

Weight Loss Questionnaire

Name: _____

Date: _____

Please complete this questionnaire, which will help you and your physician develop the best management plan for you.

1. Is there a reason you are seeking treatment at this time?

2. What are your goals about weight control and management?

3. Your level of interest in losing weight is:

(Not interested) 1 2 3 4 5 (Very interested)

4. Are you ready for lifestyle changes to be apart of your weight control program?

(Not ready) 1 2 3 4 5 (Very Ready)

5. How much support can your family provide?

(No support) 1 2 3 4 5 (Much support)

6. How much support can your friends provide?

(No support) 1 2 3 4 5 (Much support)

7. What is the hardest part about managing your weight?

8. What do you believe will be of most help to assist you in losing weight?

9. How confident are you that you can lose weight at this time?

(Not confident) 1 2 3 4 5 (Very confident)

10. As best as you can recall, what was your body weight at each of the following time points (if they apply)

Grade school _____ High School _____ College _____ Ages 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____

11. What has been your lowest body weight as an adult? _____ What has been your heaviest? _____

12. At what age did you start trying to lose weight? _____



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13. Please check all previous programs you have tried in order to lose weight. Include dates and your length of participation.

<u>Program</u>	<u>Date</u>	<u>Weight (lost or gained)</u>	<u>Length of participation</u>
•TOPS	_____	_____	_____
•Weight Watchers	_____	_____	_____
•Overeaters Anonymous	_____	_____	_____
•Liquid diets (eg. Optifast)	_____	_____	_____
•Diet pills: Meridia, Xenical	_____	_____	_____
•Diet pills: phen-fen, Redux	_____	_____	_____
•NutriSystem/Jenny Craig	_____	_____	_____
•OTC diet pills	_____	_____	_____
•Obesity surgery	_____	_____	_____
•Registered dietician	_____	_____	_____
•Other	_____	_____	_____

14. Have you maintained any weight loss for up to one year on any of these programs? Yes No

15. What did you learn from these programs regarding your weight? _____

16. What did not work about these programs? _____

17. Have you been involved in physical activity programs to help with weight loss? Yes No

Which ones or in what way? _____

Adapted with permission from the Wellness Institute, Northwestern Memorial Hospital.

