



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?

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

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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 \_\_\_\_\_

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

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

Are you depressed? [Yes] [No]