

## Weight Loss Plateau Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

If a client comes in for their weekly visit and feel they are stalling, collect food chart and answer the following:

- How long have you been on the diet?
- How much have you lost to date?
- Are you following the diet exactly?
- What time do you eat and what are you eating?
- What vegetables are you eating?
- What protein?
- Are you weighing the protein?
- What do you use to cook with?
- How much water are you drinking?
- Do you drink coffee? What are you putting in it?
- How many and what fruits are you eating daily?
- What kind of skin care products do you use? (including makeup removers)
- Have you begun taking any Rx or OTC?
- If female are you menstruating?

Additional Information: \_\_\_\_\_

---

---

---

---

---

---

---

---

Info taken by: \_\_\_\_\_

