

Yuma District Hospital Weight Wellness Intake Survey

(Please complete this survey prior to your first appointment and bring it to your first appointment)

Goals for weight loss:

Why is losing weight a priority to you?

How many pounds would you like to lose?

Over what timeframe would you like to lose this weight?

On a scale of 1-10, how important is losing weight to you?

On a scale of 1-10, how confident are you that you can lose this weight?

Have you considered using medications to lose weight?

Have you considered doing surgery to lose weight?

History of weight gain:

Were you overweight when you were in elementary school?

Compared to one year ago, do you weigh more or less now?

What are the things that contributed to your arriving at the weight you are at right now?

What do you feel is your biggest barrier to losing weight?

Have there been any life events that have contributed to your current weight (losing a job, Covid lockdown, losing a family member, pregnancy, chronic injury)?

How have you tried to lose weight in the past?

How successful have your previous attempts at weight loss been?

Have you used medications in the past? If so, which ones?

Have you ever been involved in exercise programs? If so, what did they look like?

Lifestyle questions:

How many hours per night do you usually sleep?

How long does it usually take you to fall asleep?

On nights that you do not fall asleep quickly, what is it that keeps you up?

How many hours do you spend in front of a screen per day? How many hours for work? How many hours during free time?

How stressed do you feel with life on a scale of 1-10 right now?

On a scale of 1-10, how much energy do you feel like you have on a daily basis?

Who does the cooking at your home?

Dietary information:

Please describe your current diet:

Are you interested in changing the way you eat?

Do you currently have a specific dietary regimen that you adhere to?

How many times a week do you usually eat outside of the home at restaurants or fast food?

What percentage of the foods that you eat would you say are healthy?

What percentage of the meals you eat have “normal portion” sizes?

What do you typically drink throughout the day and with meals?

Do you ever find yourself eating when you are sad or feeling anxious?

Movement:

What word would best describe your current level of physical activity?

Are you interested in becoming more physically active?

Do enjoy physical activity?

What are the different physically active things you do in a normal week?

Are there any barriers to your becoming more physically active?