

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 Tolerate	Can Tolerate Somewhat	Uncertain	Can Tolerate Well	Can Tolerate 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 Unrealistic	Somewhat Unrealistic	Moderately Unrealistic	Somewhat Realistic	Very 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)**

Section 3: Control Over Eating

If the following situations occurred while you were on a diet, would you be likely to eat more or less immediately afterward and for the rest of the day?

Although you planned on skipping lunch, a friend talks you into going out for a midday meal.

1	2	3	4	5
Would Eat Much Less	Would Eat Somewhat Less	Would Make No Difference	Would Eat Somewhat More	Would Eat Much More

You "break" your diet by eating a fattening, "forbidden" food.

1	2	3	4	5
Would Eat Much Less	Would Eat Somewhat Less	Would Make No Difference	Would Eat Somewhat More	Would Eat Much More

You have been following your diet faithfully and decide to test yourself by eating something you consider a treat.

1	2	3	4	5
Would Eat Much Less	Would Eat Somewhat Less	Would Make No Difference	Would Eat Somewhat More	Would Eat Much More

Section 3 TOTAL SCORE _____ **(3-6) (7-9) (10-15)**

Section 4: Binge Eating and Purging

Aside from holiday feasts, have you ever eaten a large amount of food rapidly and felt afterward that this eating incident was excessive and out of control?

2	0
Yes	No

If you answered yes to #13, how often have you engaged in this behavior during the last year?

1	2	3	4	5	6
Less Than Once A Month	About Once A Month	A Few Times A Month	About Once A Week	About Three Times A Week	Daily

Have you ever purged (used laxatives, diuretics or induced vomiting) to control your weight?

2	0
Yes	No

If you answered yes to #15 above, how often have you engaged in this behavior during the last year?

1	2	3	4	5	6
Less Than Once A Month	About Once A Month	A Few Times A Month	About Once A Week	About Three Times A Week	Daily

Section 4 TOTAL SCORE _____ **(0-1) (2-11) (12-16)**

Section 5: Emotional Eating

Do you eat more than you would like to when you have negative feelings such as anxiety, depression, anger or loneliness?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Always

Do you have trouble controlling your eating when you have positive feelings - do you celebrate feeling good by eating?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Always

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)**