



Obesity Questionnaire

(Please Fill Out Form and Submit)

Name: _____

Age: _____ Weight: _____

Email: _____ Phone: _____

1. HAVE YOUR PHYSICAL HEALTH BEEN NEGATIVELY IMPACTED BY OBESITY?
2. DO YOU SEE YOURSELF AS AN OBESE PERSON?
3. DO YOU BELIEVE YOUR EATING HABITS ARE THE CAUSE OF YOUR OBESITY CONDITION?
4. DO YOU CONTRIBUTE TO YOUR OWN OBESITY?
5. DO YOU BELIEVE OTHERS CONTRIBUTE TO YOUR OBESITY?
6. DO YOU SEE YOURSELF AS A "NORMAL" EATER?
7. HAVE YOU LOST AND REGAINED POUNDS?
8. HAVE YOUR SOCIAL LIFE BEEN LIMITED BECAUSE OF OBESITY?
9. HAVE YOUR ROMANTIC RELATIONSHIPS BEEN LIMITED BECAUSE OF OBESITY?
10. HAVE YOU EXPERIENCED SHAME OR OTHER UNCOMFORTABLE FEELINGS AROUND OBESITY?

11. DO YOU BELIEVE EXERCISE WILL HELP YOU LOSE POUNDS?
12. DO YOU BELIEVE THAT YOU CAN LOSE POUNDS?
13. DO YOU CONSIDER YOURSELF TO BE A DEPRESSED PERSON?
14. DO YOU BELIEVE A CHILDHOOD TRAUMA CONTRIBUTES TO YOUR OBESITY?
15. DO YOU BELIEVE YOUR OBESITY HAS TRIGGERED DEPRESSION? .
16. DO YOU BELIEVE YOUR DEPRESSION HAS CONTRIBUTED TO YOUR OBESITY?
17. HAVE YOU EVER BEEN TOLD BY FAMILY OR BY A SIGNIFICANT OTHER THAT YOU WERE OBESE?
18. HAVE YOU EVER BEEN TOLD BY A PHYSICIAN THAT YOU WERE OBESE?
19. DO YOU FEEL COMFORTABLE "WORKING OUT" IN A GYM?
20. ARE YOU MORE LIKELY TO MAINTAIN A LONG-TERM EXERCISE REGIMEN WHEN A GROUP HOLDS YOU ACCOUNTABLE FOR ATTENDANCE?
21. DO YOU BELIEVE THAT SUPPORTIVE COUNSELING CAN ASSIST IN SUSTAINING YOUR OBESITY HEALING REGIMEN?
22. DO YOU BELIEVE THAT SUPPORTIVE COUNSELING IS MOST EFFECTIVE WHEN PARTICIPANTS SHARE THE SAME OR A SIMILAR CULTURE/AGE/GENDER?
23. DO YOU FEAR HAVING A "SICK OR HAGGARD" APPEARANCE AT THE AMERICAN RECOMMENDED POUNDS?
24. DO FAMILY MEMBERS SUGGEST THAT YOU NOT LOSE TOO MANY POUNDS?
25. DO YOU BELIEVE THE BMI SHOULD BE CROSS THE BOARD FOR EVERYONE?