

The Weight Loss Readiness Test

Answer the questions below to see how well your attitudes and current behaviors equip you for a weight loss program. For each question, circle the number that best describes your attitude, then write the number of your answer on the line before each question number. As you complete each of the six categories, add the numbers of your answers and compare them with the scoring guide at the end of this test.

Category 1: Motivation

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

- 0 Not at all motivated
- 1 Slightly motivated
- 2 Somewhat motivated
- 3 Quite motivated
- 4 Extremely motivated

_____ 2. Compared to previous attempts, how motivated are you to change your eating habits this time?

- 0 Not at all motivated
- 1 Slightly motivated
- 2 Somewhat motivated
- 3 Quite motivated
- 4 Extremely motivated

_____ 3. Compared to previous attempts, how motivated are you to increase your physical activity this time?

- 0 Not at all motivated
- 1 Slightly motivated
- 2 Somewhat motivated
- 3 Quite motivated
- 4 Extremely motivated

_____ 4. How motivated are you to stay committed to a weight loss program for the time it will take to reach your weight loss goal?

- 0 Not at all motivated
- 1 Slightly motivated
- 2 Somewhat motivated
- 3 Quite motivated
- 4 Extremely motivated

_____ 5. How motivated are you to try new strategies/techniques for changing your eating, exercise, and other behaviors?

- 0 Not at all motivated
- 1 Slightly motivated
- 2 Somewhat motivated
- 3 Quite motivated
- 4 Extremely motivated

_____ *Category 1—TOTAL Score*

Category 2: Expectations

_____ 6. Think honestly about how much weight you hope to lose and how quickly you hope to lose it. Figuring a weight loss of one to two pounds per week, how realistic is your expectation?

- 0 Very unrealistic
- 1 Somewhat unrealistic
- 2 Moderately unrealistic
- 3 Somewhat realistic
- 4 Very realistic

_____ 7. How satisfied would you be if you achieved a 10% weight loss?

- 0 Not at all satisfied
- 1 Slightly satisfied
- 2 Somewhat satisfied
- 3 Quite satisfied
- 4 Extremely satisfied

_____ 8. If you achieved a 10% weight loss that significantly improved your health, how satisfied would you be?

- 0 Not at all satisfied
- 1 Slightly satisfied
- 2 Somewhat satisfied
- 3 Quite satisfied
- 4 Extremely satisfied

_____ 9. If you achieved a 10% weight loss that significantly improved your quality of life, how satisfied would you be?

- 0 Not at all satisfied
- 1 Slightly satisfied
- 2 Somewhat satisfied
- 3 Quite satisfied
- 4 Extremely satisfied

_____ *Category 2—TOTAL Score*

Category 3: Confidence

When answering questions 10 through 17, consider all outside factors at this time in your life (the stress you're feeling at work and/or home, your obligations, etc.)

_____ 10. People who want to achieve long-term weight control need to spend time every day trying to change their eating, exercise, and thinking habits. You probably know the time and commitment necessary for you to be successful. How confident are you that you can devote this amount of effort, both now and over the next few months?

- 0 Not at all confident
- 1 Slightly confident
- 2 Somewhat confident
- 3 Quite confident
- 4 Extremely confident

_____ 11. How confident are you that you will be able to attend program meetings regularly or (if you're not in a formal program) follow your own program regularly?

- 0 Not at all confident
- 1 Slightly confident
- 2 Somewhat confident
- 3 Quite confident
- 4 Extremely confident

_____ 12. How confident are you that you will be able to record everything you eat and drink, and your exercise, most days of the week?

- 0 Not at all confident
- 1 Slightly confident
- 2 Somewhat confident
- 3 Quite confident
- 4 Extremely confident

_____ 13. How confident are you that you will be able to change your eating habits?

- 0 Not at all confident
- 1 Slightly confident
- 2 Somewhat confident
- 3 Quite confident
- 4 Extremely confident

_____ 14. How confident are you that you will be able to work regular physical activity into your daily schedule?

- 0 Not at all confident
- 1 Slightly confident
- 2 Somewhat confident
- 3 Quite confident
- 4 Extremely confident

_____ 15. How confident are you that you will be able to exercise at least five days per week, most weeks?

- 0 Not at all confident
- 1 Slightly confident
- 2 Somewhat confident
- 3 Quite confident
- 4 Extremely confident

_____ 16. How confident are you that you will be able to maintain your healthy eating habits for one year or longer?

- 0 Not at all confident
- 1 Slightly confident
- 2 Somewhat confident
- 3 Quite confident
- 4 Extremely confident

_____ 17. How confident are you that you will be able to continue exercising regularly (at least five days per week) for one year or longer?

