Weight and Health Questionnaire

Name:________________________________

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?

____

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:

____

____

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:

____

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

____

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

____

What has helped you lose weight?

____

How much weight would you like to lose?

____

How will you benefit from this weight loss?

____

Physical Activity Information:

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

____

What, if any, regular exercises do you do?

____

How many days a week? ____________

How many minutes per day? ____________

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

____

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

____

List any physical limitations to exercising:

____

Nutrition Information:

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

Which grocery stores do your foods come from?

Who does the grocery shopping?

Who plans the meals at home?

Who prepares the meals at home?

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