**Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did the client attend ESBA Workshop/NES? [ ]**  Yes **[ ]** No **If yes, what topic?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed up online? [ ]**  Yes **[ ]** No **Is the client participating in WISEWOMEN? [ ]**  Yes **[ ]** No

*Enter date/time of prior attempts:*

|  |  |  |
| --- | --- | --- |
|  | Date | Time |
| 1st |  |  |
| 2nd |  |  |
| 3rd |  |  |

**Session 1** (1 week)

**Was the Session completed?** [ ]  **Yes** [ ]  **No**

**Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Time when session was completed:** \_\_\_\_:\_\_\_\_\_ am or pm

|  |  |
| --- | --- |
| **[ ]  Hombre [ ]  Mujer** | **¿Es usted hispano/a o latino/a? [ ]  Sí [ ]  No** (incluye mexicano/a, cubano/a, puertorriqueño/a, nativo/a de América Central y América del Sur u otra cultura hispana u origen hispano independiente de la raza) |
| **Edad: [ ]  <5 [ ]  5-17 [ ]  18-59 [ ]  60+** |
| **Raza:** *Marque todas las opciones que correspondan*  **[ ]  Aborigen estadounidense o nativo/a de Alaska [ ]  Nativo/a de Hawái u otra isla del Pacífico** **[ ]  Asiático/a [ ]  Blanco/a**  **[ ]  Negro/a o afroamericano/a** |
| **¿Cuántas personas viven actualmente con usted o se están quedando en su casa? \_\_\_\_\_\_** |

***Ask behavior questions:***

1. **¿Con qué frecuencia come alimentos de todos los grupos todos los días? (Los grupos de alimentos incluyen lácteos, granos, frutas, verduras y proteínas)**

 [ ]  <1 vez por semana [ ]  1-2 veces por semana [ ]  3-4 veces por semana

 [ ]  5-6 veces por semana [ ]  7+ veces por semana

1. **Durante la semana pasada, ¿cuántas tazas de fruta comió en un día promedio?**

 Tazas: [ ]  Ninguno [ ]  ½ [ ]  1 [ ]  1½ [ ]  2 [ ]  2½ [ ]  3 [ ]  3½ o más

1. **¿Con qué frecuencia come más de un tipo de fruta por día?**

 [ ]  <1 vez por semana [ ]  1-2 veces por semana [ ]  3-4 veces por semana

 [ ]  5-6 veces por semana [ ]  7+ veces por semana

1. **Durante la semana pasada, ¿cuántas tazas de verduras comió en un día promedio?**

 Tazas: [ ]  Ninguno [ ]  ½ [ ]  1 [ ]  1½ [ ]  2 [ ]  2½ [ ]  3 [ ]  3½ o más

1. **¿Con qué frecuencia come más de un tipo de verdura por día?**

 [ ]  <1 vez por semana [ ]  1-2 veces por semana [ ]  3-4 veces por semana

 [ ]  5-6 veces por semana [ ]  7+ veces por semana

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **¿Con qué frecuencia come o bebe lo siguiente?**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **7+ veces por semana** |
| Leche entera (toda la grasa) o leche reducida en grasa (2 %) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Leche baja en grasa (1 %) o leche descremada (sin grasa) (incluye leche de soja o almendra) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Yogur regular (con leche entera) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Yogur reducido en grasa o descremado | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **¿Con qué frecuencia come lo siguiente?**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **7+ veces por semana** |
| Arroz integral | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Arroz blanco | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pasta de trigo integral/granos integrales | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pasta regular | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pan o tortillas de trigo integral/granos integrales | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pan blanco o tortillas de harina | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cereales integrales (avenas tostadas, salvado, granola, crema de avena) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cereales refinados (copos de maíz, arroz inflado) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **¿Con qué frecuencia come lo siguiente?**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **7+ veces por semana** |
| Pollo o pavo sin la piel | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pollo o pavo con la piel | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Carne molida 90% magra o más | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Carne molida 85% o 80% magra o menos | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cerdo o res: salchichas, tocino o hot dogs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. **Durante la última semana, ¿cuántas porciones de 1 taza de bebidas endulzadas con azúcar bebió en un día promedio?***(Porción de 1 taza = 8 onzas)*

 Tazas: [ ]  Ninguno [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 o más

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Indique la frecuencia con la que:**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **7+ veces por semana** |
| Come comidas preparadas o rápidas (comidas precocinadas congeladas o en caja, refrigerios en caja o en bolsa) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Agrega sal al cocinar o comer alimentos | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Consume opciones de alimentos bajos en sodio como sopas o verduras en lata,arroz preenvasado, alimentos congelados, etc. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Prepara alimentos fritándolos/ salteándolos/fritándolos en abundante aceite (no incluye la freidora con aire) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. **¿Con qué frecuencia?**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **Más de 7 veces por semana** |
| ¿La "Información nutricional" en la etiqueta de un producto para elegir alimentos?  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ¿Planifica sus comidas con antelación? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ¿Compara precios antes de comprar alimentos? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ¿Usa una lista de compras? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. **¿Cuántos minutos de actividad física realiza en una semana promedio?** \_\_\_\_\_ minutos

