Metabolic & Weight Health Screening Questionnaire

Which concerns apply to you?

☐ Difficulty losing weight
☐ Unexplained weight gain
☐ Increased abdominal fat
☐ Frequent hunger
☐ Strong carbohydrate or sugar cravings
☐ Low energy after meals
☐ Difficulty maintaining muscle
☐ Elevated blood sugar
☐ Elevated cholesterol or triglycerides
☐ High blood pressure
☐ Fatty liver concerns
☐ History of gestational diabetes
☐ Polycystic ovary syndrome concerns
☐ Family history of diabetes
☐ Other: _____

What is your primary goal?

☐ Weight reduction
☐ Improved body composition
☐ Improved blood-sugar control
☐ Improved cholesterol or triglycerides
☐ Improved liver health
☐ Increased energy
☐ Reduced future health risk

What has been your greatest difficulty?

☐ Hunger or cravings
☐ Maintaining consistency
☐ Limited response despite healthy habits
☐ Physical limitations
☐ Low energy
☐ Unsure

Please briefly describe your primary concern.

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