

DIETARY INITIAL ASSESSMENT

Weight loss history

- 1) How many years have you been struggling with your weight? _____
- 2) What is your reason/motivation to lose weight? _____
- 3) How do you feel weight loss surgery can help you? _____
- 5) What is the most weight (in kg's) you have ever lost? _____
- 6) What is the heaviest you have ever been? _____

Diet History

7) What things have you tried in the past to lose weight?

Weight Watchers	<input type="checkbox"/>	Dietician	<input type="checkbox"/>	CSIRO Diet	<input type="checkbox"/>	Starvation Diet	<input type="checkbox"/>
Tony Ferguson	<input type="checkbox"/>	Hypnotherapy	<input type="checkbox"/>	Isowhey	<input type="checkbox"/>	Duromine	<input type="checkbox"/>
Lemon Detox	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Own personal diet	<input type="checkbox"/>	Reductil	<input type="checkbox"/>
Atkins Diet	<input type="checkbox"/>	Counselling	<input type="checkbox"/>	Jenny Craig	<input type="checkbox"/>	Xenical	<input type="checkbox"/>
Pritiken Diet	<input type="checkbox"/>	Gym membership	<input type="checkbox"/>	Lite 'n' easy	<input type="checkbox"/>	Other	<input type="checkbox"/>
Optifast	<input type="checkbox"/>	Personal Trainer	<input type="checkbox"/>	Sureslim	<input type="checkbox"/>		<input type="checkbox"/>

8) Reasons for eating	Please tick	9) Are you allergic or intolerant to particular foods? <input type="radio"/> Yes <input type="radio"/> No	
Stress	<input type="checkbox"/>	If Yes, please list	1. _____ 2. _____
Comfort	<input type="checkbox"/>	10) Physical Activity	
Boredom	<input type="checkbox"/>	Do you exercise?	<input type="radio"/> Yes <input type="radio"/> No
Binge	<input type="checkbox"/>	What type of exercise?	
Hunger	<input type="checkbox"/>	Amount of exercise per day/wk	

11) Vitamin Deficiencies

Have you ever been diagnosed as being vitamin or mineral deficient? Yes No
 If yes, please state which vitamin (s) or mineral (s). _____

12) Diet History

What do you usually eat on a daily basis? (include portion sizes)		
Time:	Breakfast	
Time:	Morning Tea	
Time:	Lunch	
Time:	Afternoon Tea	
Time:	Dinner	