



Weight Loss Questionnaire

Name: _____

Date: _____

1. What kind of diet programs have you done in the past:

2. Which one worked for you?

3. How many calories do you consume a day? 1200 kcal, 1300 kcal, 1400 kcal, 1800 kcal, 2000 kcal, or more than 2000 kcal a day. _____

4. Which are the biggest challenges for you while trying to lose weight?

5. How's your stress? Mild / moderate / severe? What stresses you the most?

6. What are your weaknesses when dieting?

7. How are you doing financially? Ok, good or excellent? _____

8. How many times do you exercise a week? _____

9. What kind of exercise? _____

10. What is your occupation? _____

11. Any problem taking caffeinated drinks? _____

12. Do you have high blood pressure or heart diseases? _____

13. When was your last blood work? _____

14. Do you have a hard time losing weight? _____

15. Please discuss other concerns: