

Patient Questionnaire

Name: _____ Date of Birth: _____

PLEASE COMPLETE THE FOLLOWING (STRICTLY CONFIDENTIAL)

1 When did you begin to gain weight?

- ____ After childbirth
- ____ After marriage
- ____ After an employment change
- ____ During a stressful period
- ____ Other _____

2 How long have you been overweight?

- ____ 1 year or less
- ____ 2-5 years
- ____ 6-10 years
- ____ more than 10 years

3 What do you feel is the reason for your weight problem?

- ____ Frequently overeat
- ____ Enjoy fattening foods
- ____ Lack of activity
- ____ Heredity
- ____ Other _____

4 How many meals do you eat daily?

5 How many serious attempts have you made at dieting? _____

6 How long have you been able to stick to a diet?

- ____ 0-1 months
- ____ 2-6 months
- ____ 7-12 months
- ____ over 12 months

7 What other weight loss methods have you tried?

- ____ Weight Watchers®
- ____ Other diet center
- ____ Diet books
- ____ Physicians
- ____ Do it yourself
- ____ Other _____

8 Why have you dropped out of diets before?

- ____ Boredom
- ____ Hunger
- ____ Stress
- ____ Need Assistance
- ____ Other _____

9 What is the nature of your difficulties while dieting? _____

10 Are you under physician's care?

- ____ Yes
- ____ No

11 Have you been advised by your physician to lose weight?

- ____ Yes
- ____ No

12 Do you have any physical problems that you know are associated with your weight? _____

13 Why do you want to lose weight?

- ____ Appearance
- ____ Health reasons
- ____ Special Occasion
- ____ Promotes social activity
- ____ To please family/friends
- ____ Other _____

14 Has your spouse encouraged you to lose weight? _____

15 How important is it to you to lose weight?

- ____ Extremely important
- ____ Very important
- ____ Important
- ____ Not very important

16 Do you work outside of the home?

- ____ Yes
 - ____ No
 - ____ Full-time
 - ____ Part-time
- Occupation _____

17 Number of Children _____

Ages _____

Are any overweight? _____

18 What is your current weight?

19 What is your highest weight in the last 5 years? _____ lbs

20 What is your lowest weight in the last 5 years? _____ lbs

21 What is your goal weight?

22 Do you like exercise?

- ____ Yes
- ____ No

23 Are you currently exercising?

- ____ Yes
- ____ No

24 What type of exercise?

25 How often? _____

26 How long each time?

- ____ 15-30 minutes
- ____ 30-45 minutes
- ____ 1hour