

WEIGHT REDUCTION QUESTIONNAIRE

WHEN

I eat when I am

hungry
nervous
bored
stressed
hyperactive
happy
sad
lonely
frustrated
anxious
afraid

YES

NO

other _____

WHERE

I eat too much or snack

while watching TV
in groups
while reading
during coffee breaks
between office/home
at sports events
at business lunches
at social events
in bed

YES

NO

other _____

WHY

*I treat myself to a snack
or meal whenever I need*

love
reward
companionship
something to do
a change in my activity
to compensate for something unpleasant
to relax
to feel more important
to feel secure
sexual attention

YES

NO

WHEN

NEW OPTIONS

WHERE

WHY

EXERCISE & DIET EVALUATION

NAME _____ DATE _____

Diet Programs

What is your current weight or clothing size? _____

What is your goal weight or clothing size ? _____

Have you been at your goal weight before? _____ If so, when was the most recent you were at that weight? _____

How much has your weight changed in the past 12 months? _____

Life Event Ratings

Please check those events that you have experienced in the past 12 months.

☐ Change in Marital Status ☐ Death or illness of family member or close friend

☐ Retirement ☐ Personal illness or injury ☐ Change of living conditions

☐ Change in recreation/social activities ☐ Change in eating habits

Which diet or weight reduction programs have you participated in the past? _____

Which worked best, and why? _____

When was the last time you participated in a diet or weight reduction program? _____

Exercise

Do you exercise now? If not, what stops you? (check all that applies)

It brings up body image issues.

I fear attention

Low self-esteem

Too tired

Need to avoid my body

No place / no equipment

Not enough time

No one to exercise with

If you do exercise, what type of exercise do you do? _____

For how long? _____ How often? _____ Regular or sporadic? _____

In the past what exercise and exercise patterns worked best for you? _____

Please list any additional information you feel might be helpful in addressing your current weight status. _____

WEIGHT MANAGEMENT PROGRAM
BEHAVIORAL MODIFICATIONS

I _____ am choosing to participate in this weight management program of my own free will. I am committed fully and completely to my good health and well being and I do hereby declare that I will maintain the following behavior modifications to the best of my ability.

1. Each time I have a craving for any chocolate, sweets or other fattening food, I will now first ask myself if I really want this item, if I really want it I will wait a minimum of 5 minutes, and/or contact my buddy before I will eat this item.
2. Each time I eat, I now will do nothing else but eat. Each time I eat I will now sit down in a quiet and relaxed place. I will eat slowly, tasting every bite by chewing each mouthful completely. I will limit my intake of food to the hours prior to 7 p.m.
3. I will learn more about nutrition and will eat well balanced, low fat foods.
4. I will now eat from my plate only (no sharing or finishing others meals). I will leave a minimum of one mouthful on my plate at the end of a meal.
5. I will now increase my intake of fluids that are decaffeinated; i.e.: water, grapefruit and cranberry type juices. I will drink a minimum of 8 glasses of water each day.
6. If I feel the need to have something in my mouth, I will now have on hand a supply of carrot/ celery sticks or other low fat snacks.
7. I will refrain from using a scale, if I choose to use a scale I will limit it to once a week and on the same day each week. I will focus on the changes I am experiencing in my body and how I am feeling.
8. Each day I will affirm my desire to be at my ideal weight and my ability to be successful in obtaining my goal. I will enlist the support of another as a buddy in achieving my goal. My buddy is _____.
9. I will be aware of any unusual feelings or behaviors I am experiencing during this program and will be open to exploring the changes I am experiencing.
10. I will practice self-hypnosis or meditation at least once each day .
11. I will now incorporate some form of exercise in my weekly routine to assist in my choice to improve my overall health and well being. My choice of exercise and weekly frequency will be _____.
12. I will monitor my health and will consult my doctor should I experience any sudden unpleasant changes.

Signed

(Date)