

MOTIVATION

Name _____ DOB: _____

SUPPORT

Personal / Support	Do you live alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	In relation to planned health behavior changes - is support expected from family and friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	How would you like them to support you in these behaviors?		

READINESS QUESTIONNAIRE

Reason for application to the weight loss program	
What is motivating you to lose weight at this time?	
What is more important? (circle one)	FAST weight loss or VARIETY of food meal plan
Compared to previous attempts, how motivated this time are you to lose weight? (On a scale of 1 – 10 with 1 being not very motivated and 10 being very motivated.)	1 2 3 4 5 6 7 8 9 10
What is your understanding of your current risk in relation to your weight?	
What is your understanding of the benefits of weight loss to you ?	
On a scale of 1 – 10 how confident are you that you can succeed in sticking to the weight loss program?	1 2 3 4 5 6 7 8 9 10
On a scale of 1 – 10 how confident are you that you can engage in regular physical exercise prescribed by your physician?	1 2 3 4 5 6 7 8 9 10
Do you have the time to engage in prescribed physical exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any barriers you think there may be to successful engagement in the weight loss program?	

How can Dr. Rogers wellness program help you the most?

- Nutritional Education
- Exercise Education
- Easy effective weight loss
- Frequent F/U visits
- Gym memberships