Adventure Core
Nutrition and Fitness

Weight Control Questionnaire

This questionnaire covers several areas which will enable me to provide you with the best care possible. Please complete each portion thoroughly and thoughtfully. In answering the questions, please choose the response that describes your situation most of the time.

Date:_____

Name: _____

Email: _____

Address: _____

(street)

_____

(city) (zip code)

Telephone: Cell:_____ Home: _____

Weight History

Age: _____ **Date of Birth:**_____

Weight:_____ **Height:** _____

Marital Status: (check one)

Single_____ Married_____ Separated/Divorced____ Widowed____ Alternative____

Education: (check one)

High School_____ Some College (at least one year)_____ College Degree_____

Graduate Degree_____ Other (specify)_____

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Current Occupation:_____

Spouse/Partner's Occupation:_____

Spouse/Partner's Education:_____

Names and ages of children:_____

Age you first became overweight:_____

How many weight loss programs have you begun in the past? (Including any attempts, however short). Circle one:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

How many times have you lost more than 20 lbs. in a weight loss attempt:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

If you have attempted to lose weight in the past, how much weight did you lose during your most successful attempt? _____ lbs.

What was you heaviest weight? _____ lbs.

When were you at your heaviest weight? _____ lbs.

Please briefly describe your previous weight loss attempts (or diets) and how successful each one was.

_____

_____

What is the reason you usually end a weight loss effort?

_____

_____

What factors do you think caused you to become overweight?

_____

_____

What factors contribute to maintaining your current weight?

_____

_____

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In the past, have any of the following techniques helped you to avoid overeating?

(Check all that apply):

_____ Drinking water, coffee, or other no-calorie liquids

_____ Eating celery or other low calorie vegetables

_____ Physical exercise

_____ Leaving the tempting situation

_____ Waiting for the urge to pass

_____ Seeking help from others

_____ Thinking of the positive health benefits of losing weight

_____ Thinking of the positive psychological benefits (ex: Improved self-confidence) of losing weight

_____ Thinking of the negative health consequences of gaining weight

_____ Thinking of the negative psychological consequences of gaining weight (ex: loss of self-esteem, increased self-consciousness)

_____ Chastising yourself for being weak, etc.

_____ Others? Please be specific: _____

Using the scale below, please rate the extent to which the following factors make it **difficult** for you to lose weight.

1 = not all all 2 = a little 3 = somewhat 4 = quite a bit 5 = very much

_____ Your biology (metabolic rate, fat cells, etc.)

_____ Your ability to handle stress and other problems in your life

_____ Your family or culture

_____ Your eating and exercising habits

Please describe your experience with any recent and/or significant medical problems, procedures, and accidents.

_____

_____

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Are you currently taking any medications? If "yes", what are they, and at what dosage do you take them?

_____

Do you have any allergies? Please describe

_____

Do you have a medical physician?

Name: _____

Telephone: _____

Date of last exam: _____

Have you ever been, or are you currently in psychological therapy or counseling?

Yes _____ No _____ If yes, please describe

_____

Name of most recent therapist _____

Telephone _____

Do you have any health problems that would prevent you from participating in a moderate exercise program?

Yes _____ No _____ If yes, please explain

_____

Do you have a spouse, partner, or roommate who would be willing to cooperate with your weight loss efforts by attending at least one orientation meeting? (Note: This person must be someone who lives in the same place as you on a full-time basis.)

Yes _____ No _____