

Today's Date _____



STEP INTO YOUR LIFE QUESTIONNAIRE

Name _____ DOB _____

Email address _____

Please answer every question as your answers will help us better treat you by individualizing your plan of **action**.

1. What is your current weight? _____ pounds
2. How tall are you? _____ feet _____ inches
3. What are your exact weight loss goals?

4. What is your motivation to lose weight?

5. What problems do you have because of your weight? (Job, family, fatigue, clothes shopping, travel, restaurants)

6. How active or sedentary is your lifestyle? (Do you go up/down stairs more than once each day? Where is your laundry room?)

7. What types of exercise do you get each day?

8. On a scale of 1 to 10 (10 being the highest), how much do you desire to lose weight? What would you consider “successful weight loss?”

9. Again, on a scale of 1 to 10, how strongly do you believe you can lose the weight you want to lose?

10. What have you done in the past to lose weight? What formal or informal diets have you tried?

11. How much weight did you lose and how long did you keep the weight off?

12. What do you think started your weight gain again? Was there some life event/change? Was there an illness/injury that caused you to be sedentary?

13. Do you smoke? If yes, how much?

14. Do you drink alcohol? If yes, how much daily, weekly, monthly, yearly?

15. Do you use any non-prescription medications—vitamins, minerals, supplements, herbs?

16. Do you use any recreational substances?

17. How many meals do you eat each day? Do you eat breakfast? Describe in detail.

18. Do you snack? Describe in detail—what, when, where, how much.

19. Do you eat quickly or slowly? Do you usually finish your meal before others at the table?

20. Do you skip meals?

21. What is your biggest meal of the day? When do you eat it?

22. What is your favorite meal of the day?

23. Who prepares your meals?

24. How often do you eat out each week? Which meals?

25. Do you overeat—what foods, when, where? Do you ever measure your foods?