**Overall goal / vision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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: ­­­­\_\_\_\_\_\_\_**

**Sesión 1 – Metas 1-1: Metas 1-1 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 1-1**

No confidente Algo confidente Muy confidente

**Sesión 1 – Metas 1-2: Metas 1-2 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 1-2**

No confidente Algo confidente Muy confidente
**Notas:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic Codes:

1. ↑ Physical Activity
2. Planning, shopping, label reading
3. ↑ Fruits & vegetables
4. ↑ Whole grains
5. ↑ low-nonfat dairy, ↑ calcium foods
6. ↑ Lean proteins
7. ↓ Sugar/sodium/sat. fat, ↑water
8. Try new recipes
9. MyPlate Plan, portion sizes
10. Limit snacking, mindful eating
11. Food sources: pantries/mobiles
12. Social
13. Medicine, supplements
14. Other

­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Printed

**Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Enter date/time of prior attempts:*

|  |  |  |
| --- | --- | --- |
|  | Date | Time |
| 1st |  |  |
| 2nd |  |  |
| 3rd |  |  |

**Session 2** (2 weeks)

**Was the Session completed?** [ ]  **Yes** [ ]  **No**

**Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Time when session was completed:** \_\_\_\_:\_\_\_\_\_ am or pm

**Sesión 1 – Metas:**

1. Porcentaje de la meta 1-1 completada \_\_\_\_\_\_\_\_\_\_\_\_%
2. Porcentaje de la meta 1-2 completada \_\_\_\_\_\_\_\_\_\_\_\_%

**Sesión 2 – Metas 2-1: Metas 2-1 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 2-1**

No confidente Algo confidente Muy confidente

**Sesión 2 – Metas 2-2: Metas 2-2 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 2-2**

No confidente Algo confidente Muy confidente
**Notas:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□Printed

**Client’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Enter date/time of prior attempts:*

|  |  |  |
| --- | --- | --- |
|  | Date | Time |
| 1st |  |  |
| 2nd |  |  |
| 3rd |  |  |

**Session 3** (3 weeks)

**Was the Session completed?** [ ]  **Yes** [ ]  **No**

**Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Time when session was completed:** \_\_\_\_:\_\_\_\_\_ am or pm

**Sesión 2 – Metas:**

1. Porcentaje de la meta 2-1 completada \_\_\_\_\_\_\_\_\_\_\_\_%
2. Porcentaje de la meta 2-2 completada \_\_\_\_\_\_\_\_\_\_\_\_%

**Sesión 3 – Metas 3-1: Metas 3-1 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 3-1**

No confidente Algo confidente Muy confidente

**Sesión 3 – Metas 3-2: Metas 3-2 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 3-2**

No confidente Algo confidente Muy confidente
**Notas:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Printed

**Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Enter date/time of prior attempts:*

|  |  |  |
| --- | --- | --- |
|  | Date | Time |
| 1st |  |  |
| 2nd |  |  |
| 3rd |  |  |

**Session 4** (4 weeks)

**Was the Session completed?** [ ]  **Yes** [ ]  **No**

**Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Time when session was completed:** \_\_\_\_:\_\_\_\_\_ am or pm

**Follow-up questions asked for topic?** [ ]  **Yes** [ ]  **No**

*(Obtain the follow-up questionnaire for original session attended and ask the questions for 6-week follow-up)*

**Sesión 3 – Metas:**

1. Porcentaje de la meta 3-1 completada \_\_\_\_\_\_\_\_\_\_\_\_%
2. Porcentaje de la meta 3-2 completada \_\_\_\_\_\_\_\_\_\_\_\_%

**Sesión 4 – Metas 4-1: Metas 4-1 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 4-1**

No confidente Algo confidente Muy confidente

**Sesión 4 – Metas 4-2: Metas 4-2 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 4-2**

No confidente Algo confidente Muy confidente

**Notas:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Printed

**Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Enter date/time of prior attempts:*

|  |  |  |
| --- | --- | --- |
|  | Date | Time |
| 1st |  |  |
| 2nd |  |  |
| 3rd |  |  |

**Session 5** (5 weeks)

**Was the Session completed?** [ ]  **Yes** [ ]  **No**

**Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Time when session was completed:** \_\_\_\_:\_\_\_\_\_ am or pm

**Sesión 4 – Metas:**

1. Porcentaje de la meta 4-1 completada \_\_\_\_\_\_\_\_\_\_\_\_%
2. Porcentaje de la meta 4-2 completada \_\_\_\_\_\_\_\_\_\_\_\_%