- 0 Not at all confident
- 1 Slightly confident
- 2 Somewhat confident
- 3 Quite confident
- 4 Extremely confident

_____ *Category 3—TOTAL Score*

Category 4: Hunger and Eating Cues

_____ 18. When food comes up in conversation or in something you read, do you want to eat even if you are not hungry?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

_____ 19. How often do you eat because of physical hunger?

- 0 Always
- 1 Frequently
- 2 Occasionally
- 3 Rarely
- 4 Never

_____ 20. Do you have trouble controlling your eating when your favorite foods are around the house?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

_____ *Category 4—TOTAL Score*

Category 5: Binge Eating and Purging

_____ 21. 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 Yes
- 0 No

_____ 22. If you answered yes to question 21 above, how often have you engaged in this behavior during the last year?

- 0 Less than once a month
- 1 About once a month
- 2 A few times a month
- 3 About once a week
- 4 About three times a week
- 5 Daily

_____ 23. Have you ever purged (used laxatives, diuretics, or induced vomiting) to control your weight?

- 3 Yes
- 0 No

_____ 24. If you answered yes to question 23, how often have you engaged in this behavior during the last year?

- 0 Less than once a month
- 1 About once a month
- 2 A few times a month
- 3 About once a week
- 4 About three times a week
- 5 Daily

_____ *Category 5—TOTAL Score*

Category 6: Emotional Eating

_____ 25. Do you eat more than you would like to when you have negative feelings, such as anxiety, depression, anger, or loneliness?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

_____ 26. Do you have trouble controlling your eating when you have positive feelings? Do you celebrate feeling good by eating?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

_____ 27. When you have unpleasant interactions with others in your life, or after a difficult day at work, do you eat more than you would like?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

_____ *Category 6—TOTAL Score*

Scoring

Category 1: Motivation

If you scored:

0 to 6: This may not be a good time for you to start a weight loss program. Inadequate motivation could block your progress. Think about the things that contribute to this, and consider changing them before undertaking a weight loss program.

7 to 14: You may be close to being ready to begin a weight loss program but should think about ways to increase your motivation before you begin.

15 to 20: The path is clear with respect to your motivation.

Category 2: Expectations

If you scored:

0 to 5: Your expectations for weight loss are unrealistic. If you do not achieve your weight loss goals, you will probably be very disappointed. Think about your reasons for losing weight, and try to set more realistic goals.

6 to 11: Your expectations may be a bit high. Try to focus on other reasons for changing your eating and exercise behavior, besides just the numbers on the scale.

12 to 16: Your expectations are right on target.

Category 3: Confidence

If you scored:

0 to 12: This may not be a good time for you to start a weight loss program. You may want to wait until you feel more confident in your ability to change your behavior.

13 to 23: You may be close to being ready to begin a weight loss program but should think about ways to boost your confidence before you begin.

24 to 32: Your confidence in your ability to change your behavior is strong.

Category 4: Hunger and Eating Cues

If you scored:

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

4 to 6: You may have a moderate tendency to eat just because food is available. Weight loss may be easier for you if you try to resist external cues, and eat only when you are physically hungry.

7 to 12: 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.

Category 5: Binge Eating and Purging

If you scored:

0 to 2: It appears that binge eating and purging is not a problem for you.

3 to 5: Pay attention to these eating patterns. If they interfere with your life or concern you, see a professional.

Definitely see a professional if they get worse.

6 to 15: Be aware of potentially having a serious eating problem, particularly if your score is high in this range and the problems are current. In this case, see a counselor experienced in evaluating and treating eating disorders.

Category 6: Emotional Eating

If you scored:

0 to 5: You do not appear to let your emotions affect your eating.

6 to 8: 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.

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

Questions?

Contact the Dean Comprehensive Weight Management Program at (608) 824-4457 or (800) 808-1190