

# Diet Readiness Behavioral Questionnaire

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 (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
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  
Very              Somewhat              Moderately              Somewhat              Very  
Unrealistic              Unrealistic              Unrealistic              Realistic              Realistic
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  
Always              Frequently              Occasionally              Rarely              Never
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 3 TOTAL SCORE

### Section 4: Binge Eating and Purging

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?

2	0
Yes	No

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 Three Times A Week	Daily

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

5	0
Yes	No

16. 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 Once A Month	About Once A Month	A Few Times A Month	About Once A Week	About Three 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 5 TOTAL SCORE

## Section 6: Exercise Patterns and Attitudes

20. How often do you exercise?
- |       |        |              |          |            |
|-------|--------|--------------|----------|------------|
| 1     | 2      | 3            | 4        | 5          |
| Never | Rarely | Occasionally | Somewhat | Frequently |
21. How confident are you that you can exercise regularly?
- |                         |                       |                       |                     |                         |
|-------------------------|-----------------------|-----------------------|---------------------|-------------------------|
| 1                       | 2                     | 3                     | 4                   | 5                       |
| Not At All<br>Confident | Slightly<br>Confident | Somewhat<br>Confident | Highly<br>Confident | Completely<br>Confident |
22. When you think about exercise, do you develop a positive or negative picture in your mind?
- |                        |                      |         |                      |                        |
|------------------------|----------------------|---------|----------------------|------------------------|
| 1                      | 2                    | 3       | 4                    | 5                      |
| Completely<br>Negative | Somewhat<br>Negative | Neutral | Somewhat<br>Positive | Completely<br>Positive |
23. How certain are you that you can work regular exercise into your daily schedule?
- |                       |                     |                     |                  |                      |
|-----------------------|---------------------|---------------------|------------------|----------------------|
| 1                     | 2                   | 3                   | 4                | 5                    |
| Not At All<br>Certain | Slightly<br>Certain | Somewhat<br>Certain | Quite<br>Certain | Extremely<br>Certain |

Section 6 TOTAL SCORE