

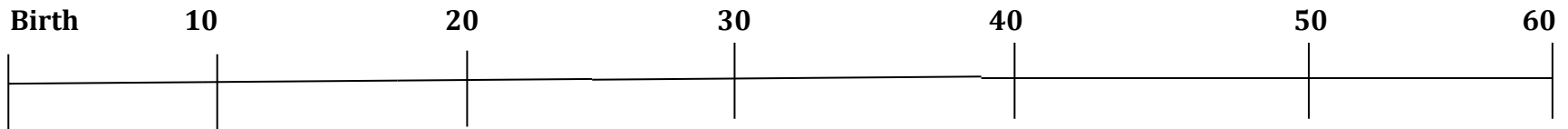
Life Timeline Weight History and Significant Life Events

Resident Name: _____ **Date:** _____ **Interviewer:** _____

Instructions: Above the timeline, please record your weight history, including any significant weight gain or loss. Below the timeline, please record important events in your life (e.g., marriage, divorce, births, deaths, and trauma).

Weight History

_____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs.



Event History

