



HEALTH ASSESSMENT GUIDELINES

SHARING SCRIPT

Please use this as a guide as you share the Program with your Candidates

Our Program is comprised of four components that all work together throughout your entire journey:

1 YOUR OPTAVIA COACH:

*The one-on-one personal support and mentorship is what makes our Program stand out. As your personal **OPTAVIA** Coach, I'm there to guide you through the Program and assist you with changing your lifestyle. As your biggest cheerleader, I'll be there for you to share every challenge and victory along the way. I will support you in reaching your optimal weight. I'll provide tips along the way and we'll celebrate the successes throughout your journey!*

2 THE HABITS OF HEALTH® TRANSFORMATIONAL SYSTEM:

It's not just about getting your body healthy, it's also about getting your mind healthy. Our Habits of Health Transformational System is the educational component designed to help you strategize your plan for reaching optimal health and wellbeing.

3 THE OPTAVIA COMMUNITY:

*In addition to your independent **OPTAVIA** Coach, our Community of like-minded people are all on the same health journey and focused on creating better health. From live and recorded Client support calls and webinars, our Community is a place where you can find support, share triumphs and ask questions.*

4 OPTAVIA FUELINGS:

Our nutrition plan is easy to follow—you don't have to count calories or macronutrients, it's all done for you. With our Optimal Weight 5 & 1 Plan®, your body enters a gentle but efficient fat-burning state.

*During this weight-loss phase, you'll have six small meals a day. Five of these meals are Fuelings, which are nutritionally-interchangeable and provide vitamins and minerals along with probiotics which help support digestive health, as part of a balanced diet and healthy lifestyle. The sixth meal is a Lean & Green meal you will prepare yourself, which contains a healthy amount of lean protein and three servings of non-starchy vegetables. Along with drinking 64 oz. of water per day.**

We coach Clients through all three phases of the Program: reaching a healthy weight, transition and optimization.



YOUR
OPTAVIA COACH



THE HABITS OF HEALTH
TRANSFORMATIONAL
SYSTEM



THE OPTAVIA
COMMUNITY



OPTAVIA FUELINGS

*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 certain health conditions and medications.

INVITE

I'll partner with you to place your first order to ensure you receive free shipping, 10% rewards and your five (5) free boxes of Fuelings*. One of our kits will give you just what you need.

You'll also be a part of [OPTAVIA Premier](#), this is a recurring monthly order, which will ensure that you don't run out of Fuelings. You'll get a reminder email, which allows you to customize your order from one month to the next. I'll assist you with this when the time comes.

REMEMBER –

IF A CLIENT ANSWERED AFFIRMATIVELY TO ANY OF THE HEALTH QUESTIONS IN “STEP 01: AWAKEN” OF THE OPTAVIA HEALTH ASSESSMENT, BE SURE TO CONSULT OUR “[OPTAVIA PROGRAM CONSIDERATIONS.](#)”

From listening to what you shared with me I feel that this could be a perfect fit for you and your lifestyle. If you are ready to go, I am ready to coach you! What would you like to do?

IF YES, THEY ARE READY TO MOVE FORWARD ON THEIR HEALTH JOURNEY:

Great! Let's get you started!

Let me guide you in 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 soon.

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 with training and support provided by me. 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.

IF NOT YET:

I appreciate that you may need to think about this a little bit. How about I give you a call in a few days to see if you have any more questions?

Possibly set up a follow-up appointment? If Candidate agrees, write follow-up on Health Assessment.

Also ask, “as you meet others who are also looking to get healthy, please feel free to refer them to me.”

FOLLOW-UP STRUCTURE:

- Send a thank you text or email, assuring them that you would love to partner with them to **[insert their why]**. Consider sharing a story they can relate to.
- If you put your Candidates in your Facebook Client support page, ask them for permission to add them to this page.
- Put them in your **Section 1 - 'Candidate Follow-up'** folder and follow-up on your follow-up day.

