

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 a part 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

Weight History

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

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

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

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

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

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

14. Have you maintained any weight loss for up to 1 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? _____

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