

## Lifestyle Questionnaire

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Place of employment/profession \_\_\_\_\_

School Name and Location (if applicable) \_\_\_\_\_

Living situation (alone, roommate, family of origin, college, kids?) \_\_\_\_\_

### Questions for Initial Interview

*This form will help us make sure we cover all relevant information related to weight, eating, activity, body image, and related concerns. Feel free to make notes and we can discuss during our initial appointment.*

#### Eating Habits and Situations

<b>How often do you eat meals, snacks, or desserts out of home?</b>	_____ times per week (include weekdays and weekends)								
<b>How often do you go to a party or other social, family, or holiday event that involves high-calorie food?</b>	<input type="checkbox"/> 1/month <input type="checkbox"/> 2-3x/month <input type="checkbox"/> 3-5x/month <input type="checkbox"/> 2x/week <input type="checkbox"/> More than 2x/week								
<b>Who prepares most of your meals?</b> _____									
<b>Who does the food shopping?</b> _____									
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Compared to peers, I eat:</td> <td style="width: 20%;">About the same amount</td> <td style="width: 20%;">More</td> <td style="width: 30%;">Less</td> </tr> <tr> <td>Compared to peers, I eat :</td> <td>About as healthy</td> <td>More healthy</td> <td>Less healthy</td> </tr> </table>		Compared to peers, I eat:	About the same amount	More	Less	Compared to peers, I eat :	About as healthy	More healthy	Less healthy
Compared to peers, I eat:	About the same amount	More	Less						
Compared to peers, I eat :	About as healthy	More healthy	Less healthy						

Please list your six favorite foods?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any food allergies? (Circle one) Yes No      Keep Kosher? Yes No  
 Please specify foods not eaten:

**Fluid Intake:**

Please specify the amount in cups (8 oz.) of the following fluids you typically consume in a week.

_____ skim milk	_____ low-fat milk	_____ whole milk	_____ smoothie
_____ diet soda	_____ <b><u>Zero Calorie</u></b> Powerade, Vitamin water G2	_____ water _____ seltzer	_____ Crystal Light _____ iced tea (unsweetened) e.g., Diet Snapple Diet Arizona
_____ regular soda	_____ Sugar-Powera Gatorade, Vitamin Water	_____ fruit drink (Hi-C)	_____ fruit juice
_____ iced tea (sweetened) e.g., Arizona, Snapple	_____ hot coffee	_____ latte	_____ frozen coffee beverages (Frappacino, Dunca..)
_____ Slurpee	_____ Chocolate Milk	_____ hot chocolate	_____ milkshake
_____ wine	_____ beer	_____ hard liquor	_____ other _____

### Typical Food Intake:

Please indicate the foods you consume on a typical weekday

Meal	Time	Number of weekdays/week that you typically do eat something for this meal or this snack (0-5)	Amount	Food Consumed	Location
Breakfast					
Morning Snack					
Lunch					
Afternoon Snack					
Dinner					
Evening/night Food					

Please indicate the foods you consume on a typical weekend day

Meal	Time	Number of <u>weekend</u> days/week that you typically do eat something for this meal or this snack (0-2)	Amount	Food Consumed	Location
Breakfast					
Morning Snack					
Lunch					
Afternoon Snack					
Dinner					
Evening/night Food					

## Questionnaire of Eating and Weight Patterns

1. During the past six months did you ever eat what most people, like your friends, would think was a really big amount of food?

- Yes       No (If no, go to Question #3b)

1a) Did you ever eat a really big amount of food within a short time (2 hours or less)?

- Yes       No (If no, go to Question #3b)

2. When you ate a really big amount of food, did you ever feel that you could not stop eating? Did you feel that you could not control what or how much you were eating?

- Yes       No (If no, go to Question #3b)

3. During the past six months, how often did you eat a really big amount of food with the feeling that your eating was out of control? There may have been some weeks when you did not eat this way, and some weeks when you may have eaten like this a lot. But, in general, how often did this happen?

