying (not including air frying)					
11. How often do you:	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
11. How often do you:  Use the "Nutrition Facts" on the food label to make food choices?					
Use the "Nutrition Facts" on the food					
Use the "Nutrition Facts" on the food label to make food choices?			week	week	
Use the "Nutrition Facts" on the food label to make food choices?  Plan meals ahead of time?			week	week	
Use the "Nutrition Facts" on the food label to make food choices?  Plan meals ahead of time?  Compare prices before you buy food?	week	week	week	week	week
Use the "Nutrition Facts" on the food label to make food choices?  Plan meals ahead of time?  Compare prices before you buy food?  Shop with a grocery list?  12. How many minutes of physical activ	week	week	week	week	week
Use the "Nutrition Facts" on the food label to make food choices?  Plan meals ahead of time?  Compare prices before you buy food?  Shop with a grocery list?  12. How many minutes of physical active.  Session 5 Goal(s):	week	week	week	week	week



Address for incentive:				
Was the incentive sent to participant?	☐ Yes	□ No		
				□Printed

