

INITIAL NUTRITIONAL VISIT

Name: _____

Daily Intake: Breakfast Lunch Dinner Snacks

Who prepares the meals? You Spouse Friend Other

Do you do the food shopping? Yes No

What form of exercise do you do?

None Walking Jogging Aerobics Rollerblading

Other: _____

History of Dieting: Please describe other diets you have tried.

Please list the foods that you consumed yesterday and the times.

First Meal: _____

Time: _____

Snacks: _____

Time: _____

Second Meal: _____

Time: _____

After Dinner: _____

Time: _____

Third Meal: _____

Time: _____

WEIGHT LOSS SCREENING QUESTIONNAIRE

Name: _____ Date: _____

This is a questionnaire to help us determine your motivation and readiness to succeed at weight control. Please read each statement and then indicate whether you: **(1) Strongly Disagree, (2) Mildly Agree, (3) Strongly Agree** that these statements describe you accurately. Thank you.

		STRONGLY DISAGREE	MILDLY AGREE	STRONGLY AGREE
	Example: I can never loose weight	1	3	5
1	I often feel overwhelmed by outer events.	1	3	5
2	My schedule is frequently hectic and out of control	1	3	5
3	My weight problem is not my fault.	1	3	5
4	External conditions or factors seem to cause my body to gain weight.	1	3	5
5	Most people cannot help it if they have a weight problem.	1	3	5
6	I feel like my life and schedule are “out of control.”	1	3	5
7	It is very important to please other people.	1	3	5
8	I often put other people’s needs ahead of my own.	1	3	5
9	I have difficulty saying “no” and meaning “no”.	1	3	5
10	I am a “door mat”.	1	3	5
11	I have difficulty expressing my feelings.	1	3	5
12	I give in to other people.	1	3	5
13	Other people easily manipulate me.	1	3	5
14	I am uncomfortable with my appearance.	1	3	5
15	I often feel inferior or “put out”.	1	3	5
16	I am not losing weight primarily for me and my inner needs.	1	3	5
17	Eating and weight interfere with optimal expression of my femininity/masculinity.	1	3	5
18	I feel insecure in my personal relationships.	1	3	5
19	I lack self-confidence.	1	3	5
20	I am a perfectionist who sets very high standards for myself.	1	3	5
21	I become very upset when I fall short of my goals.	1	3	5
22	I have strong reservations about daily exercise.	1	3	5

		STRONGLY DISAGREE	MILDLY AGREE	STRONGLY AGREE
23	The benefits of exercise as it effects weight control are often exaggerated.	1	3	5
24	I expect to reach my goal weight without any trouble.	1	3	5
25	I should be able to lose rapidly every week.	1	3	5
26	I am losing weight for someone else like my family or doctor.	1	3	5
27	I am either totally on or off a diet.	1	3	5
28	I exercise a lot or not at all.	1	3	5
29	I eat more when I feel stressed out.	1	3	5
30	I often eat even though I am not feeling true biological hunger.	1	3	5
31	Eating is comforting to me.	1	3	5
32	My life and thoughts are pre-occupied with food and eating.	1	3	5
33	I am addicted to certain foods.	1	3	5
34	I have lived or am presently living with an alcoholic and/or substance abuser.	1	3	5
35	I have become so absorbed in other people's problems that I don't have time to identify or solve my own.	1	3	5
36	I care so deeply for other people that I've forgotten how to take care of myself.	1	3	5
37	I need to control events and people around me because I feel everything around and inside of me is out of control.	1	3	5
38	I fear rejection.	1	3	5
39	I feel like a victim and blame myself for everything.	1	3	5
40	I often use food to nurture/reward myself.	1	3	5
41	People close to me often nag or criticize me about my weight.	1	3	5
42	In the past, people close to me have failed to support or undermined my weight loss efforts.	1	3	5
43	My track record in following through to achieve my goal is sub-optimal.	1	3	5
44	Even though my intentions are good, I do not totally follow weight loss programs.	1	3	5
45	My family does not think I should work on my weight.	1	3	5
46	I am in the midst of a personal crisis.	1	3	5
47	Someone close to me is in the middle of a personal crisis.	1	3	5
48	I am not a patient person.	1	3	5

		STRONGLY DISAGREE	MILDLY AGREE	STRONGLY AGREE
49	I am not able to persist and succeed if there are temporary setbacks.	1	3	5
50	My ability to succeed is frequently compromised by fear of success.	1	3	5
51	My energy level is poor.	1	3	5
52	I am often tearful for no obvious reason.	1	3	5
53	My mood is frequently “up and down” or “down”.	1	3	5
54	I am irritable and/or prone to worry.	1	3	5
55	My mental sharpness has been compromised lately.	1	3	5
56	I experience headaches or painful conditions for which physicians cannot find the cause.	1	3	5
57	In the past, I have taken anti-depressant medications.	1	3	5

Please circle any reason which you feel is relevant to your weight gain.

- | | | | |
|----|-------------------------------|----|------------------------------|
| 1 | No reason | 14 | Job problems / Quit working |
| 2 | Marriage | 15 | Pressures of working w/ food |
| 3 | Lack of nutritional knowledge | 16 | Cooking |
| 4 | Recent/Past pregnancy | 17 | Quit smoking |
| 5 | Birth control pills | 18 | Overeating |
| 6 | Psychological | 19 | Bad habits |
| 7 | Death in family | 20 | Compulsive eater |
| 8 | Child care | 21 | Nervous tension |
| 9 | Divorce | 22 | Lack of exercise |
| 10 | Aging | 23 | Holidays |
| 11 | Surgery | 24 | Boredom |
| 12 | Illness | 25 | Family problems |
| 13 | Medical problems | 26 | Alcoholism |

Foods avoided for medical reasons _____

Foods avoided for improved or safeguard of health _____

Foods avoided for health reasons _____

Foods especially hard to give up _____

Foods easily given up _____

Number of business/social activities involving food per week _____

Cups of Coffee per day _____

With sugar _____

With cream _____

With milk _____

Alcohol Use _____

Beer per day: _____ weekends: _____

Wine per day: _____ weekends: _____

Hard liquor per day: _____ weekends: _____

Daily Use of _____

Milk: _____ Butter: _____

Cream: _____ Animal Fats: _____

Unsaturated Fats: _____ Eggs: _____

Starch: _____ Fruits: _____

Vegetables: _____ Deserts: _____

Sweets: _____ Chewing Gum: _____

Breath Mints: _____

How many people do you cook for? _____

Source of Meals Self : _____ Others: _____

Daily use of vitamins? (yes/no) _____

Daily use of minerals? (yes/no) _____

How many meals per week are eaten out? _____

Number of meals eaten regularly everyday Weekdays: _____ Weekends: _____

Number of snacks eaten per day Weekdays: _____ Weekends: _____

Size of Meal Portions Small: _____ Moderate: _____

Large: _____ Xtra Large: _____

Frequency of _____

Frying _____

Baking _____

Broiling _____

Exercise or activity regularly engaged in _____

Exercise or activity that you would enjoy _____

Reasons that you do not presently exercise _____