

Heaviest Weight:

Lowest Weight:

Ideal Weight:

Name: _____

Email: _____

Age: _____ Current Weight: _____

What are the last 4 diets you have been on?

Name	When	Amount Lost	Amount Gained After
1.			
2.			
3.			
4.			

Which of the following do you eat regularly?

Breakfast

Lunch

Dinner

Snack Mid-Morning

Snack Mid-Afternoon

Snack Night

How many times do you snack a day? _____

What is your favorite food if you weren't worried about weight?

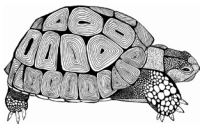
How many days a week do you eat sweets/sugary items?

- Everyday 6 days 5 days 4 days
 3 days 2 days 1 day Never

In general, how many meals do you eat a day?

- 3 + snacks 3 with no snacks 2 + snacks
 2 with no snacks 1 + snacks 1 with no snacks

How slow, or fast, do you eat?



Really Slow

- 1 2 3 4 5 6 7 8 9 10



Really Fast

How long does it take you to eat?

- Under 5 minutes 5-10 minutes 11-15 minutes
 15-20 minutes 20 + minutes

Did your family encourage you to clean your plate & eat all your plate?

- Yes No

What's the #1 reason you eat when not hungry?

- Bored Tired Stressed Angry Entertainment

