

## WEIGHT CONTROL EXPECTATIONS QUESTIONNAIRE

*The accompanying explanatory sheet discusses the importance of clearly delineating your expectations when participating in any kind of weight control program. This form has been designed to assist you in organizing your thoughts regarding exactly what it is you want for yourself. By first filling out this questionnaire as completely as possible, and then reviewing it with your physician, you will learn what can reasonably be expected to occur.*

How did you hear about us? **(Please circle all that apply to you)** Newsday, Daily

News, Magazine, Radio, Google, mdbethin.com, liwli.com, Parent, Friend,

Doctor, Drive by or Other .....

How much weight do you expect to lose? ..... Each week? ..... Each month? .....

What will happen if you don't lose that much or that fast? How will you react? .....

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If your weight loss slows down markedly or even completely stops for a while, will you understand the difference between fat loss and water loss? .....

What size clothes do you expect to be able to wear when you reach your goal weight?

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What do you expect from us (your medical counselors)? Be specific: .....

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Will it change your life in any way (for better or worse) when you reach your goal weight? .....

Do you expect to be doing anything you are not doing now? (describe in detail) .....

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Do you expect to STOP doing something you ARE DOING NOW? (describe in detail)

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