

## Medical Weight Management Program Diet Readiness Questionnaire

For each question, circle the answer that best describes how you feel.

### Section 1: Goals and Attitudes

Compared to previous attempts, how motivated to lose weight are you this time?

1	2	3	4	5
Not At All	Slightly	Somewhat	Quite	Extremely
Motivated	Motivated	Motivated	Motivated	Motivated

How certain are you that you will stay committed to a weight loss program for the time it will take to reach your goal?

1	2	3	4	5
Not At All	Slightly	Somewhat	Quite	Extremely
Certain	Certain	Certain	Certain	Certain

Consider all outside factors at this time in your life (the stress you're feeling at work, your family obligations, etc).

To what extent can you tolerate the effort required to stick to a diet?

1	2	3	4	5
Cannot	Can Tolerate	Uncertain	Can Tolerate	Can Tolerate
Tolerate	Somewhat		Well	Easily

Think honestly about how much weight you hope to lose and how quickly you hope to lose it. Figuring a weight loss of 1 to 2 pounds per week, how realistic is your expectation?

1	2	3	4	5
Very	Somewhat	Moderately	Somewhat	Very
Unrealistic	Unrealistic	Unrealistic	Realistic	Realistic

While dieting, do you fantasize about eating a lot of your favorite foods?

1	2	3	4	5
Always	Frequently	Occasionally	Rarely	Never

While dieting, do you feel deprived, angry and/or upset?

1	2	3	4	5
Always	Frequently	Occasionally	Rarely	Never

Section 1 TOTAL SCORE \_\_\_\_\_ (6-16) (17-23) (24-30)

### Section 2: Hunger and Eating Cues

When food comes up in conversation or in something you read, do you want to eat even if you are not hungry?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Always

How often do you eat because of physical hunger?

1	2	3	4	5
Always	Frequently	Occasionally	Rarely	Never

Do you have trouble controlling your eating when your favorite foods are around the house?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Always

Section 2 TOTAL SCORE \_\_\_\_\_ (3-7) (8-11) (12-15)

When you have unpleasant interactions with others in your life, or after a difficult day at work, do you eat more than you'd like?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Always

Section 5 TOTAL SCORE \_\_\_\_\_ (3-8) (9-11) (12-15)

### Section 6: Exercise Patterns and Attitudes

How often do you exercise?

1	2	3	4	5
Never	Rarely	Occasionally	Somewhat	Frequently

How confident are you that you can exercise regularly?

1	2	3	4	5
Not At All	Slightly	Somewhat	Highly	Completely
Confident	Confident	Confident	Confident	Confident

22. When you think about exercise, do you develop a positive or negative picture in your mind?

1	2	3	4	5
Completely	Somewhat	Neutral	Somewhat	Completely
Negative	Negative		Positive	Positive

23. How certain are you that you can work regular exercise into your daily schedule?

1	2	3	4	5
Not At All	Slightly	Somewhat	Quite	Extremely
Certain	Certain	Certain	Certain	Certain

Section 6 TOTAL SCORE \_\_\_\_\_ (4-10) (11-16) (17-20)