

WEIGHT CONTROL EXPECTATIONS QUESTIONNAIRE

This form has been designed to assist you and your medical provider in having the greatest benefit from the initial consultation at The Center for Medical Weight Loss. By first filling out this questionnaire as completely as possible, and then reviewing it with your provider, you will learn what can reasonably be expected with respect to weight loss.

Name: _____ Date: _____

What is your goal weight? _____

How much time do you think it will take you to reach your goal weight? _____

What did you eat for breakfast this morning? _____

What did you eat for dinner last night? _____

What time do you usually go to bed? _____

What time do you wake up? _____

Describe your home situation: _____ single _____ partner, no kids _____ partner and kids

If you have children at home, what are their ages? _____

If you have a partner or children, are they overweight? _____

How many days have you exercised in the past 2 weeks? _____

Do you have any health issues that limit exercise? If so, what? _____

If you have exercised, what is the average length of time you exercised? _____ minutes

What is your occupation? _____

What time do you get to work? _____ What time do you get home? _____

Who cooks for dinner in your home? _____

Describe your favorite meal: _____

Who does the grocery shopping in your home? _____

How many calories does a small fries at McDonald have? _____

How many calories would you burn if you walked 2 miles in 30 minutes? _____

How much water should you drink per day? _____

You have just been offered \$50,000 if you can do the following: Exercise for 45 minutes, 6 days per week for one year without changing any of your current responsibilities. When would you do the exercise and what would it be? _____

If you have tried previous weight loss programs, what did you like about the program?

What didn't you like?

If you have tried to lose weight before, what do you think limited your success?

Which of the following statements describes you best (circle one):

- 1) I am highly motivated to lose weight and I will do whatever it takes to get healthy.
- 2) I definitely want to lose weight but I would rather go slow and steady.
- 3) I know weight loss is hard and I am not sure any program will work for me.

Which of the following statements describes you best (circle one):

- 1) I know exercise is necessary to lose and maintain weight loss, but there is no way I can fit it into my schedule.
- 2) I already exercise as much as I possibly can which is 1-3 times per week.
- 3) I currently exercise most days for more than 30 minutes.

How much television do you watch per day? _____ hours

How often do you weigh yourself? _____ never _____ daily _____ weekly

How many days per week do you eat breakfast? _____ 1-3 _____ 4-7 _____ never