

Zimmer Success Group
Confidential Weight Management Questionnaire

Karl@Z-Success.com

Phone: 317-837-6060

Fax: 317-614-7627

1A. Your success is our #1 priority. Help us to help you attain that success by filling out this questionnaire.

Full Name: _____

Address : _____

Tel. Home: _____ **Work:** _____ **Mobile:** _____

E-Mail Address: _____

Birth Date: ___/___/___ **Sex:** M / F **Marital Status:** ___ (M/D/S/W) **Spouse's Name:** _____

Children: Y / N **Name(s):** _____ **Ages:** _____

Are you currently taking any medication? (Please list. Use additional page if needed.)

Are you currently under the care of a Doctor? ___ Yes ___ No

Did your Doctor recommend that you lose weight? ___ Yes ___ No

Doctor's Name, Address and Phone # _____

Do we have your permission to communicate with your Doctor about this weight management program, if appropriate? ___ Yes ___ No

How much do you weigh now? _____

How much do you want to weigh? _____

How long have you been at this weight? _____

Do you have any cravings (what are they)? _____

When did you start having these cravings (give date or age)? _____

What diet(s) (if any) have you used to try to lose weight before? _____

What is your profession? _____

What is your favorite vacation destination? _____

Who referred you, or how did you hear about Z-Success and hypnosis? _____

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1B. Please circle your selection after each question.

1. How soon after waking do you have your first meal?

0 Within 30 minutes

1 Within one hour

3 I wait until lunch to have my first meal

2. Do you find yourself eating more when you are upset?

1 Yes

0 No

3. Which snack or meal would you hate to give up?

2 Evening/after dinner snack

1 Lunch, dinner, or other snack

0 Breakfast

4. How many times a day do you eat (including healthy snacks)?

0 More than 3

1 2 or 3 meals

2 1 main meal

5. Do you eat more (or more frequently) in the morning than the rest of the day?

0 Yes

1 No

6. Do you eat the same even when (if) you are sick in bed for most of the day?

0 No

1 Yes

Total Score: _____

Score:

**0-2 = very low dependence; 3-4 = low dependence; 5 = medium dependence;
6-7 = high dependence; 8+ = very high dependence.**

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1C. Below each question, please check off those that apply.

1. Do you experience any of the following when you try to diet?

_____ Dejected _____ Unable to sleep _____ Nervous
_____ Sad or lonely _____ Irritable _____ Unable to concentrate
_____ Restless _____ Appetite changes _____ Dizziness/Headache
_____ Excessive Sweating _____ Other

2. Do you want to lose weight for good? _____ Yes _____ No

3. When do you want to lose weight? _____ How much? _____ Lbs.

4. Do you live with someone who is overweight? _____ Yes _____ No

5. Do you work with people who are overweight? _____ Yes _____ No

6. Do you have close friends who are overweight? _____ Yes _____ No

7. Why do you want to lose weight?

8. Why and when do you eat your cravings/favorite food or snack?

9. What is your main concern about losing weight?

_____ Dealing with stress _____ Loss of enjoyment _____ Fear of failing
_____ Cravings _____ Loss of relationships _____ Other (please list)

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1D. Please answer (check) “Yes” or “No” to the following:

1. I want to reduce my risk of serious disease, (e.g., heart disease, diabetes, cancer).

_____ Yes _____ No

2. I want to improve my present level of health.

_____ Yes _____ No

3. I want to reduce the impact my poor health has on others.

_____ Yes _____ No

4. I want to be a better example to children and young adults.

_____ Yes _____ No

5. I want the people I care about to worry less about my health.

_____ Yes _____ No

6. I want to stop feeling bad or guilty about the fact that I am overweight.

_____ Yes _____ No

7. I want to improve my endurance and stamina.

_____ Yes _____ No

8. I want to experience the satisfaction of achieving the weight I want.

_____ Yes _____ No

9. I want to stop having to deal with the inconvenience of being overweight.

_____ Yes _____ No

10. I want to be able to deal with stress without overeating.

_____ Yes _____ No

11. I want to avoid the regret of getting seriously ill because of my weight.

_____ Yes _____ No

12. I want to be able to relax and socialize without having to eat unhealthy foods.

_____ Yes _____ No

Please continue on next page – almost finished.

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1E. Hypnotism is most successful when the client is committed to following the appropriate instructions and suggestions of the hypnotist. It is, therefore, important for you to carefully consider and agree to each of the following:

1. The hypnotist is responsible for giving instructions that are appropriate for me. I understand that I am responsible for following those instructions and therefore, for my success.

2. I agree to follow the instructions and suggestions of the hypnotist.

3. I agree to pay Zimmer Success Group for their service in accordance to their policies, and I understand that Zimmer Success Group may withhold service should my account not be up-to-date.

4. I understand that it is important for my success to follow the program designed for me by Zimmer Success Group. I agree to keep my scheduled appointments and will call to cancel with greater than 24 hours notice (if at all possible). I understand that if I do not provide greater than 24 hours notice, Zimmer Success Group may charge a cancellation fee of 50% of the session fee, not to exceed \$100.

5. I understand that I may discontinue working with Zimmer Success Group at any time, for whatever reason. If I terminate my relationship with Zimmer Success Group, I will not be required to pay any balance owing for future sessions as long as my account is up-to-date.

6. I understand that Zimmer Success Group guarantees their service and that there is no “money-back” guarantee.

7. I understand that Zimmer Success Group is dedicated to my success and will continue to work with me until I am fully satisfied.

By signing below, you agree to all the terms and conditions stated.

I hereby affirm that I have read and understand this agreement. By signing below, I am acknowledging my agreement with each of the above statements. I also affirm that I have answered all questions truthfully and completely.

Signed: _____ Date: _____

**Return completed form via email, fax, or send to:
Karl Zimmer III, CH
Zimmer Success Group
2680 East Main Street, Suite 210
Plainfield, IN 46168**