

How long have you been at your current weight (\pm 5 lbs.)? _____

What was your maximum weight (excluding pregnancies)? _____

When were you at your maximum weight? Year(s) _____ to _____

What do you consider to be your ideal weight? _____ lbs.

Have you ever been at your ideal weight? No _____ Yes _____

When and how did you maintain your ideal weight? _____

How many times in the past have you tried to lose weight?

_____ Never _____ 1-3 _____ 4-6 _____ 7-10 _____ over 10

How hard has it been for you to lose weight in the past?

_____ Very easy _____ Easy _____ Moderate _____ Hard _____ Very Hard

How hard has it been for you to maintain a previous weight loss?

_____ Very easy _____ Easy _____ Moderate _____ Hard _____ Very Hard

What was your most successful attempt at weight loss? _____

How often do you weigh yourself?

_____ Several times a day _____ once a day _____ once a week
 _____ Once a month _____ Less than once a month _____ Never

If you have attempted to lose weight before, please indicate which of the following approaches you have used and with what degree of success (i.e. number of pounds lost).

- _____ Lost weight on your own without professional help
- _____ Commercial weight loss program such as Weight Watchers, Nutri-System, etc.
- _____ Self-help groups such as TOPS or Overeaters Anonymous
- _____ Individual counseling with a dietitian
- _____ Individual counseling with a psychologist
- _____ Exercise sessions at a health club or with a personal trainer
- _____ Liquid diet such as Optifast or Medifast
- _____ Prescription medication or over the counter diet pills
- _____ Surgical procedure such as stomach stapling or liposuction
- _____ Other (please specify) _____

What is your main reason for wishing to lose weight now? _____

Do you have the support of friend/family for your weight loss goals? Yes _____ No _____

What obstacles could interfere with your participation in this program? _____