



Promoting true health and healing

Weight Loss Questionnaire
(fill out and bring to your office visit)

Date:

Page: 1 of 3

Patient Name: Date Of Birth: Gender:

What do you feel is your ideal weight?

When did you last weigh this amount?

What do you feel is the main cause of your excess weight?

Check all that apply:

Additional information:

I eat

when I am hungry

because it is meal time

because I crave certain foods which foods?

because I love food

when stressed

when bored

when feeling sad

when feeling happy

as a reward

as a punishment

as sustenance for my well being

other reasons

Signature:

Jeff Clark, ND

Wendy Rogers, ND

Bijana Devo, ND

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Page: 2 of 3

When I eat, I continue
until I am satisfied ___
until I am stuffed ___
until there is no more food ___
until my mind tells my body that is all I need ___
other _____

I fix most of my own meals ___
always in a hurry and get food wherever I can ___
when out I eat mostly at sit-down restaurants ___
when out I eat mostly at fast food restaurants ___
I know what a balanced diet consists of ___describe _____

I have dieted before _____ when? _____
what method? _____
and lost a substantial amount of weight ___
some weight ___
very little weight ___
and gained none of it back ___
some of it back ___
all of it back ___
and weigh even more now than before ___

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Page: 3 of 3

My daily physical exercise includes

walkinghow far or how many minutes? _____

bicycling how far or how many minutes? _____

gardening ____

lifting ____

physical workdescribe _____

walking the dog ____

shopping ____

climbing stairs ____

otherdescribe _____

Five horizontal lines for additional notes or details.

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