

WEIGHT LOSS QUESTIONNAIRE

Name: _____ **Date:** _____

1. Please rate your motivation for living a healthier lifestyle. 1 is very low commitment and 10 is extremely commitment: _____

2. Have you always been heavier than you would like? If not, tell me about when you started gaining weight.

- a. What is the most you have weighed? _____ Between what ages? _____
- b. What is the least you have weighed? _____ Between what ages? _____
- c. What is your ideal weight? _____ And, size? _____

3. Have you ever attempted to get your ideal body shape before? If yes, tell me about it. _____

4. Medical History:

a. Have you seen a physician about your weight? _____ Date of last visit _____

b. Has a physician warned you of a health issue due to your eating habits or body shape? _____

Do you have any health issues connected to your weight? _____

c. Does your physician have any concerns about you exercising for thirty minutes or more daily? _____

d. Does your physician have any objections to your drinking 10- 8oz glasses of water each day? _____

e. List surgeries, accidents or medical conditions you have/ have had., include dates. _____

f. List Current Medications: _____

5. Eating habits:

a. Are there certain times of day you overeat? _____

b. Is there a specific food that you tend to consume? Please be specific: _____

c. What cravings do you get? _____

d. Certain times of the month you are hungriest? _____

- e. Do you eat past the point of satiety? How often, and, in what circumstances? _____

- f. How many meals a day do you consume? How many snacks? Approximate times of meals? _____

- g. How much water do you drink? _____

6. Foods and feelings:

- a. Are you aware of using food to experience certain feelings? (Safety, festive feelings, etc...) If yes, please describe. _____

- b. Is there a certain situation where you always want to over eat? _____

- c. Do you ever eat to avoid doing something? If yes, please describe. _____

- d. Do you ever use food to distract yourself from experiencing certain emotions? If yes, please describe. _____

7. Family history:

- a. What were your parents' attitude about food and fitness? _____

- b. Was food used as a reward? _____

- c. Was food used as a punishment? _____

- d. If married/partnered or living with someone, what is your companion's attitude about food and fitness? _____

8. Exercise and physical activity:

- a. What are your feelings about exercise? (Love it, hate it, ambivalent) _____

- b. What are your favorite forms of exercise? _____

- c. What is your current physical activity? _____

- d. How do you feel after you exercise? _____

- e. How many hours a day do you sit? (Work, TV, etc....) _____

- f. Is something keeping you from enjoying the level of physical activity/exercise: _____

9. Healthy Lifestyle:

- a. Do you have any fears about living a healthier lifestyle? _____

- b. Please list 10 reasons/benefits as to why you are choosing to have a healthier body. _____

- c. List some healthy habits you already have and want to do more of or have had that you want to get back to. _____

10. Achievements and Values:

- a. List three goals you have achieved in your life or accomplishments you feel good about. It doesn't matter how long ago or how big or small the goal. _____

- b. List some of your higher values? For example, honesty, service, family, freedom, etc....) _____

- c. What do you need to think is true about yourself in order to reach your body shape goal? (Examples: that you are lovable, that you are worthy, deserving of better health and long life, that you enjoy walking, etc....) _____

- d. Tell me about something you have done in the past that you feel good about. A success story, or an accomplishment you are proud of. _____

- e. Please list three things you really don't like to do and so you procrastinate doing them. For example, taxes, cleaning the toilet, etc....) _____

11. Current goal:

- a. What is your goal? (Weight & size) And, by what date would you like to achieve this goal? _____

- b. Why is this the right time to create a healthier lifestyle, lose the weight and exercise? _____

- c. List 3-5 steps you can take immediately to support you in achieving your goal. _____

- d. What challenges do you see in achieving this goal? _____

- e. What strategies do you have to overcome these challenges? _____

- f. How will your life be different when you have achieved your goal? _____

- g. What will you feel like the day that you have achieved your goal? _____

12. Support system, and accountability:

- a. Will you be using a weight loss system? Or an App? (Weightwatchers, Loselt, etc.) _____

- b. What strategies do you have to keep you accountable and motivated? _____

- c. How does your family feel about you achieving your goal? _____

- d. How do your friends feel about you achieving your goal? _____

This information will be used to aid in serving you as the client. Please answer honestly and know that answering yes or no to any particular question does not mean that you cannot receive services from this practitioner. Your honest answers serve in your receipt of appropriate care and service. All information will be kept confidential within the Health Insurance Portability and Accountability Act (HIPAA) regulations.

Congratulations on embracing your possibilities!

Client Name: _____ **Date:** _____

Client Signature: _____