



THE AESTHETIC AND WELLNESS CENTER, PLC
3825 State Road 64 East Bradenton, FL 34208 (941)749-0741

Present Weight: _____

Height: _____

What is your weight goal?

When would you like to reach your goal weight? _____

Weight at 20 y/o: _____

Weight one year ago: _____

When did you begin to gain weight?
____ After childbirth
____ After marriage
____ After an employment change
____ During a stressful time
____ Since childhood
____ Other(explain) _____

How long have you been overweight?
____ 1 year or less
____ 2 to 5 years
____ 6 to 10 years
____ >10 years

What do you feel is the reason for your weight problem?
____ Frequent overeating
____ Fattening foods
____ Lack of exercise
____ Heredity
____ Other (explain) _____

How many meals do you eat each day?

How many serious attempts have you made at dieting? _____

How long have you been able to stick to a diet?
____ 0 to 1 month
____ 2 to 6 months

____ 7 to 12 months
____ Over 12 months

What other weight reduction methods have you tried?
____ Weight Watchers
____ Other diet centers
____ Diet book
____ Physician
____ Do it yourself
____ Diet products _____

Why did you drop out of diets before?
____ Boredom
____ Hunger
____ Stress
____ Needed assistance
____ Other

What is the nature of your difficulties while dieting?

Have you been advised by your physician to lose weight?
____ Yes ____ No

Do you have any physical problems that you know are associated with your weight?

Why do you want to lose weight?
____ Social reasons
____ Appearance
____ Health reasons
____ To please family/friends
____ Special occasion (list)

____ Other (explain) _____

Has your husband/wife encouraged you to lose weight? __Yes __No
Explain _____

From a scale of 1 to 10, (10 the highest)
How motivated are you to lose weight?

Less than 8, explain

Do you work outside the home?

 No
 Part-time
 Full-time
Occupation _____

Age:

 Under 18
 18 to 24
 25 to 34
 35 to 49
 50 to 64
 Over 64

Marital Status:

 Married
 Divorced
 Single
 Widowed
 Living with a partner

Is your spouse or partner overweight?

 Yes No

Number of children: _____

Ages: _____

Are any of your children overweight?

 Yes No

What was your lowest weight in the
last 5 years? _____ lbs.

How often do you eat out or pick up food?

 per day
 per week

What restaurants do you frequent?

How often do you eat fast food?

 Daily Weekly

Who plans and prepares your meals?

Who does your grocery shopping?

Do you use a shopping list?

 Yes No

What time of day, and on what day, do
you grocery shop? _____

Are you allergic to any foods?

 Yes No

Explain _____

What type of foods do you dislike?

What type of foods do you crave?

Is there any specific time that you crave
food? _____

Do you drink __ coffee or __ tea?

 Yes No

If so, how much daily? _____

Do you drink soda?

 Yes No

If so, how much daily? _____

What brand/flavor? _____

Do you drink alcohol?

 Yes No

What type? _____

How much daily? _____

Do you use sugar substitutes?

 Yes No

What type? _____

Do you awaken hungry at night?
 Yes No

What are your worst eating habits?

What are your snack habits?

What? _____

When? _____

How much? _____

When you are in a stressful situation, do you tend to eat more?
 Yes No

Are you currently dealing with a stressful situation? Yes No

Are you an emotional eater?
 Yes no

Do you smoke? Yes No

What is your typical breakfast?

Time eaten: _____

Where: _____

With whom: _____

What is your typical lunch?

Time eaten: _____

What do you do? _____

Where: _____

With whom: _____

What is your typical dinner?

Time eaten: _____

Where: _____

With whom: _____

Describe your typical energy level:

Physical Activity (check one):

Inactive
No regular activity.
Has a sit-down job.

Light Activity
No organized physical activity
during leisure time.

Moderate Activity
Occasionally involved in activities
such as weekend golf, tennis,
walking, etc. (30 minutes 3-5 times
per week).

Heavy Activity
Consistent exercise at least 60
minutes 3-5 times per week