

The list below is a concise version of the questionnaire from the Dukan's 'The Book of My Weight' Project I described at [thedukandiet.info](http://thedukandiet.info).

For more information on the Dukan Diet visit:  
[thedukandiet.info](http://thedukandiet.info) / [www.dukandiet.com](http://www.dukandiet.com) / [dukandiet.co.uk](http://dukandiet.co.uk).

For more on 'The Book of My Weight' Project visit <http://thebookofmyweight.com>.

<b>Chapter 1 / Your Identity</b>	
Your age	
Your first name	
Your Gender	
Your present weight in pounds	
Your height in feet & inches (ft.in)	
Your e-mail	
<b>Chapter 2 / GENERAL AND FAMILY</b>	
You are:	Single / one of a couple
Does your partner encourage you to lose weight?	
Is he / she a big eater?	
How many children do you have?	
Are you an only child?	
Of all your siblings, you are?	1st / 2nd / 3rd and so on
Were you breast-fed?	
To what country and style of cuisine do you belong?	
<b>Chapter 3 / YOUR OBJECTIVE AND MOTIVATION</b>	
What weight have you been for the longest continuous time in your life, what we call your cruising weight?	
What weight do you want to attain, after careful reflection, keeping in mind that a too low weight will be difficult to stabilize?	
Are you in a hurry to lose weight?	
Are you in favor of a diet that takes off quickly?	
Your desire for stabilization is?	Strong / Weak / Moderate
Do you think the amount of weight you need to lose is?	
Are you willing, after you've lost weight, to diet one day a week, every Thursday, in order to maintain stabilization?	
Your motivation to lose weight is presently?	Strong / Weak / Moderate
Among these 4 weight-loss motivations: Aesthetics / Health / Well Being / Normality	
Only one motivation has PRIORITY, which one?	Esthetic reasons (beauty, seduction) / The protection of your health / Feeling fit and at ease with your body / The sensation of well-being / Being normal; conformity, the need not to be different than others
Which of these are only PARTLY a motivating factor for you?	
Which ones do not motivate you?	

## Chapter 4/12 : YOUR WEIGHT HISTORY

Your weight began to fluctuate at?	
What was your lowest weight ever after age 20, not counting when you might have been sick?	
What was your maximum weight over your whole life?	
Have you already gone on weight-loss diets?	
Have you already followed any of these weight-loss diets?	Low calorie Weight Watchers Protein powder drinks Montignac Soup diet The Zone Diet Personal restriction A magazine diet Another diet type
Have you taken drugs or medication to lose weight?	Hunger suppressants Thyroid extracts Diuretics Homeopathy Plants, phytotherapy Food supplements Sibutral Xenical
Do you have the impression that your body is becoming resistant to diets and not responding as well as it used to?	
Is there a tendency to overweight in your family?	If YES, is someone close to you heavy? (father, mother, sibling)
Do you know your weight at birth?	

## Chapter 5/12 : YOUR EATING BEHAVIOR

Do you snack between meals?	If you answered yes, it's usually: sugar/salt/both
Do you eat more and more badly when you're stressed?	
When you snack, if you do, it's usually...	
Do you have uncontrollable cravings?	
How rapidly do you eat?	
Do you eat while watching TV?	
Do you like to eat great in great quantities and feel stuffed?	
Do you like to cook?	
Do you salt your food a lot (even before tasting it)?	
Are you a fine food lover, a real gourmet?	
Do you have a sweet tooth for candy, sweet desserts?	
Bread is your favorite food?	
Are you attracted by chocolate?	
How much water do you drink a day?	
You drink water...	For thirst / Because it's good for the health
Do you smoke?	If yes, how many cigarettes per day?
Do you need to finish a meal with a sweet?	
When do you eat more?	At lunch / dinner / the same at both

