



Promoting true health and healing

Weight Loss Questionnaire
(fill out and bring to your office visit)

Date:

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Patient Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

What do you feel is your ideal weight? \_\_\_\_\_

When did you last weigh this amount? \_\_\_\_\_

What do you feel is the main cause of your excess weight? \_\_\_\_\_

Check all that apply:

Additional information:

I eat

when I am hungry \_\_\_\_\_

because it is meal time \_\_\_\_\_

because I crave certain foods \_\_\_\_\_ which foods? \_\_\_\_\_

because I love food \_\_\_\_\_

when stressed \_\_\_\_\_

when bored \_\_\_\_\_

when feeling sad \_\_\_\_\_

when feeling happy \_\_\_\_\_

as a reward \_\_\_\_\_

as a punishment \_\_\_\_\_

as sustenance for my well being \_\_\_\_\_

other reasons \_\_\_\_\_

Signature:

Jeff Clark, ND

Wendy Rogers, ND

Bijana Devo, ND

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When I eat, I continue
until I am satisfied \_\_\_
until I am stuffed \_\_\_
until there is no more food \_\_\_
until my mind tells my body that is all I need \_\_\_
other \_\_\_\_\_

I fix most of my own meals \_\_\_
always in a hurry and get food wherever I can \_\_\_
when out I eat mostly at sit-down restaurants \_\_\_
when out I eat mostly at fast food restaurants \_\_\_
I know what a balanced diet consists of \_\_\_ .....describe \_\_\_\_\_

I have dieted before \_\_\_\_\_ when? \_\_\_\_\_
what method? \_\_\_\_\_
and lost a substantial amount of weight \_\_\_
some weight \_\_\_
very little weight \_\_\_
and gained none of it back \_\_\_
some of it back \_\_\_
all of it back \_\_\_
and weigh even more now than before \_\_\_\_\_

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My daily physical exercise includes

walking .....how far or how many minutes? \_\_\_\_\_

bicycling ..... how far or how many minutes? \_\_\_\_\_

gardening \_\_\_\_

lifting \_\_\_\_

physical work .....describe \_\_\_\_\_

walking the dog \_\_\_\_

shopping \_\_\_\_

climbing stairs \_\_\_\_

other .....describe \_\_\_\_\_

Five horizontal lines for additional notes or details.

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