

# OPTAVIA® HEALTH ASSESSMENT

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

## INTRODUCTIONS AND SETTING EXPECTATIONS FOR THE APPOINTMENT:

*"It's great speaking with you today and I'm excited that you are interested in learning more about OPTAVIA. Before we can determine if one of our programs is right for you, I'd like to ask you a few questions to learn more about you and your health goals."*

### 1 AWAKEN

Can you share with me why you wanted to connect with me today? I would love to hear what you would like to accomplish with your health. (Weight loss, create healthier habits, etc.)

How would you describe your current state of health?

\_\_\_\_\_

How much weight would you like to lose? \_\_\_\_\_  
(If not answered in the question above)

Can you tell me about a time in your life when you were healthier? What has changed between then and now?

\_\_\_\_\_

What would it mean to you to be at that healthy weight/healthy place again (feel, activities, relationships, etc.)?

What is your main motivation for wanting to make changes to your health?

### Share your story (or someone else's) -

*"Now that I've heard a little about your current situation and some of your goals, I want to give you a quick idea of what is possible."*

*Take 90 seconds or less to share the pieces of your story (or someone you have Coached or know about) that will connect with this person.*

### 2 DAILY ROUTINE/HABITS

*"Let's continue with a few more questions to make sure I have a good overall picture of your daily habits."*

*"Research shows that there are 6 significant factors that contribute to overall physical health. I'd briefly like to explore those with you."*

#### SLEEP

How many hours of sleep do you get in a typical night? \_\_\_\_\_

What time do you typically go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

How would you describe the quantity and quality of your sleep?

Do you feel rested? \_\_\_\_\_

#### HYDRATION

How much water would you say you drink in a day? \_\_\_\_\_

Do you consume other beverages? If so, how much and how often per week? Coffee \_\_\_\_\_ Soda \_\_\_\_\_ Tea \_\_\_\_\_ Alcohol \_\_\_\_\_

#### MOTION

On a scale of 1 to 10, how would you rate your energy level? \_\_\_\_\_

What kind of physical activity do you engage in? \_\_\_\_\_

How many days a week do you exercise? \_\_\_\_\_

How would you describe the quality and quantity of the exercise you do each week? \_\_\_\_\_

#### STRESS

On a scale of 1 to 10, how would you describe your stress level? \_\_\_\_\_

What do you do for work? \_\_\_\_\_

On a scale of 1 to 10, how much do you enjoy what you do? \_\_\_\_\_

Can you identify any other stressors in your life?

\_\_\_\_\_

#### EATING HABITS

How many meals per day do you eat? \_\_\_\_\_

When do you eat your first meal? \_\_\_\_\_ Last meal? \_\_\_\_\_

Do you snack between meals? \_\_\_\_\_

If so, what kind of snacks do you eat? \_\_\_\_\_

Can you identify any unhealthy patterns in your eating habits?

\_\_\_\_\_

How many times a week/month do you eat out? \_\_\_\_\_

Where and how often? \_\_\_\_\_

#### WEIGHT (may have already been answered in the "Awaken" section)

Are you comfortable sharing your age? \_\_\_\_\_

How tall are you? \_\_\_\_\_ How much do you currently weigh? \_\_\_\_\_

What would you consider to be a healthy weight for you? \_\_\_\_\_

Have you tried to lose weight in the past? \_\_\_\_\_

What has been difficult about losing/maintaining weight?

\_\_\_\_\_

If not ready yet, use this area to track follow-up

--	--	--	--

*"I appreciate you may need to think about this a little bit. May I continue to follow up and see how your health journey is going?"*

### 3 HEALTH CONSIDERATIONS

“Now I’d like to ask you a few quick questions about any health considerations. (The reason I ask is that certain allergies or medical conditions could influence which **OPTAVIA**® program you should be on and which Fuelings to choose.)”

Specifically: High Blood Pressure Diabetes I Diabetes II Allergies Gluten Soy Other \_\_\_\_\_

Are you: Pregnant Nursing

Are you on any medications that you think I should know about (for example: Diabetes, High Blood Pressure, Lithium, Thyroid, Coumadin, or others that could affect your **OPTAVIA** plan). \_\_\_\_\_

Is there anything else you think I should know about your health?\_\_\_\_\_

Lastly, is there anyone in your life that you would like to get healthy with you?\_\_\_\_\_

“Ok, now that I know a little bit about you and your health goals, I’d like to share with you how our program could help you achieve what you’re looking for.”

