



Greater Newburyport Success Group Application

3 more New You groups starting the week of April 19th

Thank you for your interest in participating in a New You Success Group

This program is designed to help you succeed at becoming a long-term success story!

Please answer the questions in this application to the best of your ability
 It does not have to be perfectly filled out – it just helps me & you understand what you need

***Group Participation Qs on page 6 are required**
You may send this front page & page 6 to grab a spot - while filling out the rest of the Qs

Use Black Ink & Fax to 978-462-1349
 or Mail to Alice Greene, 6 Broad Street, Newburyport, MA 01950

YOUR CONTACT INFORMATION:

Name: _____

Address: _____

Home Phone _____ please check which is best way to reach you

Work Phone _____

Cell Phone _____

E-mail _____

YOUR APPLICATION SUBMISSION:

Date Submitted: _____

Signature: _____

Thanks for taking the time and effort to complete this application,

Alice Greene
 America's Healthy Lifestyle Coach
 New You 2010 Success Groups
 www.aHealthyLifestyleWorks.com

Tell Me About You

All information is confidential and is treated appropriately

Age: _____

Sex: F M

Background Questions

1. Why are you interesting in being a participant in a New You 2010 group?

2. What are your health and fitness goals?

3. Why is this really important to you?

4. What will you be able to do once you attain these goals?

Eating Questions

5. What is your greatest challenge with food and eating?

6. Have you been on any diets? _____ If so, how many diets do you think you've been on? _____

If so, when and what was the last diet? when _____ what _____

7. What do you think makes it difficult for you to eat healthy foods on a regular basis?

8. When was the last time you were eating in a healthier way? And why did you stop?

9. What do you consider to be your weakness with food?

10. Is overeating or bingeing an issue for you? If so, how often does this seem to happen and when?

11. Do you suspect you are an emotional eater? If so, why do you think that?

12. What eating issue, if any, do you hope to finally resolve so you can eat normally?

13. Are you committed to stop restrictive dieting and to eat a healthy and balanced diet? _____

Explain why this matters to you now?

Fitness Questions

14. When you think about fitness or exercise, what is the first thing that comes to mind?

15. What do you like about exercising?

16. What do you dislike about exercising?

17. What is your greatest challenge with regular exercise or getting fit?

18. Have you ever been active regularly (as in years at a time)? _____
If so, what did that feel like? _____

19. When was the last time you did aerobic activities two or more times a week regularly?

Why did you stop? _____
20. Are you doing any type of aerobic activities regularly now?

21. What concerns do you have about doing aerobic exercise, if any?

22. What concerns do you have about any other type of fitness program, if any?

23. What do you consider to be your current fitness level?

24. Have you had an exercise or sport-related injury? _____ If so, what is the status of this now?

25. What exercise or fitness issue do you hope to finally resolve so you can enjoy an active life?

26. Are you committed to adding fitness into your life on a regular basis? _____
Explain why this matters to you now?

Health Questions

27. Do you have: high cholesterol
 high blood pressure
 high triglycerides
 coronary artery disease
 any other type of heart condition
 high stress
 sleep deprivation
 ADD or ADHD

28. Do you have diabetes or pre-diabetes? _____
If so, do you take medication or are you on insulin? _____

29. If you don't have diabetes, have you had your blood sugar levels checked recently? _____
What is your most recent blood sugar level? _____ Month/year _____

30. If you are on medication, what are you on medication for?

31. Do you suffer from joint pain, arthritis or other types of stiffness, limitation or pain? _____
If so, explain _____

32. How do you feel physically on a scale of 0 – 10 (where 0 is lousy and 10 is great)
0 1 2 3 4 5 6 7 8 9 10

33. Have you ever had physical therapy? _____
If so, when was that? _____
What was it for? _____
Do you still have pain in that area? _____
Do you still have a copy of the exercises? _____

Lifestyle Questions

34. Do you find it difficult to take time for yourself or to take care of your health? _____

35. What are the reasons or things that stop you from making time for yourself?

36. What are 5 health- or fitness-related lifestyle changes you want to improve on with this group?

Rank yourself on this lifestyle behavior today – circle one #
(0 = don't do at all 10 = do very well)

- | | | | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|---|---|----|
| 1) _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2) _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3) _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4) _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5) _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Group Participation Questions (These are Required Questions)

On a scale of 1 to 10 (10 being highest),

37. How confident are you that you will stick with the group for at least a year to achieve long-term success?

0 1 2 3 4 5 6 7 8 9 10 (if less than 10, why? _____)

38. How committed are you to fully participating in the group and attending all (or nearly all) the sessions?

0 1 2 3 4 5 6 7 8 9 10 (if less than 10, why? _____)

39. If you miss sessions, will you be willing to make them up by listening to a recording? _____

40. Will you be willing to fill out a weekly log or journal? _____

What concerns do you have about this? _____

41. Have you ever worked with a life or wellness coach? _____

If so, was that a positive experience? _____

42. Are you comfortable participating in a group? _____ how about a teleconference call? _____

43. Are you allergic to cats? _____ (If so, the only group where there aren't cats is Wed at 8:30pm)

44. When would you be able to attend a weekly group session for 1½ hours?

Tuesdays noon – 1:30 pm (meeting at home with cats)

Wednesdays 5:30 – 7:00 pm (meeting at home with cats)

Wednesdays 8:30 – 10:00 pm (meeting at YWCA)

These groups will go through the summer, so keep that in mind

Questionnaire (Cont'd) - All information is confidential

45. Is there anything more I should know about you?

Thank you again for taking the time and effort to fill this application out.