



Weight Management Expectations Questionnaire

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 and accurately as possible, and then reviewing it with your provider, you will learn what can reasonably be expected to occur in a weight loss journey.

1. How much weight do you expect to lose? _____ lbs. per week
2. What will happen if you don't lose as much weight as you would like as quickly as you want?
How will you react? _____

3. If your weight loss slows down remarkably or even completely stops for a while, will you understand the difference between fat loss and water loss? Yes No
4. What size clothes do you expect to be able to wear when you reach your goal weight?

5. What do you expect from us as your medical provider? Please be very specific:

6. Will it change your life in any way when you reach your goal weight? Yes No
7. Do you expect to be doing anything you are not doing now? Describe: _____

8. Do you expect to STOP doing anything you are doing now? Describe: _____

9. What do you expect to have to do to maintain your new weight? _____

10. Will you continue to watch your food intake? Yes No
11. Will you continue to exercise? Yes No
12. Will you continue with professional medical monitoring? Yes No
13. Do you have any other expectations other than those listed above? Yes No
If yes, explain in detail: _____

Patient Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____