**Explain our Offer/Program** - Use the [Health Assessment Guideline](#) document to explain the best program for them

NAME:	PHONE #:	PREFERRED METHOD OF CONTACT:	PHONE	EMAIL
<b>OPTAVIA</b> ID#:			TEXT	MESSAGE
ADDRESS:				
CITY/STATE/ZIP:				

HOW DID WE MEET?	PERSONAL CONTACT	OTHER	LEAD	REFERRAL: _____
GENDER:	AGE:	HEIGHT:	CURRENT WEIGHT:	BMI:
DESIRED WEIGHT:	BMI:	PROFILE DATE:	ORDER DATE:	ARRIVE DATE:
START DATE:				

SUGGESTED CLIENT CONTACT THEIR HEALTHCARE PROVIDER	UPDATING BESLIM CLUB® ORDER VIDEO SENT	PROGRAM ORDERED:	5 & 1	4 & 2 & 1
READING OF <b>OPTAVIA</b> GUIDE EMPHASIZED	CONFIRMATION CLIENT UNDERSTANDS BESLIM CLUB ORDERING		3 & 3	OTHER
SUGGESTED "BEFORE PICTURE" AND MEASUREMENTS	<b>OPTAVIA</b> COMMUNITY SUPPORT EXPLAINED	THEIR REASONS FOR GOING ON THIS JOURNEY (THEIR WHY):		
SUGGESTED OPTING INTO <b>OPTAVIA30</b> ™ TEXT CAMPAIGN	WEDNESDAY NIGHT SUPPORT CALLS/ZOOMS			
WELCOME EMAIL SENT	<b>OPTAVIA</b> ANSWERS			
ADD TO NEWSLETTER	INTRODUCED TO SUPPORT TEAM COACH			
SENT JOURNEY KICK-OFF VIDEO AND DID KICK-OFF CALL	SOCIAL MEDIA COMMUNICATION AND SUPPORT EXPLAINED			
REFERRAL PACKET SENT	FRIEND REQUEST ON FACEBOOK			
	ADDED AND WELCOMED TO FACEBOOK SUPPORT GROUP			

	DATE	NOTES
JOURNEY KICK-OFF CHECK-IN		
DAY ONE CHECK-IN		
DAY TWO CHECK-IN		
DAY THREE CHECK-IN		
DAY FOUR CHECK-IN		

Remember to continue to check in with your Client from Day 7 onward. Please use the following pages to continue your check-ins.

# CHECK-INS CONTINUED:

	DATE	NOTES
DAY SEVEN CHECK-IN		
WEEK 2 CHECK-IN		
CHECK-IN		
WEEK 3 CHECK-IN		
CHECK-IN		
WEEK 4 CHECK-IN		
CHECK-IN		

*Have you shared your success with anyone? Are people asking you about your transformation? When that happens, you can refer those people to me and receive "X" (if you choose to do a referral program on your own to thank people for referrals, please discuss with your Business Coach). Or, because people often prefer to be Coached by their friends and family, you may want to consider Coaching them yourself. A significant percentage of our Coaches were Clients first who became healthy and then decided to "pay it forward."*

# WEEKLY CHECK-INS:

	DATE	NOTES
WEEK 5 CHECK-IN		
WEEK 6 CHECK-IN		
WEEK 7 CHECK-IN		
WEEK 8 CHECK-IN		
WEEK 9 CHECK-IN		
WEEK 10 CHECK-IN		
WEEK 11 CHECK-IN		
WEEK 12 CHECK-IN		

## SHARE

---

At **OPTAVIA®**, we want you to live the healthiest life possible. Our programs are simple and easy to follow and, if followed correctly, lead to lifelong transformation. The secret to our successful track record is that along with a structured eating plan and support, we incorporate Healthy Habits in everything our clients do.

There are four components that will make up the foundation of your success. They are:

1. **Your Coach:**

One-on-one personal support is what sets our program apart from other lifestyle programs available. I'll be there to guide you on this journey and help you develop healthy new habits and make healthy choices that lead to lifelong transformation. Study after study shows that support and guidance increase your chance for success in reaching your optimal weight.\* I'll help keep you accountable and we'll celebrate your successes along the way... the little ones and the big ones!

2. **The Habits of Health System:**

Developed by co-founder, Dr. Wayne Andersen, the Habits of Health system is an innovative lifestyle approach that contains everything you need to replace unhealthy habits with healthier ones. Adopting these habits contributes to your long-term success.