USE THIS AREA TO TRACK FOLLOW-UP FOR THOSE WHO AREN'T READY YET:

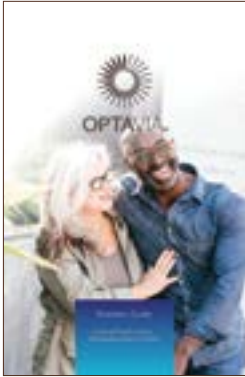
A common way to check-in is by asking how their health journey is going.

DATE	NOTES:

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](#), [the Optimal Weight 4 & 2 & 1 Plan](#) and [the 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.



Gout:

Our **OPTAVIA** for Gout Plan promotes gradual weight-loss and encourages food choices with only low or moderate amounts of purines. [The Optimal Weight 5 & 1 Plan](#), [the Optimal Weight 4 & 2 & 1 Plan](#) and [the Optimal Weight 5 & 2 & 2 Plan](#) are not appropriate for someone who has a history of gout, even if it's been quite some time since their last gout flare.



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, especially those who are sedentary.



Optimal Weight 4 & 2 & 1 Plan:

[The Optimal Weight 4 & 2 & 1 Plan](#) is an easy meal plan to help individuals reach a healthy weight. It may be right for those who exercise greater than 45 minutes per day, have less than 15 pounds to lose, are 65 years or older and not regularly active or want to incorporate fruit, dairy and starches.



Plan Overview:

See all Plan overviews in one location.



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.



Teen Plans:

Our **OPTAVIA** for Teens Plans are specifically 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.

MEDICATION DISCLAIMER:

Before starting a weight-loss program, Clients should talk with their healthcare provider about the program and any medications or dietary supplements they are using, especially:

- *Lithium
- *Diuretics
- *Medications for Diabetes
- *Medications for High Blood Pressure
- *Medications for Thyroid Conditions
- *Coumadin (Warfarin)

Visit COACHANSWERS.OPTAVIA.com to find out more.

MEDICAL DISCLAIMER:

The Company ("We") recommends that you consult your healthcare provider prior to starting any weight-loss program, and during the course of your weight-loss program. Do NOT use any **OPTAVIA**® plan if you are pregnant or under the age of 13.

Before starting a weight-loss program, talk with your healthcare provider about the program and about any medications or dietary supplements you are using, including especially Coumadin (Warfarin), lithium, diuretics, or medications for diabetes, high blood pressure or thyroid conditions. Do not participate in any **OPTAVIA** Program until you are cleared by your healthcare provider if you have or have had a serious illness (e.g. cardiovascular disease including heart attack, diabetes, cancer, thyroid disease, liver or kidney disease, eating disorders such as anorexia or bulimia), or any other condition requiring medical care or that may be affected by weight-loss.

The **OPTAVIA** for Teens plan is the only **OPTAVIA** Program appropriate for teens (13 to 17 years of age). The Optimal Weight 5 & 1 Plan® is NOT appropriate for teens, 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 – if you fall into one of these categories, please consult your healthcare provider and refer to www.OPTAVIA.com and talk with your independent **OPTAVIA** Coach about other **OPTAVIA** plans that may be appropriate. For special medical or dietary needs, including food allergies, refer to our program information online, consult your healthcare provider and talk to your **OPTAVIA** Coach. Do not consume an **OPTAVIA** product if you are allergic to any of that product's ingredients which are listed on the product packaging and on the **OPTAVIA** website.

We recommend drinking 64 ounces of water each day. Consult with your healthcare provider prior to changing the amount of water you drink as it can affect certain health conditions and medications.

NOTE: Rapid weight-loss may cause gallstones or gallbladder disease or temporary hair thinning in some people. While adjusting to the intake of a lower calorie level and dietary changes, some people may experience dizziness, lightheadedness, headache, fatigue or gastrointestinal disturbances (such as abdominal pain, bloating, gas, constipation, diarrhea or nausea). Consult your healthcare provider for further guidance on these or any other health concerns. Seek immediate medical attention if you experience muscle cramps, tingling, numbness, confusion or rapid/irregular heartbeat as these may be a sign of a more serious health condition.

For avoidance of doubt, the **OPTAVIA** Programs and products are not labelled, advertised or promoted for any specific medicinal purpose, i.e. treatment or prevention, implied or otherwise, of any disease or disorder, including its related conditions.

