

Dr. Samadi's Health & Wellness Institute

Medical Weight Management Programs

WEIGHT CONTROL EXPECTATIONS QUESTIONNAIRE

The accompanying explanatory sheet discusses the importance of clearly delineating your expectations when participating in any kind of weight control program. 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 as possible, and then reviewing it with your medical provider, you will learn what can reasonably be expected to occur.

1. How did you hear about us? Google, Web-Site, Family Member, Friend, Doctor,

Drive by, Other

2. How much weight do you expect to lose? Each week? Each month?

3. What will happen if you don't lose that much or that fast? How will you react?

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4. If your weight loss slows down markedly or even completely stops for a while, will you understand the difference between fat loss and water loss?

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5. What size clothes do you expect to be able to wear when you reach your goal weight?

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6. What do you expect from us (your medical counselors)? Be specific:

.....

7. Will it change your life in any way (for better or worse) when you reach your goal weight?

.....

8. Do you expect to be doing anything you are not doing now? (Describe in detail)

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9. Do you expect to STOP doing something you ARE DOING NOW? (Describe in detail)

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10. Will you get more respect from other people?
(Who specially)

11. Will you feel comfortable with these altered responses from others?

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12. Will you be expected to perform better at work (or at home)?

.....

13. Will you have to be more sociable than you are now?

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14 What will happen if some of your expectations don't come true? What might you do?

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15. What do you expect to have to do to maintain weight the same?

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16. Will you continue with professional medical monitoring?For about how long?.....

17. Do you have any other expectations than those listed above?.....Specifically, what are they? Please describe them in detail

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Patient

Name: _____ **Date:** _____

Signature: _____ **Email Address:** _____

Please note that weight loss results may vary.