

Choosing a Weight-Loss Program



Use this checklist to compare information from weight-loss programs.

Checklist

Program Name: _____

Phone: _____



Overview

In this program, my daily calorie intake will be:

My daily calorie intake is set by my height, age, and level of physical activity.

I will be evaluated by program staff before starting the program.

- Yes No

The evaluation will be made by a

[check all that apply]:

- Doctor
- Nurse
- Registered dietitian
- Other company-trained employee

My progress will be directed by a

[check all that apply]:

- Doctor
- Nurse
- Licensed psychologist
- Registered dietitian
- Other company-trained employee

During the first month, my progress will be checked [check one]:

- Weekly
- Every two weeks
- Monthly
- Other

After the first month, my progress will be checked [check one]:

- Weekly
- Every two weeks
- Monthly
- Other

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Checklist, cont'd

My weight-loss plan includes [check all that apply]:

- Nutrition information
- Sample meal plans and recipes
- Portion-controlled, measured, or weighed foods
- Prepared meals
- Medications – prescription and over-the-counter
- Surgery
- One-on-one counseling
- Family counseling
- Group counseling
- At least 1,200 calories/day for women or 1,400 calories/day for men
- A food diary or another way to track my diet and exercise habits
- Liquid meal replacements
- Dietary supplements (vitamins, minerals, herbs)
- An evaluation before I begin an exercise program (stress test or EKG)
- Weight-control counseling
- Advice on changing my lifestyle
- Advice on what to do in case of setbacks



My plan includes the following physical activities [list all, with times]:

	Activity	Time
Supervised:		
Unsupervised:		

