

# WEIGHT MANAGEMENT QUESTIONNAIRE

Please answer the following questions as completely and honestly as possible:

**A. Please tick any of the following which apply to you:**

- You tire easily and frequently feel fatigued, even upon waking
- You can only stick to a diet for a very short time before becoming discouraged by constant hunger and cravings.
- You feel mildly depressed.
- You find your energy dipping in the late afternoon.
- You feel anxious frequently.
- You crave 'comfort' foods such as bread, pasta, chips and sweets/chocolate.
- You have a roll of fat around your middle.
- You gain weight easily but find it very hard to lose it.
- You have trouble sleeping.
- You are often forgetful, and are concerned about your short-term memory.
- Your thoughts race.
- Your sex drive has declined.
- You find concentration difficult, and are easily distracted.
- Bright lights or car headlights at night bother you.
- You are irritable and have a 'short fuse'.
- You have increased sensitivity to aches and pains.
- You have frequent dull headaches.
- You feel slightly dizzy, flushed or 'weak at the knees' after even a small quantity of alcohol.

**1. Have you had any tests to establish whether your thyroid gland is working correctly?**

YES / NO

If you answered yes, when was this, and what was the result of the tests? .....

**2. Ladies, have you had any tests to establish whether you have Polycystic Ovary Syndrome??**

YES / NO

If you answered yes, when was this, and what was the result of the tests? .....

**3. Have you ever been prescribed weight-loss drugs? If so, by whom, when, and what were they?**

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**4. Have you ever been tested, or tested yourself, to determine whether you have an overgrowth of Candida Albicans (also known as Thrush)?**

*How to self-test for Candida Albicans: Fill a glass full of tap water before you go to bed, and place it by your bed. First thing in the morning, spit into the glass and wait 15 minutes. If the spittle has dissolved into the water, you are clear of Candida. If the spittle has stayed on top of the water and sent strings down into it, like a jellyfish, you probably do have Candida. Please be sure to ask me for the Candida information sheet.*

YES\* / NO

\*If you answered yes, when did you do the test and what was the result? .....

5. What is your height? ..... And your present clothing size? .....
6. What clothing size would you like to be? .....
7. At what age did your weight begin to be a problem for you? .....
8. Was this due to a specific event? .....  
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9. What methods have you previously used to try to lose weight? .....  
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10. What foods do you especially crave and cannot resist? .....  
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11. In what circumstances, or at which times during the day, do you find it most difficult to deal with food in a healthy manner?  
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12. Do you do any kind of exercise? If so, what and how frequently?  
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13. Do you have any medical problems I should be aware of?  
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14. Is there anything else you believe I should be aware of ?  
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**I believe this information to be true and correct to the best of my knowledge,  
and give consent for Penny Samuels to contact my GP *if necessary*.**

**FULL NAME** (Please print) .....

**Signed** ..... **Dated** .....