Weight Gain Questionnaire

Patient name: _____ Date of Birth: _____

Self- referral or referred by: _____

Prior endocrinologist (if any): _____

* PLEASE RETURN COMPLETED FORM PRIOR TO YOUR APPOINTMENT*

1) Age weight became problem: _____
2) Present weight: _____
3) Highest weight (and age): _____
4) Lowest weight (and age): _____
5) Goal weight: _____

6) What do you think is the cause of your weight problem?

   _____

   _____

7) Number of times you eat out per week: _____
8) Number of (non-diet) sodas per week (12 oz can = 1 drink): _____
9) Number of glasses of juice, sweet tea, sports drinks per week: _____

10) Do you have any history of the following:

□ Bariatric surgery □ Eating disorder □ Heart disease □ Substance abuse □ Glaucoma

11)Select which medications you have tried for weight loss:

□ I have not tried any medications before
□ Phentermine (Adipex)
□ Orlistat (Allli, Xenical)
□ Lorcaserin (Belviq)
□ Phentermine-topiramate (Qsymia)
□ Liraglutide (Saxenda)
□ Bupropion-naltrexone (Contrave)
□ Semaglutide (Ozempic, Wegovy)
□ Tirzepatide (Mounjaro, Zepbound)
□ Other diet medications (please list): _____

12)Select which diets you have tried:

□ Calorie counting	□ South beach diet	□ DASH diet	□ Mediterranean diet
□ Paleo diet	□ Vegan diet	□ Atkins diet	□ Weight watchers
□ Jenny Craig	□ Whole 30 diet	□ Blood type diet	□ Gluten free diet
□ Raw food diet	□ Nutri-system	□ Liquid diet	□ Macrobiotic diet
□ Alkaline diet	□ Other diet (please list):		

_____

13) What is your activity level?

□ Inactive - no regular physical activity with a sit-down job
□ Mild activity - Exercise 20 minutes, 1 - 3x/week. Or routinely on feet at work walking
□ Moderate activity - Exercise 30 - 60 minutes, 3 - 4x/week
□ Heavy activity - Exercise 60+ minutes, 5 - 7x/ week. Or brick laying, carpentry, general labor, farming, landscaping