

# Diet Review

1. When was your first diet? \_\_\_\_\_
  - a. How old were you? \_\_\_\_\_
  - b. Do you remember how much you weighed? If so, how much? \_\_\_\_\_
  - c. When you reflect back on your first diet, did you actually need to lose weight?  
\_\_\_\_\_
2. How many diets have you been on? \_\_\_\_\_
3. What was your lowest weight? \_\_\_\_\_ When \_\_\_\_\_
4. What was your highest weight? \_\_\_\_\_ When \_\_\_\_\_
5. What is the most weight you have lost? What did you do?  
\_\_\_\_\_
6. How much weight have you regained? \_\_\_\_\_
7. Are you at a higher weight now than when you first started dieting? \_\_\_\_\_

Directions: plot your weight changes over time. For every high/low point or diet make a note of what else was going on in your life at that time.

Highest weight

Weight

Lowest weight

Time