

SESSION MINI ASSESSMENT

NAME:

DATE:

SESSION:

This form will be filled out at the beginning of each session in order to assess your progress towards your health goals and make adjustments where needed.

1. What questions do you have from the last session?
2. What changes did you make in your diet? Did you try any new recipes?
3. What foods have you been craving?
4. Were you satisfied with your meals? Did you experience hunger?
5. How much water have you been drinking?
6. What changes- positive or negative- have you noticed since our last meeting?
7. On a scale from 1-5, how would you rate your energy levels since our last meeting?
8. How have your moods been?
9. Have you maintained or increased your physical activity?
10. Any constipation or diarrhea?

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