

CAROLINAS WEIGHT MANAGEMENT AND WELLNESS CENTER

Weight Loss Screening Questionnaire

Job# - CL3412
 Form: CWM-106
 Proof# 2- 11-30-07
 Ink: black
 Paper: WHITE BOND
 2-sided, head to tumble

Name: _____ Date: ____/____/____

This questionnaire will assist us in determining your motivation and readiness to succeed at weight control. Please read each statement and then indicate whether you: (1) Strongly Disagree; (2) Mildly Agree; or (3) Strongly Agree that this statement describes you accurately. Thank you.

	Strongly Disagree	Mildly Agree	Strongly Agree
Example: I can never lose 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 in saying "No" and really mean "No".	1	3	5
10. I am a "doormat".	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 down".	1	3	5
16. I am not losing weight primarily for me and my inner needs.	1	3	5
17. Eating and weight interferes with optimal expression of my femininity.	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
23. The benefits of exercise as it affects 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 experience or feel stress.	1	3	5
30. I often eat even though I am not experiencing 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 a practicing 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

	Strongly Disagree	Mildly Agree	Strongly Agree
36. I care so deeply about 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 myself as a reward.	1	3	5
41. People close to me often nag or criticize me regarding my weight.	1	3	5
42. In the past, people close to me have undermined or failed to support my weight loss effort.	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 my weight loss program.	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 midst of a personal crisis.	1	3	5
48. I am not a patient person.	1	3	5
49. I am not able to persist and succeed if there are temporary setbacks or frustrations.	1	3	5
50. I eat in response to stress.	1	3	5
51. I reward myself by eating.	1	3	5
52. My ability to succeed at a project is frequently compromised by fear of success.	1	3	5
53. My energy level is poor.	1	3	5
54. I am often tearful for no obvious reason.	1	3	5
55. My mood is frequently "up and down" or "down".	1	3	5
56. I am irritable and/or prone to worry	1	3	5
57. My mental sharpness has been compromised lately.	1	3	5
58. I have headaches or painful condition(s) for which physicians cannot find the cause.	1	3	5
59. In the past, I have taken anti-depressant medications.	1	3	5

1. What is the single most important thing that you hope to achieve as a result of losing weight?

2. Why do you want to lose weight right now, as opposed to one year ago?

3. On a scale of 0 to 10, with 10 being very motivated, how motivated are you to adjust your lifestyle, diet and exercise?

0 1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

4. On a scale of 0 to 10, with 10 being very confident, assuming you decided to adjust your lifestyle, diet, and exercise, how confident are you that you could succeed?

0 1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very



**Carolinas Weight Management
& Wellness Center**

WEIGHT LOSS SCREENING QUESTIONNAIRE
Patient Information or Sticker

Name:

DOB:

Medical Record #:

