

WEIGHT CONTROL EXPECTATIONS QUESTIONNAIRE

The accompanying explanatory sheet discusses the importance of clearly delineating your expectations when participating in any kind of weight control program. This form has been designed to assist you in organizing your thoughts regarding exactly what it is you want for yourself. By first filling out this questionnaire as completely as possible, and then reviewing it with your physician, you will learn what can reasonably be expected to occur.

How much weight do you expect to lose? _____ each week? _____ each month?

What will happen if you don't lose that much or that fast? How will you react? _____

What size clothes do you wear now, and what size would you expect to be able to wear when you reach your goal weight?

What do you expect from us (your medical counselors)? Be specific

How would you describe your typical eating habits? _____

How many times per week do you eat out? _____

Have you ever been diagnosed with an eating disorder? _____

Do you hide your eating from others? _____

For Women: Do you have regular menstrual periods? _____

Date of last period _____ Are you pregnant or breastfeeding? _____

Will it change your life in any way (for better or worse) when you reach your goal weight?

Do you expect to be doing anything you are not doing now? (describe in detail)

Do you expect to STOP doing something you ARE DOING NOW?
(describe in detail)

Will family and friends be truly supportive of your efforts to lose weight?

Do you expect more respect from certain people? (who specifically?)

Will you be more sociable, or perform better at work/ home?

How are you expecting to maintain your weight loss?

Will you continue to watch your food intake? _____ Exercise _____ ?

Continue with professional medical monitoring? _____ for how long _____ ?

If you have any other expectations, please describe them in detail: _____

Patient Name: _____ Date: _____