



Weight Loss Program Questionnaire

Thank you for choosing Cascade Hypnosis Center. We are specialists at helping you make the kinds of changes you need to make in your life, so you can become slimmer, healthier and happier with yourself. Our hypnosis program is very effective, because it is tailored to your needs. Please take a few minutes to fill out this form, so we can serve you better. The hypnotherapist will use it during your meeting in order to custom design an appropriate and effective hypnosis program to meet your goals.

Name _____ Date _____

Approximately, what is your weight now? _____ What is your goal weight? _____

In your opinion, why are you not achieving and maintaining your desired weight or size at this time? _____

Please place a mark next to the statements below that are true for you. Then, go back through the list, and circle the four or five changes that you would like to make to help you the most toward your weight loss goal.

_____ I would like to exercise more.

_____ I would like to drink more water.

_____ I would like to feel more motivated to consistently do the things I need to do to become slimmer.

_____ I would like to really believe that I can lose weight.

_____ I would like to be able to reduce the amount of food I eat at meal time.

_____ I would like to stop snacking between meals.

_____ I would like to be able not to snack so much at home, because that is one of the main problems (i.e., eating while reading, watching TV, or working at the computer).

_____ I would like to be able not to snack at work, because that is one of the main problems.

_____ I would like to be able to resist salty or sweet snacks, or just eliminate them completely.

_____ I would like to cut down on the amount of alcohol I drink. Those drinks are so fattening.

(Please turn the page over and continue)



- _____ I think I am over weight because of my mother or father, etc.
- _____ I normally eat breakfast, but this has not always been true. I have heard “breakfast” is the most important meal of the day. But it seems (to me) if I eat breakfast, I am hungry all day long.
- _____ Sometimes, I eat when I am not really hungry. What percent of food do you eat because of true hunger? _____%
- _____ I sometimes eat when I feel (boredom, depression, anxiety, stress, loneliness, or sad, etc.)
- _____ I sometimes eat when I feel happy and want to celebrate, or to be social, or just because the clock says that it is time to eat.
- _____ I have another reason I eat in a way that is preventing me from becoming as slim and lean as I would like to be.

Why I Want to Be Slim and Healthy

Now place a mark next to some of the reasons you want to lose weight. You can add other reasons at the end of the list. After all, the purpose of this form is to learn more about how we can help you.

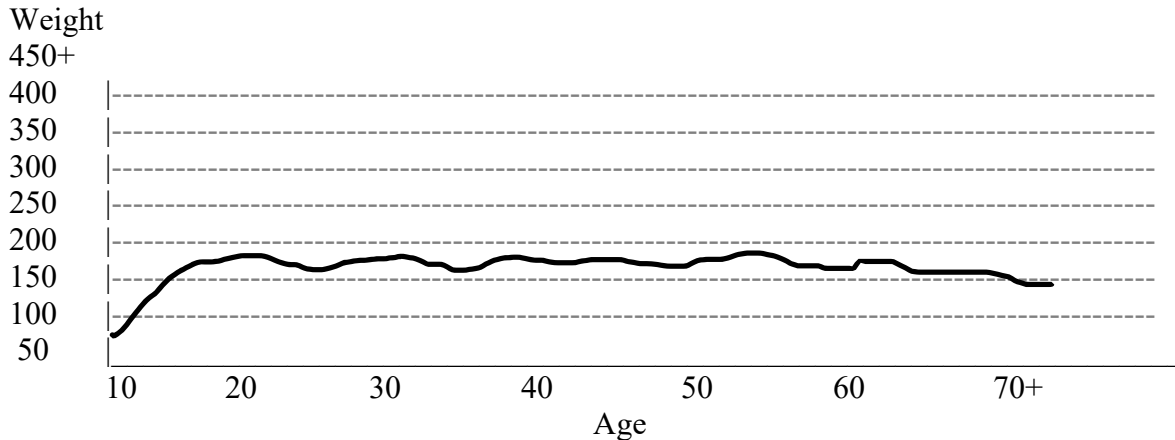
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| _____ Better health. | _____ More energy. |
| _____ Fit into those clothes I wish I could still wear. | _____ Improve my career opportunities. |
| _____ Make the clothes I have fit better. | _____ More self-confidence. |
| _____ Improve my relationship. | _____ Feel better about myself. |
| _____ Shopping would be more fun. | _____ Look and feel better in a swimsuit. |
| _____ I want to look good for a special occasion (i.e. wedding or vacation). _____ | |
| _____ Almost everything in my life would be better. | |
| _____ If I lost this weight, I would feel more self-confident and be a better example to others. | |
| _____ Another reason or reasons not on the list. _____ | |



Body Weight History Form

On the graph below draw a line indicating your weight over your life.

