

Metabolic Management Questionnaire

When did you become overweight? _____

Did you ever gain more than 20 pounds in less than 3 months? _____

How much did you weigh 1 year ago? _____

How much did you weigh 5 years ago? _____

How much did you weigh 10 years ago? _____

What are some triggers for your weight gain? _____

Have you ever tried any previous weight loss programs? (If yes, please list program)

What was your maximum weight loss? _____

What are your greatest challenges with dieting? _____

Have you ever taken any medication for weight loss? _____

(IF YES) Did it work? _____

What didn't work? _____

Why or Why not? _____

How often do you eat breakfast? _____

Number of times you eat per day? _____

Do you get up at night and eat? _____ If yes, how often _____

Daily servings of: Vegetables _____ Fruits _____ Meats _____ Dairy _____

Do you drink any sweet beverages? _____

Number of times per week you eat fast food: Breakfast _____ Lunch _____ Dinner _____

Eating triggers? _____

Food cravings? _____

Do you feel shaky between meals? _____ Do you feel tired after meals? _____

Do you exercise? _____ How many hours do you sleep per night? _____

How many times do you get up at night? _____ Do you feel rested in the morning? _____