

PROFESSIONAL WEIGHT MANAGEMENT QUESTIONNAIRE: YOUR GOALS

What are your goals? How long do you think it will take to achieve them?

In what ways do you think your weight is negatively impacting on your health and happiness?

What is your greatest motivation for achieving a healthy weight? (e.g. being active with your family, improved energy, reduced disease risk, etc.)

What do you think you would have to change in your diet or lifestyle to enable you to achieve a healthy weight?

What do you think are the biggest challenges to achieving your health and weight goals? Tick the appropriate box, and explain below if desired.

<input type="checkbox"/>	Knowledge	<input type="checkbox"/>	Willpower	<input type="checkbox"/>	Time
<input type="checkbox"/>	Support	<input type="checkbox"/>	Finances	<input type="checkbox"/>	Boredom
<input type="checkbox"/>	Energy	<input type="checkbox"/>	Stress	<input type="checkbox"/>	Health Issues

If we could make some changes to your health, such as improving your energy, helping you cope with stress more effectively or reducing physical pain, what would be most important to help you make more healthy changes?

Have you tried to change your weight previously? Yes / No

What methods have you tried?

What was difficult?

Why did you stop following the program?

How confident are you that you can reach your health and weight goals?

Not confident	Somewhat confident	Quite confident	Very confident

How would you describe your confidence in the area of adopting healthier eating habits?

How could your Practitioner help to increase your confidence in these areas? (e.g. regular appointments, recipe books, provision of scientific evidence, handy tips, seeing the results of other patients).
