Weight Loss Questionnaire

| • In general, my stress level is: | | | | | | | | | | |
|-----------------------------------|--|---|----------|---------|----------|-----------|----------|----------|--------------|-----------------------|
| | 1 None | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 Very H | 10 ligh |
| • | The level | he level of difficulty in controlling what I eat is: | | | | | | | | |
| | 1 Quite | 2 easy | 3 | 4 | 5 | 6 | 7 | 8 | 9 Extren | 10 nely difficult |
| • | When I put my mind to something, I can stick with it | | | | | | | | | |
| | 1 Neve | 2 r | 3 | 4 | 5 | 6 | 7 | 8 | 9 Almos | 10 t Always |
| inv to | Please give the next two statements careful consideration. Do your friends and family get involved in helping you achieve your goals? For example with exercise, would they remind you to go exercise (level 6), help make time for you to exercise (level 8) or even go exercise with you (level 10). | | | | | | | | | |
| | When trying supportive | ying to reach a goal (any goal, not just weight loss or exercise), my family is ve: | | | | | | | | |
| | 1 No | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 Extren | 10 nely Supportive |
| • | When tryir supportive | - | ich a go | al (any | goal, no | ot just w | eight lo | ss or ex | (ercise) | , my friends are |
| | 1 No | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 Extren | 10 nely Supportive |
| • | Taking care of yourself is where on your list of priorities | | | | | | | | | |
| | 1 Low I | 2 Priority | 3 | 4 | 5 | 6 | 7 | 8 | 9 Most II | 10 mportant |
| • | What is your level of energy throughout the day? | | | | | | | | | |
| | 1 Tired | 2 all the t | 3 ime | 4 | 5 | 6 | 7 | 8 | 9 Endles | 10 ss Energy |

| t for you. What do you think gets in the way |
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| |
| nealth (or wellness) goal that you would like to |
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