With the Habits of Health system, you'll be learning new Healthy Habits in bite sized pieces... and these powerful habits support you in creating the healthy life you want.

3. **Our OPTAVIA Community:**

In addition to your **OPTAVIA Coach™**, you'll have access to support from our **OPTAVIA Community** of like-minded people who are all focused on creating better health. From live and recorded video conferences and support calls, to Nutrition Support, to client focused support groups, to online support and more, our Community is an important asset to your success.

4. **Our OPTAVIA Fuelings:**

All **OPTAVIA Fuelings** are nutritionally interchangeable and five of them a day provide 100% of 24 vitamins and minerals along with probiotics to support digestive health.

With the Optimal Weight 5 & 1 Plan®, your body enters a gentle but efficient fat-burning state, which is essential for helping you lose weight.

You'll enjoy six small meals a day spaced every 2 to 3 hours apart. Five of your meals are delicious, scientifically-designed **OPTAVIA Fuelings** and the sixth meal consists of a meal you prepare yourself that we call your "Lean & Green" meal. It's a healthy amount of lean protein and 3 servings of non-starchy vegetables. You'll also want to drink 64 oz. of water a day.

It's a proven system and it's easy to follow.

### **INFORMATION REGARDING PRICE OF PROGRAM**

*(you might have already interjected this information during your presentation)*

The best part of our plan is that it's so affordable. The typical American spends about \$15-20 per day on food. This includes fast food, sit down restaurants, groceries you purchase, snacks, cafeteria, vending machines, coffee runs, etc. How much do you believe you spend per day on food?

Many clients find they are saving money or breaking even compared to what they already spend on food so for them, it's cost neutral!

# INVITE

---

**REMEMBER** - if a Client answered affirmatively to any of the questions in the “Health Conditions” Section 3 of the Health Assessment Guideline, be sure to consult the OPTAVIA® Program Considerations found on page 3 [here](#).

*From listening to what you shared with me I feel that this is a perfect fit for you and your lifestyle. I am excited for you to get started. I believe you'll love everything about this program as you experience it!*

*Do you have any other questions I can answer or do you feel like this is a fit for what you are looking for?*

## IF THEY ARE READY TO MOVE THEIR HEALTH FORWARD:

Great! Let's get you started!  
Let's decide which Program Kit is right for you.

Let me guide you for placing your first order, I'll just need to verify your contact information.

Your program will arrive in about 1 week. You'll be receiving a welcome email and I will add you to a great Facebook support page.

Your transformation towards achieving your health goals could happen quickly and when it does, people will be asking you about it. When that happens, you can refer those people to me and receive “X” (if you choose to do a referral program on your own to thank people for referrals, please discuss with your business coach). Or, because people often prefer to be coached by their friends and family, you may want to consider coaching them yourself. You may not be thinking about this right now, but who knows... you may feel so incredible with the results you get that you may want to share OPTAVIA with others. A significant percentage of our coaches were first clients who got healthy and then decided to “pay it forward.”

Please call or text as soon as you receive your comprehensive program. Also, many of our clients love the support they receive when they participate and interact with our community. You can participate in support calls, social media, and trainings.

### Processing your Client:

- After you complete your meeting/phone/zoom, add any additional notes that you think are important to the [Health Assessment](#).
- Make sure you assist them in placing their program order.
- Send them a welcome email.
- Add them to your contacts in your phone.
- Friend request them on Facebook, and add them to - and introduce them on - your client support page.
- Put their [Health Assessment](#) in the Success System Client folder.
- Confirm what day they're starting and set up a Journey kick-off phone call with them.
- Coach them along their Optimal Health™ Journey.

## WHAT YOU WILL RECEIVE WITH YOUR PROGRAM

When you enroll in our program you will receive my support and coaching, an OPTAVIA Guide that helps you start your journey.

*(NOTE: you can mention they will receive “your Habits of Health System” if they are ordering a kit that contains the Habits of Health books) and 30 days of the most popular Fuelings.*

We'll also give you the option to enroll into the BeSlim® Club. When you enroll, you'll receive 5 free boxes of Fuelings, save money on shipping, and you'll get up to 10% reward credit on your account for your future program orders each time you have a qualifying order\*. The best part is that it also ensures you have the Fuelings you need each month on program.

\*Terms and Conditions apply to BeSlim Club orders.