The **OPTAVIA** programs, products and any of its materials and/or information do not in any way constitute medical advice or substitute for medical treatment. As individuals may have different responses to dietary products or changes in diet, consult with your healthcare provider regarding any medical concerns.

For further information regarding this Medical Disclaimer, call Nutrition Support at 1.888.OPTAVIA or email at NutritionSupport@OPTAVIA.com



HEALTH ASSESSMENT: INTRODUCTIONS & SETTING EXPECTATIONS FOR MEETING

Note: All text in *'italics'* are meant to be read out-loud to Clients.

NAME: _____

EMAIL: _____

CLIENT ID NUMBER: _____

PREFERRED METHOD OF CONTACT: _____

PHONE: _____

"It's great speaking with you today and I'm excited to see if I can assist you with your goals. Before we can determine if one of our Programs is right for you, I'd like to ask you a few questions to learn about you and your health goals. Does that sound good?"

STEP 01: AWAKEN

1 *I would love to hear what you would like to accomplish with your health. (Weight-loss, improved sleep, better response to stress, etc.)*

2 *What is your main motivation for wanting to make changes to your health? (Relationships, activities, how you will feel, etc.)*

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

4 *Tell me about your health: Do you have any allergies or medical conditions that could influence which Program we choose?**

*Reminder: We recommend that Clients contact their healthcare provider before starting and throughout their weight loss journey.

5 *Are you Pregnant?* YES NO *Are you nursing?* YES NO *If yes, how old is your baby?* _____

6 *Are you taking any medications for:*
Diabetes
High Blood Pressure
Lithium*
Thyroid[†]
Coumadin (Warfarin)[‡]
Other medications:

7 *Do you have the following:*
High Blood Pressure
Diabetes Type I
Diabetes Type II
Gout
Gluten Intolerance or Sensitivity
Soy Allergy or Intolerance
Food Allergies
Other

8 *Now that you've shared some of your current health goals, I want to give you a quick idea of what is possible.*

Share YOUR story (or someone else's). Take 90 seconds or less to share the pieces of your story or a Client's story that will connect with this person.

*Lithium: The healthcare provider may wish to adjust frequency of lab work for the Client and monitor.

[†]Thyroid Medications: The healthcare provider may wish to monitor thyroid hormone levels while the Client is on the Program and adjust medication.

[‡]Coumadin (Warfarin): The healthcare provider may wish to review food choices, conduct lab work and/or adjust medication.

Remember: If a Client answers affirmatively to any of the questions to the left, consult the **'Health Assessment Guidelines: OPTAVIA Program Considerations'** page before suggesting a Program.

STEP 02: DAILY ROUTINE & HABITS _____

SLEEP & ENERGY

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

How would you describe the quality of your sleep? _____

On a scale of 1-10, what is your energy level throughout the day? _____

MOTION

How would you describe the quantity & quality of the activity you do each week? _____

How many hours a day do you sit? _____

How many days a week do you exercise? (0 - 7 days) _____

What types of physical activity do you enjoy? _____

MIND

On a scale of 1-10, how fulfilled are you? _____

On a scale of 1-10, how much do you worry? _____

What area of your life tends to be the biggest stress for you? _____

What do you do for work? _____

On a scale of 1-10, how much do you enjoy what you do? _____

FOOD & HYDRATION

How many meals and snacks do you eat per day? _____

When do you eat your first meal of the day? _____

How many times a week do you eat out? And where? _____

How many ounces of water do you drink per day? _____

Do you drink other beverages? Coffee, soda, alcohol, tea, etc.

If so, how often and how much? _____

WEIGHT MANAGEMENT

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 for you about losing and maintaining weight? _____

SURROUNDINGS

On a scale of 1-10, how healthy would you rate your surroundings?

(Does this person have healthy and active friends, supportive family, keep junk food in the house, etc.) _____

Is there anyone in your life who would like to get healthy with you?

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

Thank you for sharing, now I'd like to tell you how our Program could help you achieve your goals.



