



Cypress Medical Center
Raphael Lopez M.D.
Weight Loss Questionnaire:

How long have you had a problem with your weight? _____

How much weight would you like to lose? _____

Why do you want to lose weight? _____

Please explain ways you have attempted to diet or lose weight in the past?

Please explain what you think have been your barriers to losing weight or achieving your goal weight?

How many calories per day do you think that you eat? _____

How many calories per day do you think you should be eating? _____

Have you ever done calorie counting? [Yes] [No]

Have you ever kept a calorie log book? [Yes] [No]

Do you exercise? [Yes] [No]

If Yes, what exercises have you done? _____

Have you ever kept a exercise, "calories burned" log book? [Yes] [No]

Have you had your thyroid level checked? [Yes] [No]

When? _____

How many meals a day do you typically eat? _____

How many snacks a day do you typically eat? _____

What types of drinks do you normally drink? _____

Have you ever taken any medications to help you lose weight? [Yes] [No]

If Yes, please explain _____

Have you investigated surgical options for weight loss? [Yes] [No]

Is your spouse or partner overweight? [Yes] [No]

Are you depressed? [Yes] [No]