

PLEASEeR PATIENT WEIGHT MANAGEMENT QUESTIONNAIRE

Name _____ Date _____ Birthdate _____ BMI _____

Subject	Question for Patient	Am I Ready?		Date/Handout
		Date	_____	
Am I Ready? Check (✓) only one statement that reflects how you feel about weight loss right now.	I am ready to lose weight and I would like some help.			
	I know I need to change my eating and activity but I am not quite ready.			
	I would like to change my eating and activity but I know I will not stick to it.			
	I do not think changing the way I eat and my activity will do much to improve my health.			
	I am not interested in changing the way I eat.			
	I am not interested in changing activity.			
Physical Activity	Are you able to be active?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Please check (✓) what you do regularly	Walk <input type="checkbox"/> Run <input type="checkbox"/> Bike <input type="checkbox"/> Yard work <input type="checkbox"/> Other _____		
Paying Attention	Do you usually eat only when you know you are physically hungry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Loss of Eating Schedule and Balanced Meals	Do you usually eat about the same time every day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	When you eat, do you choose a healthy balance of foods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
eating Out	How often do you eat at fast food places?	_____ x per week		
	How often do you eat at buffets?	_____ x per week		
Addicted to food	Do you seem to think about food much of the time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Do you eat when not hungry because food tastes good?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Stress Eating / Snacking / Sodas	Do you often eat when you are stressed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Do you snack a lot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	How many ounces of sugared beverages do you drink a day?[Soft drinks, kool aid, sports drinks, juices, etc]	_____ oz per day		
Reinforce / Refer / Resources	Do you need information on weight loss programs, groups, cookbooks, websites, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Answer These Questions as Honestly as You Can