## Chapter 6/12 : YOUR CHARACTER AND YOUR FOOD

Confronted with food your willpower is...	Strong / Average / Weak
When you diet, you do better?	At the start / Over the distance
You give up when you begin to stop losing weight?	
Do you lose weight easily?	
Are you an intense, all-or-nothing type?	
When you are frustrated, sad, irritated or angry do you eat in order to feel better?	
When you diet, are you tenacious, a fighter?	
Do you have the need for a framework, to be guided and directed?	
Counting calories or weighing out portions is...	Easy / Difficult
Do you have a personal preference or do you want us to choose?	Low Calorie Diet / Varied diet / Choose for me

## Chapter 7/12 : TASTE AND FOOD PREFERENCES

Among the following tastes and flavors, which are those you prefer and are attracted?	Fat Sweet Salty Sharp, hot Spicy Sour, Vinegar Milky Crunchy Chewy Sodas Sparkling water
Do you drink coffee?	Not At All / A Little / A lot / Enormously
Among the following elements, you eat (a lot / sometimes / never)?	Meat / Fish / Poultry / Crustaceans (shrimp, crab, etc.) / Shellfish (oysters, mussels, etc.) / Eggs / Milk products (yoghurt, cottage cheese, sour cream) / Cheeses (with a hard crust like Swiss or 'tomme') / Fermented cheese like Camembert or Bied / bread / Pasta / Carbs like potatoes and rice / Legumes (lentils, beans) / Green vegetables / Fruit / Cookies, cakes, pastry / Candies, sweets.
Do you drink wine?	Occasionally / 1 glass a day / 1 glass per meal / 2 glasses per meal / 1 bottle a day / more / never
Do you drink beer?	Often / Rarely / Never
Do you drink strong spirits, liquor (whisky, vodka, cognac, etc.?)	Sometimes / Regularly / Never

## Chapter 8/12 : YOUR SOCIAL LIFE

Are you invited out to dinner?	Often / Rarely
Do you invite guests for dinner often?	
Do you go out to restaurants often?	
Do you often have business lunches and dinners?	
For lunch you eat...	In the cafeteria / Order in / Eat out / Bring a sandwich / Skip a meal / Eat at home
Does your weight affect your professional life?	If yes, it mostly for these reasons: Esthetics / Comfort / Both

Chapter 9/12 : YOUR BODY	
You tend to gain weight...	In the lower part of your body / Upper body / Uniformly everywhere
See if you can touch the tips of your index finger and thumb together by grasping your left wrist just at the line below the palm, with your right hand.	There is a space between them My thumb and first finger are just touching One overlaps the other
Chapter 10/12 : YOUR CONSTITUTION AND TEMPERAMENT	
Are you having any constipation problems?	
Are you sensitive to the cold?	
Are you often tired?	
Does dieting tire you?	
Do you experience restful sleep?	
Do you have the impression that you retain water you drink?	
Do you snore?	
Do you have the impression that you put on weight in periods of stress, or difficulty, even without overeating?	
Do your stomach and intestines feel bloated and distended after eating?	
Are you sensitive to stress?	
Chapter 11/12 : YOUR PHYSICAL APPEARANCE	
Altogether, are you satisfied with your physique?	
Among the following 10 factors that compose your physical appearance, are you satisfied with your...	Face. Eyes (form, color, look) Hair Mouth, teeth, and smile Complexion Body, your shape Musculature in general Stomach Hands Height
Chapter 12/12 : AND YOUR PHYSICAL EXERCISE	
Among these 5 types, which one best describes you?	Totally sedentary / Mostly sedentary / Active but not athletic / Very active / Athlete
At your job you are for the most part...	Sedentary / Active / Very active
How do you work?	Seated / Standing / I do not work
What floor do you live on?	
How do you do your local shopping?	On foot / In the car
Do you think you walk for at least 30 min a day?	
Are you a member of a sports center or gym?	
Do you have a dog to walk?	
Do you do outdoor gardening?	
Are you into do-it-yourself?	