

Dr. Gail Jackson

Forever Fabulous/ Celebrity Fit Diet Questionnaire

Name _____ Date _____

Age _____ Sex _____ Height _____ Weight _____

How many pounds would you like to lose?

What weight loss programs have you tried?

Did you lose weight and body fat on the program?

Why do you think your previous attempts at weight loss were unsuccessful?

How many times per week do you exercise?

Cardio _____ Weight Training _____

How many meals per week do you cook at home?

When were you last at your “perfect” weight?

Why do you think you gained weight?

Do you have any medical problems you want to tell us about?

Any additional comments you would like to share?