

Weight Loss Questionnaire

Today's Date: Name: Birthdate: Age:
Your Email Address: Phone numbers:
Referred by whom?/how?

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Please answer every question as your answers will help me better treat you by individualizing the hypnosis and suggestions to your particular needs.

1. How much do you weigh currently? *****How tall are you?
2. What are your exact weight loss goals?

3. Why do you want to lose weight?

4. How do you consider weight to be a problem for you?

5. How sedentary (inactive) versus active is your lifestyle? In other words, what types of exercise do you get each day? Doing what, how often and when?

6. On a scale of 1 to 10 please choose a number to show how much you DESIRE to lose weight.
7. On a scale of 1 to 10 please choose a number to show how much you BELIEVE you can lose the weight you want to lose.
8. What price (NOT in money) are you willing to pay to lose weight? In other words, what are you willing to DO to lose the weight you desire to lose?
9. Why did you choose hypnosis for weight loss?

10. What have you done to lose weight in the past? How long did you keep the weight off?

11. What started you gaining again?

12. What formal or informal diets have you been on in the past? Did they work? For how long?

13. How much weight did you lose? How soon did you gain the weight back?

14. Name and Phone of Primary care doctor?

15. Do you smoke?

16. Do you drink alcohol? What, when, how much and how often?

17. What are some pleasant experiences and images for you?

18. What are you especially good at, and what do you enjoy doing?

19. How many meals a day do you eat? Please describe in detail:

20. Do you snack? If yes, on what, and when, where, and how much?

21. Do you eat between meals? If yes, what, when, where, and how much?

22. Do you eat fast or slowly?
23. What tastes do you especially like or crave?
24. What foods do you like?

25. What foods do you dislike?

26. What are your favorite foods?

27. Do you skip meals?
28. Do you have difficulty saying no to yourself?
29. What is your biggest meal of the day?
30. What is your favorite meal of the day?
31. Who prepares your meals?
32. Do you eat out a lot?
33. Do you overeat? What foods do you overeat?

34. When and where do you overeat?

35. Why do you think you overeat?
36. Any other information about you that you think I should know?