Initial Interview Form

**Form D Subject’s Characteristic**

**I. Subject’s Characteristic Data**

Name :

Birth date/place : age : yrs

weight: kg height: cm

Address :

Telephone :

Job :

Education :

**II. Weight History**

1. At what age did you over your ideal weight? ..... yrs

2. What is your highest weight after the age of 20? ... kg

3. What is your lowest weight (not related to diseases) after the age of 20? ...kg At what age? ..yrs

Was this weight achieved after doing a weight loss programm? Y/N

4. What is your weight in : last 6 months ?...........kg; last year?...........kg; last two years ...kg ; last 3 years ..kg

**III. History of Pregnancy and Mentrual**

1. Have you ever given birth? Y/N

If Yes,

a. How much you weigh when you start pregnant? Kg

How much you weigh when you giving birth? kg

How much you weigh after childbirth? kg

(if pregnancy is more than 1, you can write on the back of this page)

2. Is your menstrual cycle regularly? Y/N

If Yes,

a. Describe your eating habits during menstrual periods (choose one)

Eat very little Eat less than usual No change

Eat more than usual Eat a lot more than usual

b. Are you craving for a particular food during the menstrual period? Y/N

c. If Y, what food do you want?

**IV. Weight Loss History**

1. Write down your methods to lower the weight (diet, exercise, etc.) that results in a weight decrease of more than 3 kg

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Weight when starting the programm | Weight loss (kg) | methods |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
| e.  f. |  |  |  |

2. Choose a number between 1 and 10 that describes the accuracy of your memory regarding the weight loss history

1 = less accurate 10 = very accurate your number: ................

3. In the past 1 year, how many times have you started your own weight loss program? .......... times , last for ............ (days or months)

4. Have you ever experienced any adverse events or any particular complaints while you were applying your weight loss program or after completing the program? …

If any, please specify the complaint(s) that you experienced

|  |  |  |  |
| --- | --- | --- | --- |
| Complaints | year | Duration of complaints | Measures done to alleviate the complaint |
| a. |  |  |  |
| b. |  |  |  |

**V. The purpose of weight loss**

1. How many kilograms of body weight loss that you expect right now? kg

2. If the desired amount of weight loss is successfully acieved, your body weight will become kg

3. When was the last time you obtain that desired body weight during your weight measurement?

4. How long do you expect to sustain that desired body weight?….. month(s)

5. Have you ever achieved that desired body weight after you had completed any kind of weight loss program (s)? yes/no

6. If you can make a change in dietary plan and regularly conduct physical exercise , how much weight loss do you expect to achieve after applying that particular program after

a) 6 months …. kg

b) 12 months …. kg

C) 24 months ….. kg

**VI. Personal health history**

1. Have you ever acquire any of these following diseases/symptoms?

|  |  |  |
| --- | --- | --- |
| Disease type | yes | no |
| Cardiovascular diseases |  |  |
| Chest pain |  |  |
| Stroke |  |  |
| hypertension |  |  |
| asthma |  |  |
| Pulmonary diseases  Please specify |  |  |
| Diabetes mellitus |  |  |
| Hyperthyroid diseases |  |  |
| Hypothyroid diseases |  |  |
| Syndrome of dyspepsia |  |  |
| Anemia |  |  |
| Musculoskeletal disorders  Please specify |  |  |
| Digestive tract surgery |  |  |
| Others, specify: |  |  |

2. Write down all the medications that you use currently or recently, including supplements and vitamins

|  |  |  |  |
| --- | --- | --- | --- |
| medications | dosage | Frequency of use | indications |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Is there any additional information that you want to tell us that you consider it might be correlate with your eligibility or capabilty to conduct a diet program?