- Less than one day a week  
 One day a week  
 Two or three days a week  
 Four or five days a week  
 Almost every day

**3b.** Regardless of the amount you ate, did you ever feel that you could not control what or how much you were eating? In other words, did you want to stop sooner, but couldn't?

- Yes       No

If yes, please answer questions in #4 for these times.

4. When you could not control your eating, did you:

4a) Eat very fast?

- Yes       No

4b) Eat until your stomach hurt or you felt sick in your stomach?

- Yes       No

4c) Eat really big amounts of food even when you were not hungry?

- Yes       No

4d) Eat really big amounts of food during the day without regular meals like breakfast, lunch, dinner?

- Yes       No

4e) Eat by yourself because you did not want anyone to see how much you were eating?

- Yes       No

4f) Feel really bad about yourself after eating a lot of food?

- Yes       No

5b. During the past six months, how bad did you feel when you ate too much or more food than you think is best for you?

- Not at all  
 Just a little  
 Pretty much  
 Very much  
 Very, very much  
 I did not eat too much.

6. How bad did you feel that you could not stop eating or could not control what or how much you were eating?

- Not at all  
 Just a little  
 Pretty much  
 Very much  
 Very, very much  
 I did not lose control over my eating

7. During the past six months, has your weight or the shape of your body mattered to how you feel about yourself? Compare this feeling to how you feel about other parts of your life, like how you get along with your parents, how you get along with friends and how you do at school.

- Weight and shape were not important at all to how I felt about myself.  
 Weight and shape were somewhat important to how I felt about myself.  
 Weight and shape were pretty important to how I felt about myself.  
 Weight and shape were very important to how I felt about myself

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8. Did you ever make yourself vomit, throw up, or get sick to keep from gaining weight after eating a really big amount of food?

- Yes       No (If no, go to Question #9)

8a) How often, on average, did you do that?

- Less than once a week  
 Once a week  
 Two or three times a week  
 Four or five times a week  
 More than five times a week

9. Have you ever taken medicine (pills, liquid, gum, powder) that would make you go to the bathroom in order to not gain weight after eating a really big amount of food?

- Yes       No (If no, go to Question #10)

9a) Were these laxatives (makes you have a bowel movement or B.M.) or diuretics (makes you urinate or pee)?

Circle which one(s):      Laxatives      Diuretics

9b) Did you ever take more than twice the amount you were told to take on the box or bottle?

- Yes       No

9c) How often, on average, did you do that?

- Less than once a week  
 Once a week  
 Two or three times a week  
 Four or five times a week  
 More than five times a week

10. Did you ever not eat anything at all for at least 24 hours (a full day) to keep from gaining weight after eating a really big amount of food?

- Yes       No (If no, go to Question #11)

10a) How often, on average, did you do that?

- Less than once a week  
 Once a week  
 Two or three times a week  
 Four or five times a week  
 More than five times a week

11) Did you ever exercise for more than one hour at a time only to keep from gaining weight after eating a really big amount of food?

- Yes       No (If no, go to Question #12)

11a) How often, on average, did you do that?

- Less than once a week  
 Once a week  
 Two or three times a week  
 Four or five times a week  
 More than five times a week

12. During the past three months, did you ever take diet pills to keep from gaining weight after eating a really big amount of food?

- Yes       No (If no, STOP HERE)

12a) Did you ever take more than twice the amount you were told to take on the box or bottle?

- Yes       No

12b) How often, on average, did you do that?

- Less than once a week  
 Once a week  
 Two or three times a week  
 Four or five times a week  
 More than five times a week

## History of weight and eating concerns:

When do you first recall yourself or your parents being concerned about your weight or eating patterns? \_\_\_\_\_

At what times have you “struggled to maintain a healthy weight ”during your life?

As child   As a Teen   As young adult (18-25)   While parenting   Over 40

What types of “diet” or weight loss efforts did you make as a child or teen?

At what times have you “struggled with body image ” during your life?

