

Dr. Gail Jackson

Forever Fabulous/ Celebrity Fit Diet Questionnaire

Name _____ Date _____
Age _____ Sex _____ Ideal Weight _____ Goal Weight _____
Height _____ Weight _____

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

What weight loss programs have you tried?

If yes did you lose weight and body fat on the program?

What forms of exercise do you do?

Do you cook or eat out?

If yes, how many meals per week?

Would you like nutritional tips and information on how to better your health?

How many meals and snacks do you eat each day?

How much water do you drink each day?

Do you drink alcohol? Please circle one. Never daily weekly socially

Do you drink coffee or tea? How many cups per day?

Do you eat breakfast?