



Employee ID		Name				
Company (Organization)		Age				
Job category		Family	Spouse	YES	NO	
Sex			Children	YES	number()	NO

Health history	
Illness (name)	Condition

Illness (name)	Condition

Physical Activity			
<div>Stage</div> <div>Precontemplation</div> <div>Contemplation Preparation</div> <div>Action Maintenance</div>		Before	
		After	
Self-efficacy High / Low		Before	
		After	
Average steps/day		Before	steps
		After	steps
Measurement standard date (after)		dd,mm.year	
Regular exercise (weekdays)			
Before			
After			
Regular exercise (weekends and holidays)			
Before			
After			

Counseling records	
Prior learning memo	
Performance records	

* Circle the stage, self-efficacy, and dietary habit action plan number (1 or 2) as described in the manual (overview of the lifestyle-related disease prevention and improvement program LiSM10!® and the theory the program is based on); complete the "check your dietary habit sheet," and write down the recommended number of additional steps and additional physical activities before the counseling session.