



Weight Loss History and Perspectives

Please answer each of the questions below. The information you share will help the Registered Dietitian have a better understanding of your needs.

NAME:

DATE:

1. How long have you been thinking about losing weight?

2. What influenced your decision to seek LifeStyle Management's services to assist you in your weight loss efforts?

3. List all factors associated with weight gain (e.g., pregnancy, change in eating or exercise habits, quitting smoking, life stresses, working long hours, travel, ect.)

4. Are you currently taking any medications that affect your weight (e.g. tricyclic antidepressants, corticosteroids)? If so, please list.

5. Are you currently experiencing any health complications related to your weight? If so, please list.

6. Are you currently on a diet? If so, please describe.

7. Are you currently taking prescribed or over-the-counter medication to lose weight? If so, please list.

8. Please list all methods (i.e., diets, medications, supplements) you have used to lose weight in the past.

Motivation: Why do you want to lose weight?

Rate yourself on each of the listed reasons for losing weight, according to how important that reason is in your decision to undertake weight reduction at this time. After you have rated each reason separately, go back and choose the three most important reasons (rank 1,2, & 3 to the left).

| Rank | <i>Level of Importance</i> | | | | |
|---|----------------------------|---|----------|---|------------|
| | Extremely | | Somewhat | | Not at all |
| | 1 | 2 | 3 | 4 | 5 |
| I want to wear nicer clothes. | 1 | 2 | 3 | 4 | 5 |
| I want to feel better about myself. | 1 | 2 | 3 | 4 | 5 |
| I want approval from others. | 1 | 2 | 3 | 4 | 5 |
| I want to move around more easily. | 1 | 2 | 3 | 4 | 5 |
| My doctor said I should lose weight. | 1 | 2 | 3 | 4 | 5 |
| Someone I care about is worried about my weight. | 1 | 2 | 3 | 4 | 5 |
| Someone I care about isn't happy with my weight. | 1 | 2 | 3 | 4 | 5 |
| I have a health problem and losing weight could help. | 1 | 2 | 3 | 4 | 5 |
| I want to avoid potential health problems from too much weight. | 1 | 2 | 3 | 4 | 5 |
| I'm afraid of getting heavier, so I better start now. | 1 | 2 | 3 | 4 | 5 |
| I don't like the criticism/ridicule I get from others. | 1 | 2 | 3 | 4 | 5 |
| My weight gets in the way of feeling attractive to others. | 1 | 2 | 3 | 4 | 5 |
| I want to present a better professional image. | 1 | 2 | 3 | 4 | 5 |
| If I don't lose weight, I may lose my job. | 1 | 2 | 3 | 4 | 5 |
| I want to set a good example for my children. | 1 | 2 | 3 | 4 | 5 |
| Other (please list): | 1 | 2 | 3 | 4 | 5 |

What are your expectations of the program? Of the Registered Dietitian?

Please be sure you have answered all the questions. Thank You!