

WEIGHT

Name: _____ Date: _____

1. Where do you tend to hold the weight?

2. Have you ever started a program and didn't stick with it? _____
3. Tell me about your overall will power and discipline?

4. Has weight loss become difficult despite efforts to diet and exercise? Tell me about it?

5. What do you hate most about having a weight issue?

6. Are CRAVINGS to sweets, breads, chocolate and salty foods interfering with your weight? _____ In what way?

7. Is there a specific weight or size that you must NOT exceed? _____
What would happen if you did exceed that weight, how would that impact things?

8. Did you find that you started gaining weight after MENOPAUSE or pregnancy or something else? _____ Tell me about this?

9. How has this weight affected your relationships?

10. What's your goal with weight? How much do you need to lose?

11. What would your life be like if you were able be at your ideal weight and fit in your clothes? _____

12. And if you lost the weight, how would this affect your self-esteem?

13. How would it influence your relationships? _____

Weight Loss Difficulty Questionnaire

1. What do you typically eat for breakfast?
2. What do you typically eat for lunch?
3. What do you typically eat for dinner?
4. What do you typically eat for snacks?
5. What do you drink?
6. When were you last at your ideal weight?
7. When did you start to gain weight?
8. Have you ever been on birth control pills? How long?
9. Are you on hormone replacement therapy?
10. Did your mother take DES when she was pregnant with you?
11. Have you ever been on a low calorie diet?
12. How many hours sleep do you get per night?
13. Have you tried many diet programs? Which ones?
14. Did you lose more weight on a high protein or high vegetable diet?
15. Are your parents overweight?
16. Are your grandparents overweight?
17. Does low thyroid run in your family?
18. Do you eat organic foods now?
19. How long have you eaten organic?
20. What is your age?
21. Do you have any children? How many?
22. Have you ever had mono or EBV?
23. Have you ever tried the Atkins diet?
 - a. Did you lose weight on the Atkins diet?
 - b. Did the weight loss stop after several weeks?
24. Do you have cravings? For what?
25. What would have to happen for you to lose weight?
26. Do you lack will power?
27. Do you think you can be helped with weight loss?