



SHIPSHAPE

WEIGHT MANAGEMENT PROGRAM

Registration and Progress Form

Date: _____

Command or Facility where Program offered: _____

Please complete Part A, B, and C of this form as a part of the evaluation process for the ShipShape Program.

A. Contact Information

Name: _____	Rate/Rank: _____	SSN: _____
Command: _____	Dept/Division: _____	
E-mail Address: _____		
Command Mailing Address: _____	UIC: _____	
Phone Number: (W) _____	(H) _____	EAOS: _____
Home Mailing Address: _____		
Command Fitness Leader's (CFL) Name: _____	Dept/Div: _____	

B. Health and Weight History

Age: _____	Sex: M/F	Date of Birth: _____
1. Current Medications (Prescriptions or over the counter): _____		
2. Herb/Vitamin/Mineral Supplements: _____		
3. Alcohol Use: How many drinks do you have in a typical week? _____		
4. If current tobacco user, how much do you use in a week? _____ Chew/Smoke: _____		
5. List any medical conditions (i.e., hypertension, diabetes, high cholesterol, etc): _____		

6. Are you currently on a "special diet" for any of the above? Yes/No Name: _____		
7. Have you ever received counseling from a registered dietitian? Yes/No		
8. Are other family members overweight? Yes/No Who? _____		
9. What is your primary reason for joining this program? _____		
10. What was your lowest weight since you were 18 years old? _____ Last time at this weight: _____		

B. Health and Weight History (Continued)

11. What is your goal weight? _____
12. What types of diets have you tried to lose weight before? _____
13. What is the most weight you lost in one attempt: _____ How many pounds did you keep off? _____
14. Are you currently enrolled in your commands' Fitness Enhancement Program (FEP)? Yes/No
15. Do you have any current medical conditions that might limit your ability to exercise or limit the type of exercise that you can participate in? Yes/No

Current Exercise:

<u>TYPE</u>	<u>TIMES PER WEEK</u>	<u>LENGTH OF SESSION</u>
_____	_____	_____
_____	_____	_____

C. Pre-program Assessment

Weight Loss Readiness Test Scores:

- | | |
|--------------------------------|--|
| Category 1: Motivation _____ | Category 4: Hunger and Eating Cues _____ |
| Category 2: Expectations _____ | Category 5: Binge Eating and Purging _____ |
| Category 3: Confidence _____ | Category 6: Emotional Eating _____ |

FOR FACILITATOR USE ONLY

Pre-test Score: _____ Height: _____ Weight: _____ Body Fat %: _____ BMI: _____

Within OPNAVINST 6110.1G standards? Yes/No

D. Program Participation

Attendance

<u>Session:</u>	<u>Date Attended</u>	<u>Weight</u>	<u>Food/Exercise</u>		<u>Self-Study</u>	
			<u>Log Completed?</u>		<u>Completed?</u>	
2. Basic Nutrition	_____	_____	Yes	No	Yes	No
3. Physical Activity	_____	_____	Yes	No	Yes	No
4. Psychology of Weight Loss	_____	_____	Yes	No	Yes	No
5. Personal Nutrition Plan	_____	_____	Yes	No	Yes	No
6. Your Nutrition Environment	_____	_____	Yes	No	Yes	No
7. Bringing it all together	_____	_____	Yes	No	Yes	No
8. Maintenance	_____	_____	Yes	No	Yes	No