

Hypnosis Columbia LLC
5570 Sterrett Place, Suite 310, Columbia, MD 21044
(443) 686-9645/(443) 758-5957
hypnosiscolumbia@gmail.com
www.hypnosiscolumbia.com

Questionnaire for Weight Reduction/Virtual Gastric Band Clients

Name: _____ Date: _____

1. What is your goal, what would you like to accomplish with your Weight Release program? Please use positive/affirmative language (focusing on what you WANT, not what you don't want. Please avoid using the word "no.")

2. Why do you want to release weight? What is your primary motivation?

3. Name at least 7 benefits you will achieve when you reach your goal(s).
For instance, how will your life be different? Mentally, physically, emotionally, spiritually? What activities will you enjoy more?

4. How long have you had issues with weight?

5. What have been your greatest challenges in the past for you to reach and maintain your ideal weight? (portion sizes, specific foods, interest/motivation, lack of exercise, self-limiting beliefs, etc.)

6. What needs have food fulfilled for you in the past?

7. What do you stand to lose when you reach your goals?

8. What methods have you tried in the past to achieve your goals

9. What are some self-limiting beliefs you have held about yourself in the past regarding your goals?

10. What are your greatest strengths?

11. What makes you happy? What activities do you enjoy?

12. Anything else you would like to share?

SIGNATURE _____ DATE _____