Example of maintaining weight



Example of Slow Weight Gain

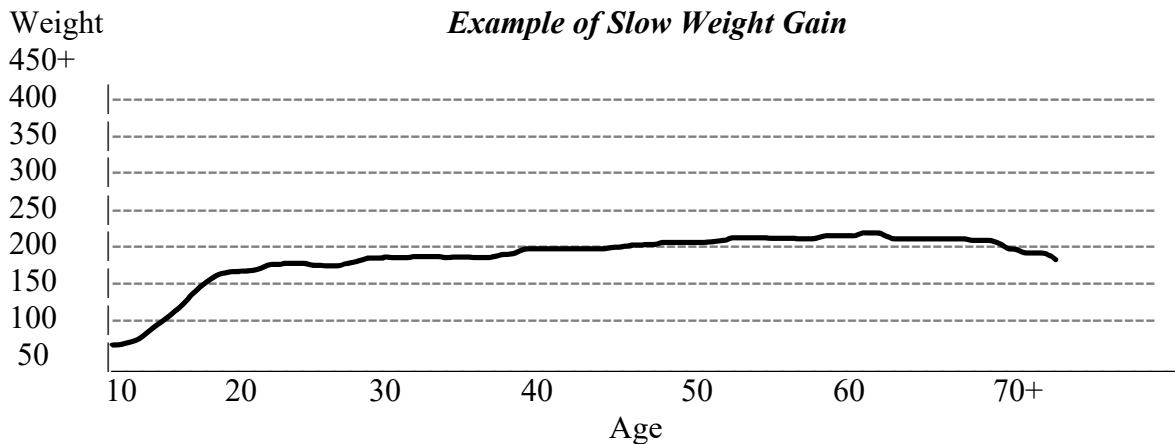
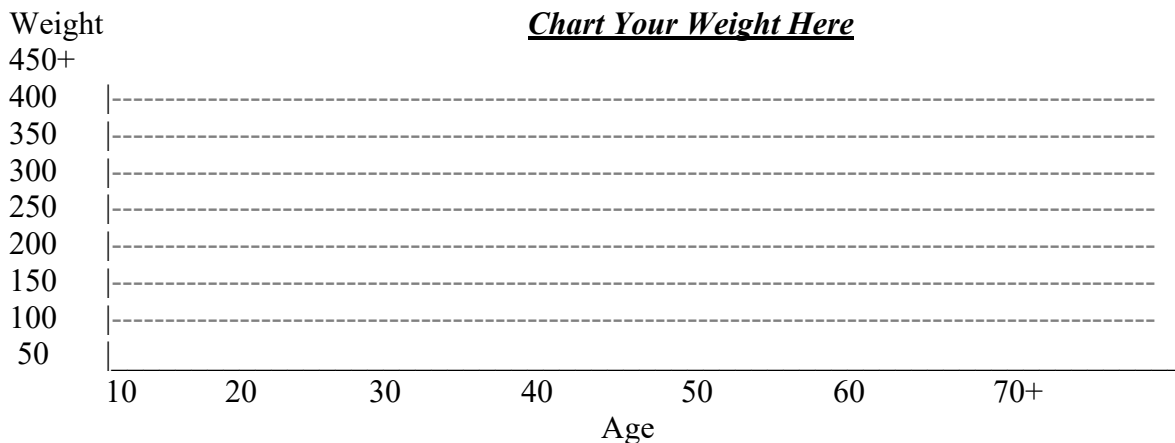


Chart Your Weight Here



Client Name _____ Date _____