

Name _____ DOB: _____

EXERCISE

Current Level	<input type="checkbox"/> Sedentary (No exercise)
	<input type="checkbox"/> Mild exercise (i.e., climb stairs, walk 3 blocks, golf)
	<input type="checkbox"/> Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)
	<input type="checkbox"/> Regular vigorous exercise (i.e., work or recreation, 4x/week for 30 minutes)

Do you have any serious orthopedic problems that would prevent you from exercising? Yes No

If yes, please explain: _____

Where do you exercise? Home Baptist Health Link Health Club Work Other: _____

NUTRITIONAL HISTORY

Which of the following weight loss programs have you tried?

- Diet Center Nutri-System Liquid Diet (by physician) Other _____
 Jenny Craig OA (Overeaters Anonymous) Own Program _____
 Adkins Weight Watchers Physician Program (drugs and /or diet) _____

Which program were you most successful? _____

Why did you succeed with the above program? _____

Why did you stop the program? _____

What happened to cause weight regain? _____

How many times have you lost and regained weight? 0 to 1 2 to 4 5 to 6 7+

On average, how many meals do you eat out or at work per week? _____

Estimate your current calories intake per day: _____

List the foods your typical meals and/or snacks would consist of (including serving size).

Breakfast	Snack	Lunch	Snack	Dinner	Snack

Do you feel full/satisfied when you eat? _____

Do you feel hungry all the time? _____

Do you want to cook and prepare: all meals 1 meal 2 meals 3 meals per day?