

**LiSM10!® Counseling check list (for goal setting and review counseling)**



Counseling Date (Date month year ) Counselor name

Employee ID	Name	
Company (Organization)	Age	
Job category	Family (same household)	Spouse
Sex	Children	Number( )

**Physical status**

Weight	kg	Umbilical circumference	cm
--------	----	-------------------------	----

**Living conditions**

Questions	YES	No
Receive appropriate sleep (7-8 hours per night)		
Not smoking		
Maintaining proper body weight		
Not eating or drinking excessively		
Participating in sports or exercise (enough to sweat lightly) regularly		
Eating breakfast every day		
Not eating between meals		

**Health history**

Illness (name)	Condition

Special consideration unnecessary

**Physical Activity**

Stage	Precontemplation Contemplation Preparation Action Maintenance
Self-efficacy	High/Low
Average steps/day	steps
Measurement standrd date	dd,mm.year
Regular exercise (Weekdays)	
Regular exercise(Holiday)	

Recommended number of additional steps
steps
Reommeded additional physical activities

**Dietary habit**

Stage	
Precontemplation Contemplation Preparation	
Action Maintenance	
Self-efficacy	
High/Low	

**Recommended action plans number and results**

Group A	The foods recommended to be increased( times/week)	Recommendation	Result
+1, +2	Count the healthy foods (for example traditional japanese foods)	never/rarely	1-2 3-4 5-6 7-
memo	Green and deep yellow vegetables	0-2	3-4 5-6 7-10 11-
	Light-colored vegetables	0-2	3-4 5-6 7-10 11-
	Fish	never/rarely	1-2 3-4 5-6 7-
	Soy and soy products	never/rarely	1-2 3-4 5-6 7-
	Mashrooms, Seaweed & Konjac	never/rarely	1-2 3-4 5-6 7-
Group B	Foods recommended to be decreased (times/week)	Recommendation	Result
-1, -2	Large servings of grains such as rice, bread & noodles	never/rarely	1-2 3-4 5-6 7-
memo	Sweets and pastries	never/rarely	1-2 3-4 5-6 7-
	Sugary drinks	never/rarely	1-2 3-4 5-6 7-
	Fatty meats	never/rarely	1-2 3-4 5-6 7-
	Meat products	never/rarely	1-2 3-4 5-6 7-
	Butter, margarine, dressing & mayonnaise	never/rarely	1-2 3-4 5-6 7-
	Eggs & liver	never/rarely	1-2 3-4 5-6 7-
	Fried dishes	never/rarely	1-2 3-4 5-6 7-
	Pickles	never/rarely	1-2 3-4 5-6 7-
	Soup	0-2	3-4 5-6 7-10 11-
	Frequency of drinking alcohol per a week	never/rarely	1-2 3-4 5-6 7-
	Amount of alcohol per week (drink)	0-7	8-9 10-11 12-13 14-

**Counseling records**

Goal setting counseling: prior learning memo

Goal setting counseling: performance records

Review counseling: prior learning memo

Review counseling: performance records

\* Circle the stage, self-efficacy, dietary habit action plan number (1or2) as described in the manual (Overview of the lifestyle-related disease prevention and improvement program LiSM10!® and the theory the program is based on), and write down "check your dietary habit sheet", write the recommended number of additional steps and additional physical activities before the counseling