NEXT STEP: Refer to the 'Health Assessment Guidelines: Sharing Script'

CLIENT TRACKING INFORMATION:

HOW DID WE MEET?	
LEAD	REFERRAL OF:

STARTING WEIGHT:

GENDER:		AGE:	
CURRENT WEIGHT:		CURRENT BMI:	
DESIRED WEIGHT:		DESIRED BMI:	
HEALTHY WEIGHT RANGE:			
HEALTH ASSESSMENT DATE:			
ORDER DATE:		START DATE:	

ADDRESS:	
CITY/STATE/ZIP:	
TIME ZONE:	

COACH CHECKLIST:

RECOMMEND CLIENT CONSULT THEIR HEALTHCARE PROVIDER BEFORE STARTING A PROGRAM

CONFIRM RECEIPT OF CLIENT'S WELCOME EMAIL (BEFORE & AFTER, MEASUREMENTS AND GUIDE)

SEND FRIEND REQUEST VIA FACEBOOK, ADD TO FACEBOOK SUPPORT GROUP AND WELCOME THEM

SEND JOURNEY KICK-OFF VIDEO AND CONFIRM VIDEO WAS VIEWED BEFORE YOU HAVE A BRIEF NIGHT BEFORE CONVERSATION

ADD CLIENT TO YOUR NEWSLETTER

SET UP DAILY SUPPORT MESSAGES (VIRTUAL OR TEXT)

INVITE TO SUPPORT CALLS

TEACH CLIENT ON HOW TO REFER OTHERS

SEND OPTAVIA PREMIER ORDER VIDEO WHEN 7 DAY REMINDER EMAIL COMES

COACH TIPS:

As your Client begins their journey to optimal wellbeing, they may feel hungry, tired or irritable as their body adjusts to a new way of eating. While adjusting to intake of a lower-calorie level and diet changes, some people may experience temporary lightheadedness, dizziness or gastrointestinal disturbances.

When speaking to your Clients, here are a few additional tips to make the adjustment period easier into fat burning for your Clients.

You can remind them to:

- Download and use the Habits of Health® App to track their Fuelings and water intake.
- Stay hydrated with water.*
- Consider choosing a start date when you don't expect any social food-centered events.
- Stay busy.
- Approach their health journey, one day at a time.
- Open up *Your LifeBook*, put your name in it & read the introduction, once in a fat burning state.
- Avoid temptations, and stay focused on your health goals.
- Sip on 1 cup of broth or eat 2 dill pickle spears (as needed in the first few days). **If Client has no sodium restrictions.**
- Wait to start exercising for 2 - 3 weeks on the Optimal Weight 5 & 1 Plan®. **We recommend checking with your doctor before starting any exercise program.**

*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 certain health conditions and medications.



HEALTH ASSESSMENT: CLIENT CHECK-IN TRACKER

Make sure to call your Client during the first week per the schedule below!

REMEMBER TO CONTINUE TO CHECK-IN WITH YOUR CLIENT FROM DAY 7 ONWARD _____

Please use the following pages to continue your check-ins. Confirm a weekly check-in day. S M T W T F S

Ask them: *"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."

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

TIPS FOR WORKING WITH NEW CLIENTS:

- 1 Place their completed Health Assessment in **Section 2 - 'New Clients'** folder.
- 2 Make sure you have your weekly check-ins with your New Clients, discuss their Health Assessment with them and make a note of their progress.
- 3 Set a Client Support day during the week and graduate all Week 1 - Clients to that day's schedule moving forward.
- 4 Once a Client has been on their Program for one month, move them to **Section 3 - 'Active Clients'** folder.

WEEK 2 CHECK-IN		
CHECK-IN		
WEEK 3 CHECK-IN		
CHECK-IN		
WEEK 4 CHECK-IN		
CHECK-IN		

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

CONTINUE CHECK-INS WITH YOUR ACTIVE CLIENTS TO ASSIST THEM ON THEIR JOURNEY THROUGH OUR HABITS OF HEALTH TRANSFORMATIONAL SYSTEM.

Blank 'Client Check-In Trackers' are available for download on COACHANSWERS.OPTAVIA.COM