

NAME: _____ EMAIL: _____

HOW DID YOU FIND OUT ABOUT OUR PROGRAM _____

1. What was your lowest weight since age 20? _____

2. At what age did you begin gaining weight? _____

3. Was there any life event that triggered weight gain? _____

4. Are you an emotional eater? _____

5. Do you suffer from periodic or regular depression? _____

6. Do you feel stressed? _____

7. Do you eat more when stressed? _____

8. Are you anxious? _____

9. Are you a worrier? _____

10. Do you exercise? _____ What do you do? _____

_____ How Often? _____

11. What activities (things) do you do to relax? _____

_____ How Often? _____

12. Which diets have you been on? _____

_____ For How Long? _____

13. Why do you think other diets haven't worked? _____

14. What diet was not successful for you? _____

15. Are you 100% mentally ready to stick with this diet until you achieve your ideal weight?

Circle one: Yes No Maybe

16. What is the most weight you have lost on a diet? _____

17. What is the longest time you have dieted? _____

18. What questions would you like to have answered? _____

19. What topics would you like discussed? _____