As child   As a Teen   As young adult (18-25)   While parenting   Over 40

**If measured recently: Current Weight** \_\_\_\_\_ **Height** \_\_\_\_\_

Medical issues (include medical doctors names and number if relevant)

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If you have had bariatric surgery, please state date and type of procedure and any other information you think is pertinent regarding changes since surgery:

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## Activity Patterns

Use the **past two weeks** as your time frame for all activity questions (unless there were very unusual circumstances like a broken bone or vacation, in which case use the last typical two week period you can recall). Please answer as honestly and accurately as you can.

- To what extent do you **enjoy physical activity** in general? (check one)  
 not at all  
 slightly  
 moderately  
 greatly
- Do you have any **physical problems** or handicaps that limit your physical activity?  
 (Circle one) Yes No If yes, please describe \_\_\_\_\_
- Approximately how many "city blocks" or the equivalent (about 100 steps per block) do you regularly walk each day? \_\_\_\_\_ **blocks per day.**
- How many flights of stairs do you climb up each day? \_\_\_\_\_ **flights per day**  
 (1 flight= 10-13 steps)
- How many flights do you take **elevator** up on a regular basis at work or home? \_\_\_\_\_

What are or have been your favorite physical activities in the past?

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What kinds of physical activities are you considering adding or increasing to improve your physical fitness, body composition, medical status or mental wellbeing?

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## Sitting/Sedentary Activities:

Please check the box below the average number of minutes you do each of the following activities. As indicated, rate each WEEKday on left side of table and each WEEKEND/HOLIDAY on right. (Remember to give average per day, not the total for the weekday or weekend)

	Average minutes per WORKDAY? (divide total of WORKdays by 5 or however many there are for you)							Average minutes per WEEKEND/NON WORK DAY or holiday?						
	<15 min	15-30	30-60	1-2 hrs	2-3 hrs	3-4 hrs	4+ hrs	<15 min	15-30	30-60	1-2 hrs	2-3 hrs	3-4 hrs	4+ hrs
Watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch Videos/DVD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play video or computer games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other seated activities (art, games, cards)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding in a car or bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding on an escalator or elevator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What times during the day and week, and in what situations do you most often find yourself being sedentary (not moving around much)?

## Moving Activities:

Please indicate the number of days you did activity. Then write the average number of minutes spent on days when it is done.

	Number of Days					Average Number of Minutes each day activity is performed				
	<1x per mon	2x per mon	1 day/wk	2-4 days/wk	5-7 days/wk	<15 mins	15-30 mins	30-45 mins	45-60 mins	60+ mins
<b>Light Standing Activities</b>  <b>Examples:</b> slow walking, light cleaning, play with friends in the house, playing catch, ping pong, or pool, bouncing on fitball.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strength Training Exercises or Activities</b>  <b>Examples:</b> Lifting weights, using exercise bands/tubing, push-ups, squats, sit-ups, crunches, pilates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexibility Exercises</b>  <b>Examples:</b> Warm-up Stretches, yoga, stretches after exercises, stretches in front of TV or in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Cardio Activities

Please indicate the number of days (left side) activity is done. Then tell us the average number of minutes spent (right side) on days when that type of activity is done. Moderate and vigorous Cardio activities are exercises that get you breathing heavier, raise your heart rate, and sometimes make you sweat.

	Number of Days					Average Number of Minutes each day activity is performed				
	<1x per mon	2x per mon	1 day/wk	2-4 days/wk	5-7 days/wk	<15 mins	15-30 mins	30-45 mins	45-60 mins	60+ mins
<p><b><u>Moderate Cardio</u></b></p> <p><b>Examples:</b> Biking, climbing stairs, climbing hills or rocks, fast walking, martial arts, softball, volley ball, raking, mowing lawn, heavy housework, playing in the water, slow swimming, light aerobics, also <b>“gym” or “P.E.” at school.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b><u>Vigorous Cardio</u></b></p> <p>Examples: Running, basketball, soccer, lacrosse, hard biking, fast swimming, skating, hard aerobics, fast dancing, chasing, jumping on a trampoline, heavy weight lifting, physically-demanding sports team</p> <p><b>Which cardio activities do you do?</b></p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Confidence and Body Image

Compared to other things in your life, how much does your weight or body shape affect the way you feel about yourself?

