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| **WELLNESS QUESTIONNAIRE - WEIGHT MANAGEMENT** | | |
| **WHAT IS YOUR CURRENT WEIGHT (RANGE IN KG)?** | |  |
| **WHAT WAS YOUR WEIGHT A YEAR AGO (RANGE IN KG)?** | |  |
| **WHAT WAS YOUR WEIGHT 2 YEARS AGO (RANGE IN KG)?** | |  |
| **WHAT WAS YOUR WEIGHT 5 YEARS AGO (RANGE IN KG)?** | |  |
| **WHAT WAS YOUR WEIGHT 10 YEARS AGO (RANGE IN KG)?** | |  |
| On a Scale of 1 to 10 please rate from bad to good i.e. if it is very poor | | |
| I would rate 1 or 2 and if it is very good I would rate 8 or 9 and so on | | |
| **I MAINTAIN A COMFORTABLE WEIGHT BALANCE?** | **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** | |
| **I GO ON A DIET AND LOSE WEIGHT BUT CANNOT MAINTAIN IT?** | **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** | |
| **I HAVE BEEN ON NUMEROUS WEIGHT LOSS PROGRAMS?** | **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** | |
| **WHAT ARE YOUR REASONS FOR WANTING TO LOSE/ GAIN WEIGHT?**  **PLEASE LIST BELOW:** | | |
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| **TELL ME A BIT ABOUT YOUR PAST...**  (WERE YOU ALWAYS UNHAPPY WITH YOUR WEIGHT? DID IT BEGIN IN CHILDHOOD? DID A SPECIFIC EVENT TRIGGER UNNATURAL EATING HABITS?) | | |
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