

# The Hatahet Center for Weight Management

43494 Woodward Ave. Suite 110, Bloomfield Hills, MI 48302

## Patient Diet History Questionnaire

<b>Patient name:</b> _____	<b>Date:</b> _____			
Please complete the following statements by checking: Often, Sometime, Rarely or Never				
	Often	Sometimes	Rarely	Never
1- I eat when I am not hungry.				
2- I feel hungry.				
3- I exercise.				
4- I eat when I am bored.				
5- I eat when I am stressed out.				
6- I drink alcoholic beverages				
7- I eat large amounts of food at one time.				
8- I do feel that my eating is out of control at times.				
9- I feel guilty after eating too much				
10- I crave certain foods				
11- I feel depressed, sad, or blue.				
12- I have little interest in doing things.				
13- I eat fast food and pizza				
14- I eat cookies, cakes, or candy				
15- I eat fruits and vegetables				

Check Yes, No, or Not Sure for the following statements:	Yes	No	Not sure
1. I have been overweight since childhood.			
2. I have lost some weight over the past few months			
3. It has been a problem for me to lose weight.			
4. I am very motivated to lose weight right now.			
5. There are uncontrollable stresses in my life.			
6. I know I can commit to exercise right now.			
7. I like being physically active.			
8. I have tried to throw up food after meals.			
9. I have been sexually abused as a child.			
10. My family is very supportive of me losing weight			
11. I have been diagnosed with an eating disorder.			
12. I smoke cigarettes.			
13. I have a history of psychological trauma			
14. I have a history of addiction			
15. I have a family history of addiction			

**Complete this statement:**

I want to weigh about \_\_\_\_\_ pounds, because \_\_\_\_\_

Last time I weighed that much was in the year \_\_\_\_\_.

In the past I tried the following to lose weight \_\_\_\_\_

My breakfast usually is \_\_\_\_\_

My lunch usually is \_\_\_\_\_

My dinner usually is \_\_\_\_\_

My favorite snack is \_\_\_\_\_