



Intuitive Hypnosis

Debbie A Taylor-Lilly MA, CHt

1915 NW Amberglen Pkwy, Suite 400, Beaverton OR 97006

Weight Reduction Questionnaire

Name _____ Date _____

1. How long have you been overweight? _____

2. Were you overweight as a child? Yes _____ No _____

3. Are either of your parents overweight? Yes _____ No _____

4. Are any of your siblings overweight? Yes _____ No _____

5. Have you dieted before? Yes _____ No _____

6. Which diets have you tried? _____

7. Which were you successful with? _____

8. What would you say are the main reasons you are overweight? _____

9. Have you ever been physically fit? Yes _____ No _____

10. How much do you currently exercise? _____

11. Do you eat when you are stressed? Yes _____ No _____

12. Do you eat when you are bored? Yes _____ No _____

13. Do you eat when you are happy? Yes _____ No _____

14. Do you get up in the night to eat? Yes _____ No _____

15. How often do you eat fast food? _____

16. Do you like to cook? Yes _____ No _____

More questions on back...

17. When eating with a large group, or in a public place, do you tend to more than usual, less than usual, or the same as usual?

18. Do you eat alone in your car? Yes _____ No _____

19. What hobbies do you have? _____

20. What hobbies would you like to have? _____

21. What benefits do you maintain by holding on to extra weight? _____

22. Do you have an eating plan ready for you when you get home? Yes _____ No _____

Describe _____

23. Are you willing to clean out your cupboards when you get home? Yes _____ No _____

24. If I could wave a magic wand right now, what would your perfect weight be? _____

And what would you have for dinner tomorrow? _____

Breakfast? _____

25. Anything else you want to tell me about your eating habits? _____
