

BE FIT FIT Background Information

1. What is your current weight? _____ Height? _____
2. What do you consider a good weight for yourself? _____
3. What is the most you have ever weighed? _____ How old were you? _____
4. Have you lost weight recently? _____ If so, how much? _____
5. Have you gained weight recently? _____ If so, how much? _____
6. Are your parents overweight? _____
7. Do you consider yourself overweight now? _____
8. How long have you been at your current weight? _____
9. How much weight do you want to lose now? _____
10. Do you have a hard time losing weight or maintaining your goal once you have lost the weight?

11. Besides your normal work or daily responsibilities, do you exercise more than 20 minutes per day? If so, how many times per week? _____

If the client is not overweight please skip to question 13.

12. Are there related factors to your being overweight?

_____ Anger
_____ Attending Social Events
_____ Boredom
_____ Choosing the Wrong Types of Foods (fried foods, sugar, sodas, desserts)
_____ Depression
_____ Emotions
_____ Excessive Portion Sizes (Over Eating)
_____ Nervousness
_____ High Stress
_____ Lack of Exercise
_____ Snacking
_____ Tired or Fatigued
_____ Travel

Background Information (cont.)

13. Are you satisfied or dissatisfied with your appearance or weight? _____

14. Why do you want to reduce your weight?

- _____ Improve your appearance
- _____ Improve your Energy level or physical fitness
- _____ Improve your overall Health
- _____ Other

15. Have you followed any diet plans in the past? _____ If so, which ones? Please list.

- 1.
- 2.
- 3.

16. a. Did any of these diets work? _____

b. How long did you keep the weight off? _____

c. What was the best part of this diet? _____

17. Do you currently skip meals? _____ If so, which ones? _____

18. Do you snack through out the day? _____ If so, on what? _____

19. Do you dine out frequently? _____ If so, how often? _____

What type of food do you eat most frequently while dinning out (i.e. pizza, Italian, Mexican)? _____

20. On average do you eat fast, slow or moderate? _____

21. Do you take any nutrition supplements, vitamins or minerals? _____

22. How much water to you drink on a daily basis? _____

23. What kind of fats do you consume? _____

- a. Shortening or butter
- b. Vegetable oil
- c. Canola or Olive oil
- d. Soft tub margarine or low fat?

24. How many times per week do you consume a sugary snack or dessert? _____

25. How many times per week do you consume red meat or chicken? _____

26. How many times per week do you consume tuna, salmon or other deep ocean fish _____