**Sesión 5 – Metas 5-1: Metas 5-1 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 5-1**

No confidente Algo confidente Muy confidente

**Sesión 5 – Metas 5-2: Metas 5-2 Tema: \_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rúbrica de confiabilidad meta 5-2**

No confidente Algo confidente Muy confidente

**Notas:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□Printed

**Client’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Enter date/time of prior attempts:*

|  |  |  |
| --- | --- | --- |
|  | Date | Time |
| 1st |  |  |
| 2nd |  |  |
| 3rd |  |  |

**Session 6** (6 weeks)

**Was the Session completed?** [ ]  **Yes** [ ]  **No**

**Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Time when session was completed:** \_\_\_\_:\_\_\_\_\_ am or pm

***Ask behavior questions:***

1. **¿Con qué frecuencia come alimentos de todos los grupos todos los días? (Los grupos de alimentos incluyen lácteos, granos, frutas, verduras y proteínas)**

 [ ]  <1 vez por semana [ ]  1-2 veces por semana [ ]  3-4 veces por semana

 [ ]  5-6 veces por semana [ ]  7+ veces por semana

1. **Durante la semana pasada, ¿cuántas tazas de fruta comió en un día promedio?**

 Tazas: [ ]  Ninguno [ ]  ½ [ ]  1 [ ]  1½ [ ]  2 [ ]  2½ [ ]  3 [ ]  3½ o más

1. **¿Con qué frecuencia come más de un tipo de fruta por día?**

 [ ]  <1 vez por semana [ ]  1-2 veces por semana [ ]  3-4 veces por semana

 [ ]  5-6 veces por semana [ ]  7+ veces por semana

1. **Durante la semana pasada, ¿cuántas tazas de verduras comió en un día promedio?**

 Tazas: [ ]  Ninguno [ ]  ½ [ ]  1 [ ]  1½ [ ]  2 [ ]  2½ [ ]  3 [ ]  3½ o más

1. **¿Con qué frecuencia come más de un tipo de verdura por día?**

 [ ]  <1 vez por semana [ ]  1-2 veces por semana [ ]  3-4 veces por semana

 [ ]  5-6 veces por semana [ ]  7+ veces por semana

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **¿Con qué frecuencia come o bebe lo siguiente?**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **7+ veces por semana** |
| Leche entera (toda la grasa) o leche reducida en grasa (2 %) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Leche baja en grasa (1 %) o leche descremada (sin grasa) (incluye leche de soja o almendra) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Yogur regular (con leche entera) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Yogur reducido en grasa o descremado | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **¿Con qué frecuencia come lo siguiente?**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **7+ veces por semana** |
| Arroz integral | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Arroz blanco | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pasta de trigo integral/granos integrales | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pasta regular | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pan o tortillas de trigo integral/granos integrales | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pan blanco o tortillas de harina | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cereales integrales (avenas tostadas, salvado, granola, crema de avena) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cereales refinados (copos de maíz, arroz inflado) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **¿Con qué frecuencia come lo siguiente?**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **7+ veces por semana** |
| Pollo o pavo sin la piel | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Pollo o pavo con la piel | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Carne molida 90% magra o más | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Carne molida 85% o 80% magra o menos | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cerdo o res: salchichas, tocino o hot dogs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. **Durante la última semana, ¿cuántas porciones de 1 taza de bebidas endulzadas con azúcar bebió en un día promedio?***(Porción de 1 taza = 8 onzas)*

 Tazas: [ ]  Ninguno [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 o más

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Indique la frecuencia con la que:**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **7+ veces por semana** |
| Come comidas preparadas o rápidas (comidas precocinadas congeladas o en caja, refrigerios en caja o en bolsa) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Agrega sal al cocinar o comer alimentos | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Consume opciones de alimentos bajos en sodio como sopas o verduras en lata,arroz preenvasado, alimentos congelados, etc. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Prepara alimentos fritándolos/ salteándolos/fritándolos en abundante aceite (no incluye la freidora con aire) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. **¿Con qué frecuencia?**
 | **<1 vez por semana** | **1-2 veces por semana** | **3-4 veces por semana** | **5-6 veces por semana** | **Más de 7 veces por semana** |
| ¿La "Información nutricional" en la etiqueta de un producto para elegir alimentos?  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ¿Planifica sus comidas con antelación? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ¿Compara precios antes de comprar alimentos? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ¿Usa una lista de compras? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. **¿Cuántos minutos de actividad física realiza en una semana promedio?** \_\_\_\_\_ minutos

**Sesión 5 – Metas:**

1. Porcentaje de la meta 5-1 completada \_\_\_\_\_\_\_\_\_\_\_\_%
2. Porcentaje de la meta 5-2 completada \_\_\_\_\_\_\_\_\_\_\_\_%

**Notas:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**La dirección para el incentivo:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**¿Se le envío al participante un incentivo?** [ ]  **Sí** [ ]  **No**

□Printed