

FOOD ISSUES QUESTIONNAIRE

Name: _____

Date: _____

Phone Number: _____

Tell me about your food issues.

Do you have any medical problems? Explain.

Are you taking any medication? Please list.

What specific foods are you most likely to overindulge in?

Did you have issues with over (under) eating as a child? Please explain.

Did your parents have food issues? Describe.

What methods have you tried in the past to control your eating?

Were you successful? For how long?

Have you been involved in weight control programs? Please list and date.

Have you seen a therapist about this or other issues?

If so, was that helpful and in what ways?
