



## EXERCISE HABITS

On a scale of 1 to 10, indicate what level of importance you give to losing weight: (circle one)

Least important    1    2    3    4    5    6    7    8    9    10    Very important

Do you exercise?                     Yes                     No    If yes, what kind? \_\_\_\_\_

How often?                             Daily                     Weekly                     Other: \_\_\_\_\_

Have you been on a diet before?                     Yes                     No

If yes, please specify which diet(s) and why you think it didn't work for you (i.e. too rigid, too much cooking involved, etc.) \_\_\_\_\_

## EATING HABITS

(Please provide honest answers so that we can help you)

### BREAKFAST

Do you have breakfast every morning?                     Yes                     No                     Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

Do you have a snack before lunch?                     Yes                     No                     Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

### LUNCH

Do you have lunch every day?                     Yes                     No                     Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

Do you have a snack before dinner?                     Yes                     No                     Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

### DINNER

Do you have dinner every day?                     Yes                     No                     Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

Do you have a snack at night?                     Yes                     No                     Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_