

(Please complete this ONLY if weight loss is a goal)

LOWEST WEIGHT _____ DATE _____
 HIGHEST WEIGHT _____ DATE _____
 DESIRABLE WEIGHT OR CLOTHING SIZE _____

WEIGHT MANAGEMENT INFORMATION:

•For each of the periods in your life listed below, please indicate your weight status as compared with others of your age group at that time.

<u>Age</u>	<u>Under Weight</u>	<u>About Normal</u>	<u>Over Weight</u>	<u>Very Overweight</u>
Infancy (0-5)	[]	[]	[]	[]
Childhood (6-12)	[]	[]	[]	[]
Adolescence (13-19)	[]	[]	[]	[]
Early adulthood (20-39)	[]	[]	[]	[]
Late adulthood (39-older)	[]	[]	[]	[]

•Please check any of the following family members who were/are significantly overweight:

- [] Mother [] Grandparent (s) [] Father [] Children
 [] Siblings [] Spouse

•Please indicate the attitudes of the following people (where applicable) to your attempt(s) to lose weight:

NEGATIVE - Disapproves/resentful

INDIFFERENT- Does not care or does not help

POSITIVE - Offers encouragement or understanding

- Spouse [] Negative [] Indifferent [] Positive
 Children [] Negative [] Indifferent [] Positive
 Parents [] Negative [] Indifferent [] Positive
 In-laws [] Negative [] Indifferent [] Positive
 Friends [] Negative [] Indifferent [] Positive
 Colleagues [] Negative [] Indifferent [] Positive

•What three things have interfered the most in your past efforts at weight management? Do you believe you have the knowledge, skills and motivation to effect a weight change? (For further explanation, please use the back.)

1. _____ Yes or No
 2. _____ Yes or No
 3. _____ Yes or No

•Why do you want to lose bodyfat now? _____

•Please check the answer which best applies to you:

1. Do you ever experience episodic consumption of large amounts of food while aware of this being an abnormal eating pattern? [] Yes (please continue to question #2 & 3) [] No [] Sometimes
 2. Do you have a fear of being unable to stop this pattern of eating? [] Yes [] No
 3. Do you have distress and self-condemnation after the binge? [] Yes [] No [] Sometimes

DIETING HISTORY

• Please indicate which weight loss methods you have used by completing the appropriate blanks:

<u>PROGRAM</u>	<u>Ages used</u>	<u># Timesused</u>	<u>Max lb. weight loss</u>
Weight Watchers	_____	_____	_____
Sugar Busters (high protein/fat)	_____	_____	_____
High Protein Diet (Atkins)	_____	_____	_____
Liquid Fasts (unsupervised)	_____	_____	_____
Liquid Fasts (MD supervised)	_____	_____	_____
Behavior Modification	_____	_____	_____
Supervised diet	_____	_____	_____
Unsupervised diet	_____	_____	_____
Hypnosis	_____	_____	_____
Psychotherapy	_____	_____	_____
Starvation	_____	_____	_____
Diet Pills	_____	_____	_____

- At what calorie intake have you successfully lost weight in the past? _____
 • Why did you stop following the plan? _____