

Name: _____

Date: _____

Obesity baseline food intake questionnaire:

- 1) How long have you been overweight?
- 2) What was your weight as a teenager?
- 3) What events triggered your weight gain?
- 4) How many times do you eat in a day?
- 5) Do you have breakfast every day?
- 6) What do you usually have for breakfast?
- 7) What do you usually have for lunch?
- 8) At what time do you have dinner? What do you usually have for dinner?
- 9) Do you eat a snack before going to bed?
- 10) Do you wake up at night hungry or anxious unable to sleep?
- 11) Is there a particular time in the day that you crave for sweets?
- 12) What are the snacks and foods you eat the most?
- 13) What are the snacks and foods you do not care for?
- 14) Do you like to eat fruits and vegetables? Which vegetables or fruit do you eat the most?
- 15) Do you have daily bowel movements?
- 16) Do you use regular sugar or sweeteners in your food/ beverages?

17) Do you enjoy cooking?

18) Do you work? What are your hours?

19) Do you live alone? Are there children living with you?

20) Have you tried diets in the past?

- cabbage soup diet
- Weight Watchers
- Atkins
- South Beach Diet
- Other_____

21) What was the diet you were able to lose the most weight?

22) Reason you did not continue with this diet?

23) Can you identify the carbohydrates, proteins or fats in a meal?

24) Do you know what the glycemic index is?

25) Do you own a scale to check your weight?

26) Do you own a scale to weight your food?

Obesity exercise questionnaire:

1) What kind of physical activity do you enjoy? Mark all that apply:

- Dancing
- Bicycling
- Jogging
- Swimming
- Walking
- Other_____

2) Are your knees hurting?

3) Are your arms hurting?

4) Is your back hurting?

5) What kind and how much physical activity do you do in a week?