- My weight does not affect the way I feel about myself.
- My weight affects how I feel about myself a little, but not as much as other things affect the way I feel about myself
- My weight affects how I feel about myself a lot, but it's not the biggest thing that affects the way I feel about myself.
- My weight is the biggest thing that affects the way I feel about myself.

Please use a scale of 1-5 for the following questions: 1 = very low; 5 = very high

How would you rate your overall self confidence (how good you feel about yourself)?

\_\_\_\_\_

How would you rate your body self-confidence (how good you feel about your body)?

\_\_\_\_\_

**Goals:**

What are your top 3 health-related goals for the next 6 months?


How confident are you that you will meet these goals in the next 6 months?

not at all confident 0% 20% 40% 50% 60% 80% 100% completely confident

Please explain what made you give this rating of your confidence:


## Behavioral Skills Questions:

In the past two weeks, please indicate how frequent or typical it was for YOU to do the following behaviors when appropriate. For example, “Almost always” means that you did the behavior in almost all situations when you think it would have been appropriate and helpful to do so.

- ☉ Please be as honest and accurate as possible—there are no right answers.
- ☉ Feel free to jot down any notes that would help us understand your answers.

**Budget Your Calories** by spending them only on food that is “worth it” to you in terms of enjoyment or nutrition (e.g., avoiding wasting calories on foods that don’t give you much enjoyment or nutrition, or saving calories for something you want to eat later)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Look Up the Calorie Content** of an item (on a label, on a fact sheet, in a book, on line)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Look Up the Nutrition Content** of an item (on a label, on a fact sheet, in a book, on line)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Slow Down and Savor** your Food

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Eat without doing anything else (like tv, homework, playing on computer or videogame)**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Plan in Advance** how you will approach eating in a challenging situation (e.g., bring healthy option to a party, think about what you will eat or avoid eating before getting somewhere, plan what to say when you are offered some high calorie food, eat before going out or going shopping to avoid being hungry)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Stop to Consider your Hunger BEFORE** starting to eat (in other words, ask yourself if your urge to eat is really hunger or whether you could delay eating or distract yourself until the urge goes away)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Stop to Consider your Fullness AFTER** you have been eating (and ask yourself if you can stop before you finish everything on your plate or before getting a second helping).

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Eat out of Boredom** or for Emotional Reasons (upset, bored, lonely, nervous, happy, etc)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Overeat:** Eat more than your body needs or get overly full at one meal or sitting

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Measure out your Portions** using a standard measure (cup, spoon, hand, ...)

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Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Reduce or Limit your Portion to save calories**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Put things out of sight to avoid triggers for eating when not hungry (at home, school, or restaurant)**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Use a Lower Calorie Substitute (sugar free or lower fat substitute)**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Use a Healthier Substitute (like whole grain, or product that uses a healthier type of fat)**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Set an Eating Goal and take steps to meet it**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

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**Set an Activity Goal and take steps/actions to meet the goal**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

•  
**Keep Track of Foods you are Eating or specific nutrients like fiber or water or unhealthy fats**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Keep Track of Activities or exercises (minutes, miles, steps, number of times, etc)**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

**Use social support like: talking with your parent, talking to a friend, having internet conversations or phone conversations to help you live your Healthy Lifestyle.**

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

What other strategies have you used to help you manage your weight or your health? What has worked for you, what has not worked (e.g., weight watchers meetings, on line program, nutra-system, working out, seeing a dietitian... ) Also, how old were you and how long did you do this for? How much if any weight did you lose?

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Thank you for completing this form.  
I look forward to reviewing it all with you at our meeting.