

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?

