

Patient Name: \_\_\_\_\_

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## Weight Loss Resistance Questionnaire

If you answer YES to more than 9 of the following questions and you have difficulty losing weight and/ or keeping it off, the reason for your weight loss resistance may be related to a variety of causes including food sensitivities, stress, toxins, neurotransmitter balance, nutrition, and hormonal balance. Please review these results with Dr. Koniver.

- \_\_\_\_\_yes \_\_\_\_\_no Have dieted more than five times over your life time?  
\_\_\_\_\_yes \_\_\_\_\_no Have you ever been on a crash or very low calorie diet?  
\_\_\_\_\_yes \_\_\_\_\_no Have you gone on fad diets that eliminated an entire food group such as carbohydrates, proteins, or fats?  
\_\_\_\_\_yes \_\_\_\_\_no Have you lost more than thirty pounds when you dieted?  
\_\_\_\_\_yes \_\_\_\_\_no Have you gained it back each time?  
\_\_\_\_\_yes \_\_\_\_\_no Were you able to lose weight easily in the past but are now having trouble?  
\_\_\_\_\_yes \_\_\_\_\_no Are you putting a lot of weight on around your stomach?  
\_\_\_\_\_yes \_\_\_\_\_no Are you a carbohydrate addict?  
\_\_\_\_\_yes \_\_\_\_\_no Does your energy level and mental sharpness crash at around 3:00 p.m?  
\_\_\_\_\_yes \_\_\_\_\_no Are you tired during the day even if you have slept enough the night before?  
\_\_\_\_\_yes \_\_\_\_\_no Do you wake up tired?  
\_\_\_\_\_yes \_\_\_\_\_no Do you need to lose more than thirty pounds?  
\_\_\_\_\_yes \_\_\_\_\_no Is your Body Mass index over 25? To determine your Body Mass Index go to [www.nhlbisupport.com/bmi/](http://www.nhlbisupport.com/bmi/).  
\_\_\_\_\_yes \_\_\_\_\_no Are your menopausal?  
\_\_\_\_\_yes \_\_\_\_\_no Do you get less than thirty minutes per day of moderate physical exercise?  
\_\_\_\_\_yes \_\_\_\_\_no Are you under a lot of stress?  
\_\_\_\_\_yes \_\_\_\_\_no Do you crave certain foods?  
\_\_\_\_\_yes \_\_\_\_\_no Do you feel tired after eating certain foods?  
\_\_\_\_\_yes \_\_\_\_\_no Do you get digestive disturbances (gas, bloating, cramping) after eating?  
\_\_\_\_\_yes \_\_\_\_\_no Do you have a hard time not eating after dinner?  
\_\_\_\_\_yes \_\_\_\_\_no Do you drink less than ½ your body weight in ounces of water every day?  
\_\_\_\_\_yes \_\_\_\_\_no Do you currently or have you ever eaten fast food at least once a day for a period of a month or more?  
\_\_\_\_\_yes \_\_\_\_\_no Do you have symptoms of Toxic metal sensitivity? You can find out if you are sensitive to toxic metals by filling out the Toxic Metal Sensitivity questionnaire on this web site.  
\_\_\_\_\_yes \_\_\_\_\_no Do you sleep at least eight hours every night?  
\_\_\_\_\_yes \_\_\_\_\_no Has your fasting glucose or insulin been high on blood testing?

- \_yes \_no Do you feel you have to eat sugar or drink caffeine to keep your energy regulated?
- \_yes \_no Do you have a low body temperature and/or cold hands and feet?
- \_yes \_no Do you eat less than three servings of vegetables a day?
- \_yes \_no Is your first morning urine pH less than 6.4?
- \_yes \_no Do you eat junk food on a regular basis?

*This questionnaire is to be used for informational purposes only and is not meant to diagnose or treat any specific illness or disease.*

