

## Weight Loss Questionnaire

What are your goals in entering this program? \_\_\_\_\_

\_\_\_\_\_

At what weight would you feel comfortable? \_\_\_\_\_

What behaviors have contributed to you being overweight? \_\_\_\_\_

\_\_\_\_\_

How often do you eat out in a week? \_\_\_\_\_

How many times do you exercise per week? \_\_\_\_\_

What types of exercise do you typically do? \_\_\_\_\_

What barriers can you identify to losing weight? \_\_\_\_\_

How motivated are you to make a lifestyle change? \_\_\_\_\_

Please list any supervised weight loss programs you have previously participated in:

\_\_\_\_\_

\_\_\_\_\_

What weight loss methods have worked well for you in the past: \_\_\_\_\_

\_\_\_\_\_

Please list any appetite suppressant medications you have been prescribed in the past:

\_\_\_\_\_