

QUESTIONNAIRE

This questionnaire is to be used for screening purposes only and is not intended to be used or to act as a diagnostic tool.

Body Image

- | | | | |
|--|--------|-----------|-------|
| a) I like my body when I see myself in the mirror. | Always | Sometimes | Never |
| b) What makes me unhappy about my body? | _____ | | |

Meal Planning

- | | | | |
|---|--------|-----------|-------|
| a) I have difficulties shopping for healthy food options. | Always | Sometimes | Never |
| b) I read labels. | Always | Sometimes | Never |
| c) I understand labels. | Always | Sometimes | Never |
| d) I buy foods impulsively while shopping. | Always | Sometimes | Never |
| e) I am concerned that I will not prepare my meals ahead of time. | Always | Sometimes | Never |

Hydration

- | | | | |
|--|--------|-----------|-------|
| a) I drink at least 2 liters of water daily. | Always | Sometimes | Never |
| b) I need flavoring in my water. | Always | Sometimes | Never |
| c) I remember to drink water during the course of the day. | Always | Sometimes | Never |
| d) I like drinking water. | Always | Sometimes | Never |

Cravings

- | | | | |
|---|---------|-----------|---------|
| a) I crave carbohydrates during the day. | Always | Sometimes | Never |
| b) If always or sometimes, around what time of day. | 9:00 am | 3:00 pm | 8:00 pm |
| c) I control my cravings. | Always | Sometimes | Never |
| d) I am preoccupied with food/eating. | Always | Sometimes | Never |

Food Journal

- | | | | |
|--|---------|-----------|--------------|
| a) I intend on using the Phase 1 Daily Journal. | Always | Sometimes | Never |
| b) I am afraid it will be hard to follow the Ideal Protein Weight Loss Method. | Always | Sometimes | Never |
| c) I consume the largest amount of calories during what time of the day? | 9:00 am | 3:00 pm | 8:00 pm |
| | | | Other: _____ |

QUESTIONNAIRE

Emotional Eating

- | | | | |
|--|--------------|-----------|------------|
| a) When I get emotional, I have a tendency to binge eat. | Always | Sometimes | Never |
| b) If so, with what kind of food? | <hr/> | | |
| c) I experience the following emotion during the binge. | Happiness | Regret | No emotion |
| d) How long does the emotion usually last? | Other: <hr/> | | |
| e) I feel guilty after eating. | Short term | | Long term |
| 1. Is there a kind of meal that makes me feel guilty? | Always | Sometimes | Never |
| 2. If so, what kind? | | Yes | No |
| f) I avoid eating when I am hungry. | <hr/> | | |
| g) I eat food in secret. | Always | Sometimes | Never |
| h) I feel that food replaces something in my life. | | Yes | No |

Mealtime

- | | | | | |
|---|---------|-----------|-----------|---------|
| a) I sit at the dinner table to eat my meals. | Always | Sometimes | Never | |
| b) I take the time to prepare my meals. | Always | Sometimes | Never | |
| c) I multitask during my meals (TV, work, etc.) | Always | Sometimes | Never | |
| d) The environment in which I eat my meals affects my eating. | Always | Sometimes | Never | |
| e) On average, how long do I take to eat my meals? | < 5 min | 5-10 min | 10-15 min | >15 min |

Smoking

- | | | | |
|---|-----|-----|--------|
| a) I smoke. | | Yes | No |
| b) If yes, I want to stop smoking. | | Yes | No |
| c) How many times have I tried to stop smoking. | < 2 | < 4 | Over 6 |

Sleep Habits

- | | | | |
|---|--------|-----------|-------|
| a) How many hours a night do I sleep? | <hr/> | | |
| b) I intend to track my sleeping habits in my Daily Journal. | Always | Sometimes | Never |
| a) I am confident that I will reach my weight loss goal. | Yes | Somewhat | No |
| b) If unsure, what things make me feel uncertain that I will lose weight? | <hr/> | | |