

# WEIGHT HISTORY

Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Goal Weight: \_\_\_\_\_

How long have you been trying to lose weight? \_\_\_\_\_

What has been your heaviest weight? \_\_\_\_\_

When were you that weight? (at what age?) \_\_\_\_\_

As best you can recall, what was your body weight at each of the following ages?

Grade School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Ages 20-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_

At what age did you start trying to lose weight? \_\_\_\_\_

What do you think is the cause of your weight problem? \_\_\_\_\_

Have you ever stayed the same weight for 10 years or more? YES NO

Are any members of your household overweight? YES NO

If yes, please list relationship and details \_\_\_\_\_

What is your motivation for wanting to lose weight? Check all that apply.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't like the way I look	<input type="checkbox"/> Clothes don't fit anymore
<input type="checkbox"/> More energy	<input type="checkbox"/> Improve health
<input type="checkbox"/> Better work opportunities	<input type="checkbox"/> Feel better
<input type="checkbox"/> More mobility	<input type="checkbox"/> Want to wear smaller size
<input type="checkbox"/> Attend a wedding/graduation	<input type="checkbox"/> Upcoming vacation
<input type="checkbox"/> Attend a reunion	<input type="checkbox"/> Look better
<input type="checkbox"/> Perform better	<input type="checkbox"/> Live longer
<input type="checkbox"/> Feel more confident socially	<input type="checkbox"/> Look more attractive for my partner
<input type="checkbox"/> Reduce medications	<input type="checkbox"/> Want to wear more stylish clothing
<input type="checkbox"/> Upcoming event	<input type="checkbox"/> Other (please describe)

What dietary problem areas apply to you? Check all that apply.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skipping meals	<input type="checkbox"/> Eating foods too high in fat
<input type="checkbox"/> Craving carbohydrates	<input type="checkbox"/> Eating too many meals in restaurants
<input type="checkbox"/> Large portion size	<input type="checkbox"/> Eating for reasons other than hunger
<input type="checkbox"/> Too much alcohol	<input type="checkbox"/> Eating before going to bed
<input type="checkbox"/> Frequent snacking	<input type="checkbox"/> Making yourself vomit after meals
<input type="checkbox"/> Binging on food	

What weight loss programs have you previously participated in?

	RESULTS?	LENGTH OF PARTICIPATION?
WEIGHT WATCHERS		
JENNY CRAIG		
SLIM FAST		
ATKINS		
SOUTH BEACH		
LA WEIGHT LOSS		
NUTRISYSTEMS		
LINDORA		
OVEREATERS ANONYMOUS		
LIQUID DIETS (EG. OPTIFAST)		
DIET PILLS: MERIDIA, XENICAL		
DIET PILLS: PHEN-FEN, REDUX		
OTC DIET PILLS		
OBESITY SURGERY		
OTHER		

Have you maintained any weight loss for up to one year on any of these programs? YES NO  
 What did you learn from these programs regarding your weight? \_\_\_\_\_

Why did these programs not meet your expectations? What did not work? \_\_\_\_\_

Please answer the following questions on a scale of 1 - 5.

SCALE: LEAST 1 2 3 4 5 MOST


Your level of interest in losing weight is?

Are you ready for lifestyle changes to be part of your weight control program?

How much support can your family provide?

How much support can your friends provide?

How confident are you that you can lose weight this time?

How confident are you that you can keep weight off this time?

FOOD ALLERGIES: \_\_\_\_\_

FOOD DISLIKES: \_\_\_\_\_

FOOD YOU CRAVE: \_\_\_\_\_

How much do you smoke daily? \_\_\_\_\_

How much caffeine do you ingest daily? \_\_\_\_\_

How much alcohol do you drink? \_\_\_\_\_

DO YOU

	TYPICAL FOODS
EAT BREAKFAST	
EAT LUNCH	
EAT DINNER	
EAT BETWEEN MEALS	
EAT AT NIGHT	
EAT WHEN STRESSED	

ACTIVITY LEVEL (CHECK ONLY ONE)

- Inactive - No regular physical activity with a sit-down job
- Light activity - No organized physical activity during leisure time
- Moderate activity - Occasionally involved in activities such as weekend golf, tennis, jogging, swimming or cycling.
- Heavy activity - Consistent lifting, stair climbing, heavy construction, or regular participation in jogging, swimming, cycling or active sports at least 3 times per week
- Vigorous activity - Participation in extensive physical exercise for at least 60 minutes per session 4 times per week

BEHAVIOR STYLE (CHECK ONLY ONE)

- You are always calm and easygoing
- You are usually calm and easygoing
- You are sometimes calm with frequent impatience
- You are seldom calm and persistently driving for advancement
- You are never calm and have overwhelming ambition
- You are hard-driving and can never relax

THIS INFORMATION WILL ASSIST US IN IDENTIFYING YOUR PARTICULAR PROBLEM AREAS. THANK YOU FOR YOUR TIME AND PATIENCE IN PROVIDING THIS INFORMATION.