

## ***WEIGHT RELEASE ASSESSMENT***

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

1) How long have you struggled with your weight?

- a) 1-5 years
- b) 5-10 years
- c) 10-20 years
- d) As long as I can remember

2) What are the biggest problem areas for you?

*(You may circle more than one)*

- a) Poor food choices
- b) Bingeing
- c) Eating between meals
- d) Lack of exercise
- e) Lack of consistency with healthy behaviors

3) What factors affect your weight?

*(You may circle more than one)*

- a) No willpower
- b) Easily influenced
- c) Fearful of being thin
- d) Can't stick to a healthy regimen
- e) Lack of self-worth
- f) Emotional State

4) Are your parents and/or other family members overweight?

- a) Parent(s)
- b) Siblings
- c) Extended family
- d) All of the above

5) Do you experience strong cravings for the following?

*(You may circle more than one)*

- a) Sweets
- b) Chocolate
- c) Salty foods
- d) Starches
- e) I don't have cravings

6) Briefly describe a typical day in your life with special attention to what and when you eat.

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7) How many times have you tried to lose weight and then gained it all back?

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8) What is the longest amount of time you were able to maintain a significant weight loss?

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10) Please describe what happened the last time you committed to a diet or weight loss program. How long did you stay involved with it?

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11) In hindsight, what caused you to begin deviating from this program?

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13) What type of plan has typically worked best for you in the past?

*(You may circle more than one)*

- a) Keeping a food log
- b) Following a strict diet
- c) Exercising a lot
- d) Understanding the basic principles of a nutritional plan and following them
- e) Using my own best judgment and working out my own food plan
- f) Other (please describe) \_\_\_\_\_

15) The ideal amount of assistance you believe you need:

- a) Very little involvement, I can do this on my own for the most part
- b) Lots of assistance and attention, I often hit roadblocks and need support to get me back on track
- c) A moderate amount of assistance, I'm able to maintain my behaviors for the most part, but need some help from time to time when things get tough

16) To achieve good long-term outcome what do you need?

*(You may circle more than one):*

- a) Education about nutrition and exercise
- b) Someone to keep me responsible by checking up on me each week
- c) To learn how to become independent of external control
- d) I would like a minimum of involvement from others

17) What does good long-term outcome mean to you? What will be the conditions that would cause you to conclude that you have met your goal? How will your life be different?

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18) What is your ideal weight? When were you last at this weight? Do you have a picture of yourself at this weight?

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