



Tranquil Tones Hypnosis

Please fill out this form and bring with you to your first session.
This information will be helpful in guiding both you and the
hypnotherapist in the direction needed.

WEIGHT LOSS QUESTIONNAIRE

Name _____

Date _____

1. Have you tried losing weight before? _____

2. What weight loss programs have you tried? _____

3. How long have you been overweight? _____

4. Why do you think you're overweight? _____

5. What is your level of commitment to lose weight now, on a scale of 1 to 10 _____
(1 being not committed and 10 is very committed)

6. Do you think you are: (check all that apply)
A stress eater _____
An emotional eater _____
A binge eater _____
Snack at night _____
Not sure why you can't lose weight _____

7. What type of physical activity do you get on a daily basis? _____

8. What has been your greatest challenge when you have attempted to lose weight?

9. Is there a specific reason why you have chosen this point in time to lose weight?

10. Is there a particular type of food that you would consider a "weakness" for you?
