

Client Questionnaire ED 2017

Name: _____ Age: _____ Date: _____

When did you first become aware of your "weight" or "body image?" Age: _____

How/why did you become aware? _____

How old were you when you went on your first diet? _____

Does anyone else in your family have issues with weight or body image? (*Did anyone?*)

Mother _____

Sister _____

Father _____

Brother _____

Aunt/Uncle _____

Cousins _____

Grandmother _____

Stepmother _____

Grandfather _____

Stepfather _____

What weight or body image issue(s) do your family members have - or did they have?

(CIRCLE) Overeating? Binge Eating? Sugar addiction? Restricting? Dieting?

Compulsive Exercising? Using Diet Pills? Laxatives? Purging? Using alcohol or cigarettes or drugs to "stay thin?" Talking a lot (very concerned) about their weight or looks? Talking about other's weight or looks? Talking about your weight or looks?

Has anyone at home, school, or work made remarks about your weight? This includes coaches, teachers, colleagues, friends, peers, lovers, spouses, etc. Yes / No

Have you been told by a health professional that your weight is unhealthy? Yes / No

What weight or body image issues do you currently struggle with? _____

What is motivating you to address these issues right now? _____

What is your PERSONAL goal for addressing weight or body image issues right now?
