



Weight Loss Questionnaire

1. What types of foods are you wanting to cut out or avoid? Be specific.

2. What types of foods are you wanting to add into your diet?

3. Any food allergies?

4. What specifically about your eating habits do you want to change? Example, late night eating, emotional eating, over eating, food choices etc.

5. Are you trying to follow a certain diet?

6. Do you have support in your personal life for you new healthy lifestyle?

7. Why do you want to loose weight?

8. Does being overweight affect your health in any way?

9. What types of things would you do if you lose weight?

10. How much weight do you want to loose?

11. Do you have a timeframe?

12. Do you find that stress affects your food choices? If so, what specifically?

13. What are your food “triggers”?