

DISCOVERY QUESTIONNAIRE

Please complete this form to the best of your ability. The information provided will be treated in strict confidence, will be respected and only used for your benefit.

Name _____	Age _____	Date _____
Mobile/Cell _____	email _____	
Occupation _____	Full time/Part time _____	
Marital Status _____	Height _____ ft/ins or Meters _____	
Weight _____ st/lbs or _____ Kilos	Ideal weight _____ st/lbs or _____ Kilos	

What are the worst symptoms you are experiencing?

How would you say your symptoms affect your life?

Do you have a diagnosed medical condition or relevant surgery? If yes, please give details about medical treatment and any medication prescribed

What effect do your symptoms have on your self esteem?

What effect do your symptoms have on your relationship with your partner, family and friends?

What effect do your symptoms have on your work life and are you less productive?

How do you feel today?

Describe the dream of how you would like to feel and tell me about it

What do you feel is stopping you from feeling well?

On a scale of 0 - 10 how urgent is it to overcome these symptoms (10 being most urgent)?

1 2 3 4 5 6 7 8 9 10

On a scale of 0 - 10 how willing are you to invest time to make diet & lifestyle changes (10 being most willing)?

1 2 3 4 5 6 7 8 9 10

The Service I am most interested in:

Option 1: Home Study Course

Option 2: A Six week Midlife Switch Course containing general instructions from Maryon Stewart

Option 3: Four Month Group Course with the option to have personalised programme written for you by Maryon Stewart

Option 4: One to One tailor made service working closely with Maryon Stewart over six months

Have you read any of my books? If so, which ones and how long ago?

Is there anything else you would like me to know about your situation or your lifestyle?

Thank you for completing this screening form. Please email it to alison@maryonstewart.com and we will be in touch with you shortly after we receive it. I look forward to helping you.