



I CARE WEIGHT LOSS CLINIC

DIET READINESS TEST

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

Section 1: Goals and Attitudes

1. Compared to previous attempts, how motivated to lose weight are you this time?

1	2	3	4	5
Not at all	Slightly	Somewhat	Quite	Extremely
Motivated	Motivated	Motivated	Motivated	Motivated

2. How certain are you that you will stay committed to a weight loss program for the time it will take to reach your goal?

1	2	3	4	5
Not at all	Slightly	Somewhat	Quite	Extremely
Certain	Certain	Certain	Certain	Certain

3. Consider all outside factors at this time in your life (stress your feeling at work, family obligations, etc.) To what extent can you tolerate the effort required to stick to a diet?

1	2	3	4	5
Cannot tolerate	Can Tolerate	Uncertain	Can Tolerate	Can Tolerate
Somewhat			Well	Easily

4. 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
Not at all	Slightly	Somewhat	Quite	Extremely
Certain	Certain	Certain	Certain	Certain

5. While dieting, do you fantasize about eating a lot of your favorite foods?

1	2	3	4	5
Always	Frequently	Occasionally	Rarely	Never

6. While dieting, do you feel deprived, angry and/or upset?

1	2	3	4	5
Always	Frequently	Occasionally	Rarely	Never

Section 1 TOTAL SCORE

Section 2: Hunger and Eating Cues

7. When food comes up in conversation or in something you read, do you want to eat even if you are not hungry?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Always

8. How often do you eat because of physical hunger?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Always

9. 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 SCORE

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?

10. Although you planned on skipping lunch, a friend talks you into going out for a midday meal?

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

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

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

12. 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
Much Less | Would Eat
Somewhat Less | Would Make
NO Difference | Would Eat
Somewhat More | Would Eat
Much More |

Section 4: Binge Eating and Purging

Section 3 TOTAL SCORE

13. 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?

YES = 2 NO = 0

14. 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
Once a month | About Once
A Month | A Few
Times A Month | About Once
A Week | About 3
Times A Week | Daily |

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

YES = 5 NO = 0

16. If you answered YES to #15, how often have you engaged in this behavior during the last year?

- | | | | | | |
|---------------------------|-----------------------|------------------------|----------------------|-------------------------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Less Than
Once a month | About Once
A Month | A Few
Times A Month | About Once
A Week | About 3
Times A Week | Daily |

Section 4 TOTAL SCORE

Section 5: Emotional Eating

17. Do you eat more than you would like to when you have negative feelings such as anxiety, depression, anger or loneliness?

- | | | | | |
|-------|--------|--------------|------------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Occasionally | Frequently | Always |

18. 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

19. 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 6: Exercise Patterns and Attitudes

Section 5 TOTAL SCORE

20. How often do you exercise?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Always

21. How confident are you that you can exercise regularly?

1	2	3	4	5
Not at all Confident	Slightly Confident	Somewhat Confident	Highly Confident	Completely Confident

22. When you think about exercise, do you develop a positive or negative picture in your mind?

1	2	3	4	5
Completely Negative	Somewhat Negative	Neutral	Somewhat Positive	Completely Positive

22. How certain are you that you can work regular exercise into your daily schedule?

1	2	3	4	5
Not at all Certain	Slightly Certain	Somewhat Certain	Quite Certain	Extremely Certain

Section 6 TOTAL SCORE



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SCORING GUIDE

After you complete each of the six sections, add the numbers of answers and compare them with the scoring guide below:

Section 1: Goals and Attitudes

TOTAL Score _____

If you scored:

6 to 16: This may not be a good time for you to start a weight loss program. Inadequate motivation and commitment together with unrealistic goals could block your progress. Think about those things that contribute to this, and consider changing them before undertaking a diet program.

17 to 23: You may be close to being ready to begin a program but should think about ways to boost your preparedness before you begin.

24 to 30: The path is clear with respect to goals and attitudes.

Section 2: Hunger and Eating Cues

TOTAL Score _____

If you scored:

3 to 6: You might occasionally eat more than you would like, but it does not appear to be a result of high responsiveness to environmental cues. Controlling the attitudes that make you eat may be especially helpful.

7 to 9: You may have a moderate tendency to eat just because food is available. Dieting may be easier for you if you try to resist external cues and eat only when you are physically hungry.

10 to 15: Some or most of your eating may be in response to thinking about food or exposing yourself to temptations to eat. Think of ways to minimize your exposure to temptations, so that you eat only in response to physical hunger.

Section 3: Control Over Eating

TOTAL Score _____

If you scored:

3 to 7: You recover rapidly from mistakes. However, if you frequently alternate between eating out of control and dieting strictly, you may have a serious eating problem and should get professional help.

8 to 11: You do not seem to let unplanned eating disrupt your program. This is a flexible, balanced approach.

12 to 15: You may be prone to overeat after an event breaks your control or throws you off track. Your reaction to these problem-causing eating events can be improved.

Section 4: Binge Eating and Purging

TOTAL Score _____

If you scored:

0 to 1: It appears that binge eating and purging is not a problem for you.

2 to 11: Pay attention to these eating patterns. Should they arise more frequently, get professional help.

12 to 19: You show signs of having a potentially serious eating problem. See a counselor experienced in evaluating eating disorders right away.

Section 5: Emotional Eating

TOTAL Score _____

If you scored:

3 to 8: You do not appear to let your emotions affect your eating.

9 to 11: You sometimes eat in response to emotional highs and lows. Monitor this behavior to learn when and why it occurs and be prepared to find alternative activities.

12 to 15: Emotional ups and downs can stimulate your eating. Try to deal with feelings that trigger the eating and find other ways to express them.

Section 6: Exercise Patterns and Attitudes

TOTAL Score _____

If you scored:

4 to 10: You're probably not exercising as regularly as you should. Determine whether your attitudes about exercise are blocking your way, then change what you must and put on those walking shoes.

11 to 16: You need to feel more positive about exercise so you can do it more often. Think of ways to be more active that are fun and fit your lifestyle.

17 to 20: It looks like the path is clear for you to be active. Now think of ways to get motivated.