---

## IF NOT YET:

*“I appreciate that you may need to think about this a little bit. May I continue to follow up and see how your health journey is going?”*

*Possibly set up a follow up appointment.*

*Also ask, “if you run across anyone in your world who also is looking to (get healthier, have great energy, lose weight, be more active, etc.) would you mind connecting us if appropriate?”*

### Follow-up structure:

- Send a thank you text, assuring them that you would love to partner with them to “insert their why.”
- If you put your candidates in your Facebook client support page, ask them if you can add them to this page.
- Put them in your follow folder and follow up on your follow-up day.

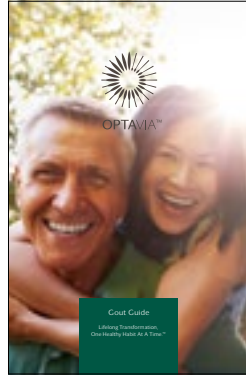
# OPTAVIA® PROGRAM CONSIDERATIONS

It's important for you to understand that there are multiple aspects of one's health to consider when selecting which **OPTAVIA** program fits best for a client. Some of these can be allergies, medication interactions, or general health conditions. Please see below to help guide you in coaching your new client towards their Optimal Health™ and Wellbeing journey.

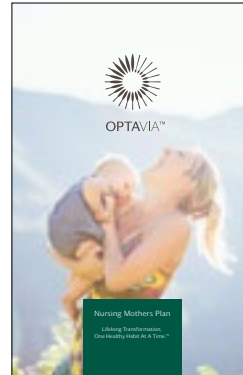


**Diabetes Plan:**  
While the Optimal Weight 5 & 1 Plan®, Optimal Weight 4 & 2 & 1 Plan™, and Optimal Weight 5 & 2 & 2™ Plan are all appropriate for people with diabetes, it is essential that the individual's healthcare provider monitors blood sugar and medication dosages. Continued medical monitoring by the healthcare provider will be necessary.

**Keywords :** Type I, Type II, Insulin, Oral Medications or an injectable



**Gout Plan:**  
Our **OPTAVIA** for Gout Plan promotes gradual weight loss and encourages food choices with only low or moderate amounts of purines.



**Nursing Mothers Plan:**  
Our **OPTAVIA** for Nursing Mothers Plan is designed for the nursing mother whose baby is over two months of age and who is providing the majority of the baby's nutrition through breast milk.



**Seniors Guide:**  
People age 65 and older can use the Optimal Weight 5 & 1 Plan with 30 minutes of physical activity every day. A higher calorie meal plan may be recommended based on individual needs.



**Thyroid Medications, Soy and OPTAVIA**  
Medications Include:  
Synthroid, Levothyroxin



**Teen Plans:**  
Our **OPTAVIA** for Teens Plans are specially designed to meet the nutritional needs of adolescent boys and girls, 13-17 years old. Do not use the **OPTAVIA** program if you are under the age of 13 years old. For more information, refer to the [OPTAVIA for Teen Girls Guide](#) or the [OPTAVIA for Teen Boys Guide](#).



**Plan Overview:**  
See all plan overviews in one location.

## Medical Conditions

We recommend that you contact your healthcare provider before starting and throughout your **OPTAVIA** weight loss journey, especially if you are taking medications (e.g., diabetes medications, high blood pressure medications, Coumadin® (warfarin), lithium, thyroid medications, etc.).

Do not use the **OPTAVIA** Program if you are pregnant or under the age of 13. If you have a serious acute or chronic illness (e.g., heart attack, diabetes, cancer, liver disease, kidney disease, anorexia, bulimia, etc.) do not use the **OPTAVIA** Program until your healthcare provider says you have recovered or stabilized. The Optimal Weight 5 & 1 Plan® is NOT appropriate for teens (13 to 17 years of age), sedentary older adults (65 years and older), nursing mothers, people with gout, some people with diabetes, and those who exercise more than 45 minutes per day. For special medical or dietary needs, refer to our program guides online and talk to your **OPTAVIA** Coach™.

**NOTE:** Rapid weight loss may cause gallstones or gallbladder disease for those at high risk. While adjusting to intake of a lower-calorie level and diet changes, some people may experience lightheadedness, dizziness or gastrointestinal disturbances. These usually are temporary. This Program and any of its materials do not in any way constitute medical advice or substitute for medical treatment.

We recommend drinking 64 ounces of water each day. Talk with your healthcare provider prior to changing the amount of water you drink as it can affect levels of certain medication.

### Further questions or concerns:

Contact us at 1.888.**OPTAVIA** and select Nutrition Support  
Or visit: [COACHANSWERS.OPTAVIA.COM](http://COACHANSWERS.OPTAVIA.COM)