CLIENT ON-BOARDING

WEIGHT LOSS QUESTIONNAIRE

QUESTION	ANSWERS
CLARITY	
How much weight would you like to lose?	
Which is most important to you: losing **weight** or losing **body fat**?	WEIGHT or BODY FAT
How **long do you expect it will take** to reach your goal?	
MOTIVATION	
How do you think your life will be **different after you lose the weight**?	
What if you **don't lose the weight**? What potential consequences could result from not reaching your goal?	
What do you think is your **biggest hurdle** to losing weight?	
PERMISSION	
Are you willing to engage in a **Physical Activity** Program?	Y / N
Are you willing to engage in a **Nutrition** Program?	Y / N
Are you willing to engage in a **Strength Training** Program?	Y / N
Are you interested in **Nutrition Counselling** from a trusted professional in my network?	Y / N
Are you willing to take **weekly measurements**?	Y / N

(If yes to last question) Which of these three measurements are you comfortable with?	**Weight by scale measurement**	**Size using circumference measurements**	**Body Fat using caliper measurements**