

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? _____