



MIND MATTERS®
HYPNOSIS CENTER, LLC

Weight//Food Input form

Name _____ Date _____

Feel free to use the back of the paper to complete your answers.

What is your current weight/size? _____ Desired weight/size? _____

Describe your specific challenge around weight/food.

How long has this been a challenge? _____

What was the cause(s) of your initial weight gain?

Do any family members struggle with their weight? _____ If yes, who? _____

What is your food history? (E.g. Were you deprived of or controlled with food as a child? Were you rewarded with food? Were you a member of the clean plate club? Did you sneak or hide food then or now?)

What is the primary reason why you would like to release the weight?

Do you have fears about releasing weight?
(E.g. extra attention)

What are your negative beliefs around releasing weight? (E.g. “I want to release weight but....”)

What diets have you tried in the past? _____

Which worked? Which did not and why?

How many times a week do you exercise and for how long? _____

What do you do for exercise/activities? _____

How many times a day do you eat? _____

What do your typical meals consist of?

Breakfast

Lunch

Dinner

Snacks

What time of day do you eat the most?

Primary Cravings? Sweet _____ Carb _____ Salt _____ Crunch _____ Any Binging? _____

What do you binge on?

Why are you binging? Bored ____ Upset ____ Lonely ____ Happy ____ Stressed ____ Angry ____

Other _____

How does food satisfy that craving?

Do you eat until you are uncomfortable? _____

Any restricting or purging? _____

What are some enjoyable & healthy things you can do instead of turning to food? List at least 5.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

How much processed food do you eat? _____

What is your favorite food? _____

What is your least favorite food? _____

The food that makes you gag? _____

How much caffeine? Cups per day _____

How much alcohol? Drinks per week _____

How much water or other hydrating liquids do you consume on a daily basis? _____

Average Amount of Sleep per night? _____ Stress Levels? _____

Medications? _____

Antibiotics? _____

Birth Control? _____

Hormone Replacement? _____

Are you under any specific dietary restriction/instructions from your physician?

What amount of effort are you willing to put into your weight release process?

Do you know that your body and your health are worth your effort? _____

List 10 benefits you're going to receive as a result of releasing this excess weight?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Weight Release Growth Work:

Step 1: Simply become aware of what you are eating. The best way to become aware is to accurately write down whatever it is that you are eating throughout the day so we will be starting your process with accurate information. Or better yet, load the Cronometer App into your phone and log what you are planning on eating for each meal prior to eating.

Step 2: Become aware of why you are eating. Physiological hunger, boredom, stress, other emotions and make a note of the reason next to the food so we can become aware of any patterns of emotional eating.

Step 3: Please weigh yourself before your first session, again so we are working with accurate information. If you would like to take measurements of your waist, hips, upper arms, and thighs, you are welcome to.

Step 4: If you are not doing any exercise currently make a commitment to do something—anything that equals moving your body for 10 minutes per day before your session. E.g. walking, dancing, yard work, biking, stretching, playing with your children, etc.

Step 5: Get a refillable water bottle that you like—ideally one that's at least 32oz—glass or metal. And if you feel that walking is going to be your primary form of exercise, it is worth investing in a simple pedometer.

Step 6: Bring your homework with you when you come.

See? You have already taken six steps down your path to lean, fit, and healthy.

We look forward to working with you.

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