DIET/ LIFESTYLE

What is your current weight? _____

What do you consider a good weight for yourself? _____

What is the most you have ever weighed? _____

Have you lost weight recently? _____

How much weight did you lose? _____

Have you gained weight recently? _____

How much weight did you gain? _____

Are your parents overweight? _____

Do you consider yourself overweight now? _____

How many months have you been at your current weight? _____

How much weight do you want to lose now? _____

Do you have a hard time losing weight or maintaining your goal once you have lost weight? _____

Besides your normal work or daily responsibilities do you exercise more than 20 minutes per day? _____

How many times a week do you exercise? _____

If you are overweight check all the related factors to being overweight:

Are you satisfied with your appearance or weight? _____

If you want to change your weight, what are your goals? _____

Have you followed any diet plans in the past? _____

If you have followed diet plans, please list:

Did any of these plans work? _____

How long did you keep the weight off? _____

What was the best part of the plan? _____

Do you currently skip meals? _____

If you skip meals, which meals? _____

Do you snack throughout the day? _____

If you snack, what do you snack on? _____

Do you dine out frequently? _____

If you dine out how many times per week? _____

When dining out what type of food do you eat most frequently? _____

What speed do you eat? _____

Do you take any nutrition supplements, vitamins or Minerals? _____

If you take supplements, which ones? _____

How many glasses of water do you drink a day? _____

What kind of fats do you consume? _____

How many times a week do you consume a sugary snack or dessert? _____

How many times a week do you consume red meat or chicken? _____

How many times per week do you consume tuna, salmon or other deep ocean fish? _____