

## Dietary, Weight & Exercise History

How much did you weigh at this time last year? \_\_\_\_\_

Which best describes the eating philosophy of your parents?

1. Eat until you are no longer hungry      2. Eat until you are full      3. Clean your plate

What best finishes the statement "My refrigerator and pantry are full of . . ." (circle all that apply)

1. Fruit, nuts, water, yogurt, sugarless snacks, sugarless drinks, low fat milk  
2. Chips, candy, soda, cake, mayonnaise, whole milk  
3. A combination of 1 and 2

Have you ever had an eating disorder?    Yes    No   If Yes, what type: \_\_\_\_\_

\_\_\_\_\_

What medications or supplements have you taken in the past in an attempt to lose weight? (please list all)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other diets have you tried in the past? Tell us about your experience(s).

Diet:      Date(s):      Weight Loss/Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours of TV do you watch each week? \_\_\_\_\_

What types of exercise do you currently do and how often?

Exercise:      Frequency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity Level (pick one)

- \_\_\_\_\_ Inactive - no regular physical activity      \_\_\_\_\_ Heavy - lifting, stair climbing, sports 3 times a week  
\_\_\_\_\_ Light - usually during leisure time      \_\_\_\_\_ Vigorous - extensive exercise for 60 min. 4 times a week  
\_\_\_\_\_ Moderate - occasional activity on weekend

Reviewed By Physician: \_\_\_\_\_

What condition, situation, factors and/or behavior (e.g. pregnancy, stress induced eating, night time snacking, etc...) contributed to your weight gain? \_\_\_\_\_

Do you feel out of control while eating?  Yes  No If so, which foods? \_\_\_\_\_

If you have lost weight, and then regained, please indicate the 3 most important reasons for the weight gain:

- \_\_\_ less exercise      \_\_\_ stress      \_\_\_ socializing      \_\_\_ other(s) \_\_\_\_\_
- \_\_\_ infrequent clinic visits    \_\_\_ stopped weight checks    \_\_\_ depression      \_\_\_\_\_
- \_\_\_ lack of support      \_\_\_ overeating at meals      \_\_\_ lack of planning      \_\_\_\_\_

What do you find is the most difficult about managing your weight? \_\_\_\_\_

What do you believe will be of the most help to assist you in losing weight? \_\_\_\_\_

How confident are you that you can lose weight this time? Confident    4    3    2    Not confident

How much support can your friends provide? Support    4    3    2    No support

How much support can your family provide? Support    4    3    2    No support

Do you follow a special diet?    \_\_\_ No                      \_\_\_ Low Fat                      \_\_\_ Vegetarian  
   \_\_\_ Diabetic                      \_\_\_ Low Sodium                      \_\_\_ Kosher  
   \_\_\_ Other (please specify): \_\_\_\_\_

Which meals do you normally eat?    \_\_\_ Breakfast    \_\_\_ Brunch    \_\_\_ Lunch    \_\_\_ Dinner

When do you usually snack?    \_\_\_ Morning    \_\_\_ Afternoon    \_\_\_ Evening    \_\_\_ Late Night    \_\_\_ Throughout day    \_\_\_ Never

What are your common snack foods? \_\_\_\_\_

Do you usually eat out or order food in?  Yes  No How Often?    \_\_\_ Daily    \_\_\_ Weekly    \_\_\_ Monthly    \_\_\_ Other

How is your food usually prepared? (pick all that apply)    \_\_\_ Baked                      \_\_\_ Steamed                      \_\_\_ Boiled  
   \_\_\_ Broiled                      \_\_\_ Poached                      \_\_\_ Fried

What beverages do you drink daily and how much?    Water \_\_\_\_\_ times or 8 oz. glasses per day  
Coffee \_\_\_\_\_ times or 8 oz. glasses per day    Alcohol \_\_\_\_\_ times or 8 oz. glasses per day  
Tea \_\_\_\_\_ times or 8 oz. glasses per day    Other: \_\_\_\_\_ times or 8 oz. glasses per day

How many times each day do you have the following?

Starch .....	Never	1-2	3-5	6-8	9-11
Fruit .....	Never	1-2	3-5	6-8	9-11
Vegetables .....	Never	1-2	3-5	6-8	9-11
Dairy (milk, yogurt) .....	Never	1-2	3-5	6-8	9-11
Fat (butter, mayo, oil, sour cream, cream cheese, ice cream) .....	Never	1-2	3-5	6-8	9-11
Sweets (candy, cake, regular soda, juice) .....	Never	1-2	3-5	6-8	9-11
Protein (meat, poultry, fish, eggs, cheese) .....	Never	1-2	3-5	6-8	9-11

Reviewed By Physician: \_\_\_\_\_