

Weight Loss Questionnaire

Name _____ Date _____

Address: _____ City _____ State _____ Zip _____

Email address: _____

Date of Birth _____ Age _____ Sex _____

1.) How did you find out about us?

2.) How much weight would you like to lose? _____

3.) Would you be willing to make some lifestyle changes to achieve this weight loss goal?
Yes _____ No _____

4.) What diets or systems have you tried in the past?

5.) What was the result?

6.) What do you dislike the most about being overweight?

7.) What health difficulties are you experiencing that you feel may be a result of being overweight?

8.) Please give an example of a typical day's meals/snacks

Breakfast: _____

Snacks: _____

Lunch: _____

Dinner: _____

9.) Please write down three reasons you would like to lose weight. These shouldn't be generalizations, but rather personal reasons that actually mean something to you. It is important to list these out as both a guide for us to help you, and motivation for yourself so that you may reach your ideal weight.

10.) Do you have any friends or relatives that you think might like to lose weight?

Yes _____ No _____