

VA Clinic Start SMART Class Form

Complete and return by secure message or mail

Name: _____ **SSN:** (last four) _____ **Age:** ____ **Date:** _____

How did you hear about Start SMART Class? _____

What do you want to improve about your health? _____

What is your current weight? _____ pounds

What is your current height? ____ feet ____ inches

Did you receive a pedometer today? Yes No

In the past 3 months, did you ever run out of food and not have money to buy more? Yes No

If yes, would you like resources to assist with this? Yes No

Do you need to lose weight to qualify for surgery? Yes No

If yes, how much weight were you told to lose? _____ pounds

For what type of surgery? Hernia Orthopedic Transplant Other: _____

Have you ever had bariatric surgery? Yes No

Are you interested in bariatric surgery? Yes No

Select an option to enroll:

Group Options

Diabetes Education Class (3 hours) ____ morning ____ afternoon

Integrative Nutrition (must attend CIHH Intro first)

Weight Loss Classes

____ Phone group sessions (12 sessions, open enrollment)

____ Women's only weight loss group (16 sessions, closed group)

Individual Options

Dietitian visits (may change based on COVID-19 restrictions)

____ In clinic

____ Over the phone

____ On your home computer or device

Check here if NONE of our options are suitable for your situation and explain why: _____

VA Clinic Start SMART Class Form

Complete and return by secure message or mail

Please write down 1-2 SMART lifestyle change goals to improve your health

SMART stands for: specific, measurable, action-oriented, realistic and time-based

Example: I will drink no more than three cans of soda per week.

I will walk for at least 15 minutes 3 times per week.

SMART Goals*: _____

* Tip: If you're having trouble making your goals SMART, think of a behavior, ask yourself the following questions about that behavior, and use the answers to write your goals:

Where will I do/not do (behavior)?

How will I do/not do (behavior)?

When will I do/not do (behavior)?

How often will I do/not do (behavior)?

Check the box that best represents how confident you feel about the following:

| | 5 most confident | 4 | 3 | 2 | 1 least confident |
|---|------------------------|---|---|---|-------------------------|
| I can list a health condition that can be improved by nutrition. | | | | | |
| I can explain what a Registered Dietitian does. | | | | | |
| I can build a healthy plate. | | | | | |
| I can name a Minneapolis VA nutrition program or class. | | | | | |
| I am motivated to make a change in my lifestyle. | | | | | |

Check the box that best describes how you feel about that part of the class today:

| | Excellent | Very Good | Good | Fair | Poor |
|---|-----------|-----------|------|------|------|
| Quality of class handouts | | | | | |
| Quality of presentation | | | | | |
| Usefulness of information provided | | | | | |
| Overall impression of the class | | | | | |

List any other suggestions that you have: _____

Would you recommend this program to other Veterans? Why or why not? _____
