



## CLIENT QUESTIONNAIRE

<b>NAME:</b> _____	<b>DATE:</b> ___ / ___ / ___	<b>EMAIL:</b> _____
<b>ADDRESS:</b> _____	<b>CITY:</b> _____	<b>STATE:</b> _____ <b>ZIP:</b> _____
<b>PHONE: HOME</b> _____	<b>BUSINESS</b> _____	<b>CELL</b> _____

PLEASE COMPLETE THE FOLLOWING (STRICTLY CONFIDENTIAL):

- When did you begin to gain weight?  
 After childbirth  
 After marriage  
 After an employment change  
 During a stressful period  
 Other
- How long have you been overweight?  
 1 year or less  
 2-5 years  
 6-10 years  
 Over 10 years
- What do you feel is the reason for your weight problem?  
 Frequently overeat  
 Enjoy fattening foods  
 Lack of activity  
 Heredity  
 Other \_\_\_\_\_
- How many meals do you eat daily? \_\_\_\_\_
- How many serious attempts have you made at dieting? \_\_\_\_\_
- How long have you been able to stick to a diet?  
 0-1 month  
 2-6 months  
 7-12 months  
 Over 12 months
- What other weight reduction methods have you tried?  
 Weight Watchers®  
 Other diet centers  
 Diet books  
 Physicians  
 Do it yourself  
 Other
- Why have you dropped out of diets before?  
 Boredom  
 Hunger  
 Stress  
 Need assistance  
 Other \_\_\_\_\_
- What is the nature of your difficulties while dieting?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you under a physician's care?  
 Yes  No
- Have you been advised by your physician to lose weight?  
 Yes  No
- Do you have any physical problems that you know are associated with your weight?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has your spouse/partner encouraged you to lose weight?  
 Yes  No
- Do you work outside the home?  
 No  Part-time  Full-time  
Occupation \_\_\_\_\_
- Sex:  
 Female  Male
- Age:  
 Under 18  18-24  
 25-34  35-49  
 50-64  Over 64
- Marital status:  
 Married  Divorced  
 Single  Widowed  
 Living with partner
- Number of children: \_\_\_\_\_  
Ages: \_\_\_\_\_
- Are any of your children overweight? \_\_\_\_\_
- What is your current weight?  
\_\_\_\_\_ lbs.
- What was your highest weight in the last 5 years? \_\_\_\_\_
- What was your lowest weight in the last 5 years? \_\_\_\_\_
- What is your goal weight?  
\_\_\_\_\_ lbs.