



# INTUITIVE HYPNOSIS

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## Weight Management

Name \_\_\_\_\_ Date \_\_\_\_\_

1. How long have you been overweight? \_\_\_\_\_
2. Were either of your parents overweight when you were a child?  Yes  No
3. Are either of your parents overweight now?  Yes  No  
If yes, is it your  Mom  Dad  Both
4. What is your  
current height? \_\_\_\_\_ current weight? \_\_\_\_\_ goal weight/range? \_\_\_\_\_
5. What diets or eating plans you tried in the past to lose weight? \_\_\_\_\_  
\_\_\_\_\_
6. Which of these worked for you? \_\_\_\_\_
7. Which of these did you enjoy? \_\_\_\_\_
8. What behaviors and/or beliefs have caused you to gain weight? \_\_\_\_\_  
\_\_\_\_\_
9. What type of exercise do you enjoy, if any? \_\_\_\_\_
10. How much do you currently exercise, and what type of exercise do you currently do? \_\_\_\_\_  
\_\_\_\_\_
11. If you overeat when you are under stress, what kind of stress causes this? (work stress, relationship stress, financial stress, etc.)? \_\_\_\_\_
12. If you overeat when you are bored, under what conditions do you find yourself in that are boring? (driving, at work, after work, watching tv, etc.)? \_\_\_\_\_  
\_\_\_\_\_
13. If you overeat when you are happy and/or excited, what conditions do you find yourself in that are cause for celebration, and overeating (Getting good news, holidays, financial gain, completed projects, the sun came up, etc.)? \_\_\_\_\_  
\_\_\_\_\_
14. How often do you eat fast food? \_\_\_\_\_  
What fast food restaurants to you go to? \_\_\_\_\_  
What do you typically order? \_\_\_\_\_

15. How often do you eat at restaurants? \_\_\_\_\_  
 Which restaurants do you go to? \_\_\_\_\_  
 What do you typically order? \_\_\_\_\_
16. Do you like to cook? \_\_\_\_\_
17. What is your current eating routine? \_\_\_\_\_  
 Morning? \_\_\_\_\_  
 Noon? \_\_\_\_\_  
 Evening? \_\_\_\_\_  
 Other? \_\_\_\_\_
18. What are the pay offs or benefits of being overweight and maintaining your current eating routine? \_\_\_\_\_
19. Are you diabetic?  Yes  No  
 If yes, what medications are you taking for the diabetes? \_\_\_\_\_  
 How long have you been diabetic? \_\_\_\_\_
20. Do you have any weight related health conditions?  Yes  No  
 Describe. \_\_\_\_\_
21. When eating with a large group in a public place where there are many choices available, would you tend to eat  
 more than usual  less than usual  about the same as usual
22. What hobbies do you currently have? \_\_\_\_\_
23. What hobbies would you like to have some day? \_\_\_\_\_
24. Are you willing to clean out your cupboards at home and get rid of any unhealthy food items?  
 \_\_\_\_\_
25. Do you have an eating plan ready for when you get home? Describe. \_\_\_\_\_  
 \_\_\_\_\_
26. If you were at your goal weight or weight range right now, what would you have for dinner tonight? \_\_\_\_\_
27. If you were at your goal weight or weight range right now, what would you have for breakfast tomorrow? \_\_\_\_\_
28. What else do I need to know about your eating habits? \_\_\_\_\_  
 \_\_\_\_\_