



The Region's Most Comprehensive Care in the Neurosciences

10101 Park Rowe Avenue, Suite 200
Baton Rouge, LA 70810
Phone: 225.769.2200
TheNeuroMedicalCenter.com

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 physician, you will learn what can reasonably be expected to occur.

How did you hear about us? **(Please check all that apply to you):** Newspaper Magazine
 Radio Google Parent Friend Doctor Drive By Other _____

How much weight do you expect to lose - Each week? _____ Each month? _____

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

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

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

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

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

Do you expect to be doing anything you are not doing now? (describe in detail) _____

Do you expect to STOP doing something you ARE DOING NOW? (describe in detail) _____

Will you be able to handle compliments about how you look when you are of normal size? _____

Will you "new" normal weight self pose a threat to your relationship with "significant others?" (how specifically?) _____

How will family and friends respond to the "new you"? _____

Do you expect to get a better job? _____



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

Will you feel comfortable with these altered responses from others? _____

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

Will you have to be more sociable than you are now? _____

Will you have to assume any new responsibilities (please describe)? _____

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

What do you expect to have to do to maintain weight the same? _____

Will you continue to watch your food intake? _____ Exercise? _____

Continue with professional medical monitoring? _____ For about how long? _____

Do you have any other expectations than those listed above? _____ If yes, specifically, what are they?
Please describe them in detail. _____

Patient Name: _____ **Date:** _____
(Please print)

Email Address: _____