

Patient Questionnaire

Name		Date	
Mailing Address			
E-mail address	Home Phone	Work Phone	

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 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 month 2-6 months
 - 7-12 months Over 12 months

7. What other weight reduction methods have you tried?
 - Weight Watchers Other diet centers
 - Diet books Physicians
 - Do it yourself

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 a physicians 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?
 - Yes No

13. Why do you want to lose weight?
 - Promotes social activity
 - Appearance
 - Special Occasion _____
 - Health reasons
 - To please family/friends
 - Other _____

14. Has your husband or wife encouraged you to lose weight? Yes No

15. How important is it to you to lose weight?
 - Extremely Important
 - Very important
 - Important
 - Not very important

16. Do you work outside the home?
 - Yes No
 - Full-time Part-time
 - Occupation _____

17. Sex
 - Male Female

18. Age
 - Under 18 18-24 25-34
 - 35-49 50-64 Over 64

19. Marital Status
 - Married Divorced Single
 - Widowed Living with partner

20. Number of Children _____ Ages: _____

21. Are any of your children overweight?
 - Yes No

22. What is your current weight? _____ lbs.

23. What was your highest weight in the last 5 years?
 _____ lbs.

24. What was your lowest weight in the last 5 years?
 _____ lbs.

25. What is your goal weight? _____ lbs.