

# **Diet Readiness Behavioral Questionnaire**

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

| Section | 1: | Goals | and | Atti | tud | les |
|---------|----|-------|-----|------|-----|-----|
|---------|----|-------|-----|------|-----|-----|

| 1.  | Compared to prev   | vious attempts, how    | motivated to lose w   | veight are you this time | ·?<br>5          |  |
|---|--|------------------------|-----------------------|--------------------------|------------------|--|
|   | Not At All   | Slightly               | Somewhat              | Quite                    | Extremely        |  |
|   | Motivated  | Motivated              | Motivated             | Motivated                | Motivated        |  |
|   | Motivated  | Motivated              | Motivated             | Motivated                | Motivated        |  |
| Но  | w certain are you to<br>to reach your goa  |                        | nmitted to a weight   | loss program for the ti  | ime it will take |  |
|   | 1  | 2                      | 3                     | 4                        | 5                |  |
|   | Not At All   | Slightly               | Somewhat              | Quite                    | Extremely        |  |
|   | Certain  | Certain                | Certain               | Certain                  | Certain          |  |
| Con   | 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        |  |
| Wh  | nile dieting, do you<br>1  | fantasize about eating | ng a lot of your favo | orite foods?             | 5                |  |
|   | Always   | Frequently             | Occasionally          | Rarely                   | Never            |  |
| Wh  | While dieting, do you feel deprived, angry and/or upset?   |                        |                       |                          |                  |  |
|   | 1  | 2                      | 3                     | 4<br>Danah               | 5                |  |
|   | Always   | Frequently             | Occasionally          | Rarely                   | Never            |  |
|   |  |                        |                       | Section 1 TOTAL S        | CORE             |  |
|   |  |                        |                       |                          |                  |  |
| Se  | ection 2: Hun  | ger and Eating         | Cues                  |                          |                  |  |
|   |  |                        |                       | nd, do you want to eat o | even if you are  |  |
|   | 1  | 2                      | 3                     | 4                        | 5                |  |
|   | Never  | Rarely                 | Occasionally          | Frequently               | Always           |  |
|   |  | •                      |                       |                          | •                |  |
| Но  | w often do you eat<br>1  | because of physical 2  | hunger?               | 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 S        |                  |  |
|   |  |                        |                       |                          | <del>-</del>     |  |



#### **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 Would Make Would Eat Would Eat
Much Less Somewhat Less No Difference Somewhat More Much More

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

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

Section 3 TOTAL SCORE

#### **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 O 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 About Once A Few Times About Once About Three Daily
Once A Month A Month A Week Times A Week

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

5 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 About Once A Few Times About Once About Three Daily

Once A Month A Month A Week Times A Week

Section 4 TOTAL SCORE



## **Section 5: Emotional Eating**

| Do you eat more tha  | ın you would like t | o when you have negat | tive feelings such as a | nnxiety, |  |
|--|---------------------|-----------------------|-------------------------|----------|--|
| depression, ang  | er 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 |                         |          |  |

### **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 |            |  |
| 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   |  |
| 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 |              |                     |            |  |