

## Weight and Health Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Health and Background Information

Age: \_\_\_\_\_

Gender: Male Female

Occupation: \_\_\_\_\_

Smoking status: \_\_\_\_\_ Never \_\_\_\_\_ Former \_\_\_\_\_ Current

List any health problems and physical limitations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any allergies/intolerances:

\_\_\_\_\_

\_\_\_\_\_

List all Medications, Vitamins, and Herbals	Dosage

How would you rate the stress in your life, 10 being the highest?

1 2 3 4 5 6 7 8 9 10

How do you cope with stress?

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How many hours of sleep do you average per night? \_\_\_\_\_

Is your sleep restful? Yes No

List any cultural or religious practices related to your health or diet:

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How do you rate your readiness to make lifestyle changes, 5 being most ready?

1 2 3 4 5

How do you rate your confidence to make lifestyle changes, 5 being most confident?

1 2 3 4 5

**Weight Information:**

Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_

What was your lowest and highest adult weight? \_\_\_\_\_ lb \_\_\_\_\_ lb

Describe any weight changes (gain or loss) in the past 2 years:

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Have you dieted in the past for weight loss? No Yes If yes, please indicate what you have done:

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What makes it hard for you to lose weight and keep it off?

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What has helped you lose weight?

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How much weight would you like to lose?

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How will you benefit from this weight loss?

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**Physical Activity Information:**

What is the most physically active thing you do in a day?

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What, if any, regular exercises do you do?

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How many days a week? \_\_\_\_\_

How many minutes per day? \_\_\_\_\_

At what level of intensity (light, moderate, or high)?

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What time(s) of day can you fit exercise into your schedule?

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List any physical limitations to exercising:

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**Nutrition Information:**

How often do you eat out at restaurants/fast food?

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Which grocery stores do your foods come from?

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Who does the grocery shopping?

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Who plans the meals at home?

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Who prepares the meals at home?

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What 1 or 2 things would you like to change with your diet?

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