

# Behavior Modification Assessment

## Eating Habits & Behaviors

Pinpoint the EATING HABITS & BEHAVIORS that cause you to struggle with weight loss?

Mark with a check the Reasons why you eat?

|   |   |
|---|---|
| <b>Reasons for eating:</b>                              | <input type="radio"/> Death or divorce        |
| <input type="radio"/> Boredom                           | <input type="radio"/> Tension                 |
| <input type="radio"/> Loneliness                        | <input type="radio"/> Pain                    |
| <input type="radio"/> Frustration                       | <input type="radio"/> Low self-esteem         |
| <input type="radio"/> Work Stress                       | <input type="radio"/> Happy                   |
| <input type="radio"/> Home Stress                       | <input type="radio"/> Everyone else is eating |
| <input type="radio"/> Family Stress                     | <input type="radio"/> Sad, angry, depressed   |
| <input type="radio"/> Rushed, or overwhelmed            | <input type="radio"/> Insomnia                |
| <input type="radio"/> Emotional upset                   | <input type="radio"/> PMS                     |
| <input type="radio"/> Tired, shift work, overtime hours | <input type="radio"/> Menopause cravings      |
| <input type="radio"/> Financial problems                | <b>Total Yes's =</b>                          |

Mark with a check the Eating Habits that apply to you.

|   |   |
|---|---|
| <b>Habits that cause Hormonal Imbalances</b>            | <input type="radio"/> Skip meals                              |
| <input type="radio"/> Eat to fast                       | <input type="radio"/> Binge in the afternoon                  |
| <input type="radio"/> Eat until plate is empty          | <input type="radio"/> Eat before bed                          |
| <input type="radio"/> Eat when you're not hungry        | <input type="radio"/> Think of eating often                   |
| <input type="radio"/> Eat until your uncomfortably full | <input type="radio"/> Use the drive thru often                |
| <input type="radio"/> Eat alone                         | <input type="radio"/> Use comfort foods to feel better        |
| <input type="radio"/> Hide eating from others           | <input type="radio"/> Socially isolates yourself from others  |
| <input type="radio"/> Hide food                         | <input type="radio"/> Have afternoon naps often               |
| <input type="radio"/> Feel guilty after eating          | <input type="radio"/> Drink Soda, and fruit drinks often      |
| <input type="radio"/> Ashamed after eating              | <input type="radio"/> Lack energy plan & Prepare meals        |
| <input type="radio"/> Skip breakfast                    | <input type="radio"/> Purging – laxatives, vomiting or enemas |
| <input type="radio"/> Eat out often                     | <b>Total Yes's =</b>  |

**Check mark all the different methods of dieting you have done?**

|   |   |
|---|---|
| <b>Dieting History</b>  | <input type="checkbox"/> Meal Replacement Drinks or Bars      |
| <input type="checkbox"/> Over the counter pills                 | <input type="checkbox"/> Hypnosis                             |
| <input type="checkbox"/> Prescription pills                     | <input type="checkbox"/> Body Wraps                           |
| <input type="checkbox"/> Laxatives                              | <input type="checkbox"/> Jaw Wiring                           |
| <input type="checkbox"/> Weight Watchers – Points               | <input type="checkbox"/> Starvation                           |
| <input type="checkbox"/> Dr Bernstein Diet Centers - injections | <input type="checkbox"/> Creams and Lotions                   |
| <input type="checkbox"/> Herbal Magic – Supplements             | <input type="checkbox"/> Acupuncture                          |
| <input type="checkbox"/> Jenny Craig – Prepared Meals & Snacks  | <input type="checkbox"/> Dietitian                            |
| <input type="checkbox"/> Bariatric surgery - permanent          | <input type="checkbox"/> Atkins Diet                          |
| <input type="checkbox"/> Lap-Band - removable                   | <input type="checkbox"/> Bulimic Behavior – binge or vomit    |
| <input type="checkbox"/> Ketosis – Low Glycemic                 | <input type="checkbox"/> Support Groups – TOPS, Overeaters    |
| <input type="checkbox"/> South Beach                            | <input type="checkbox"/> Electric muscle stimulating machines |
| <input type="checkbox"/> The Zone                               | <input type="checkbox"/> DrPenny DietSmart – Control Macros   |
| <input type="checkbox"/> Pablo Diet                             | <input type="checkbox"/> Isogonics – Protein Shakes           |
| <input type="checkbox"/> Beach Body Protein Shakes              | <input type="checkbox"/> The Leptin Weight Loss Patch         |
| <input type="checkbox"/> Other                                  | <b>Total Yes's =</b>  |

**Which popular stressors causes you the most stress?**

|   |   |
|---|---|
| <b>Stressors</b>                          | <input type="checkbox"/> Shift Work             |
| <input type="checkbox"/> Spouse           | <input type="checkbox"/> Politics               |
| <input type="checkbox"/> Work Place       | <input type="checkbox"/> Budget/Debt            |
| <input type="checkbox"/> Children         | <input type="checkbox"/> Body Image             |
| <input type="checkbox"/> Boss             | <input type="checkbox"/> Neighbours             |
| <input type="checkbox"/> Co workers       | <input type="checkbox"/> Education              |
| <input type="checkbox"/> Ex relationships | <input type="checkbox"/> In-Laws                |
| <input type="checkbox"/> Career/Job       | <input type="checkbox"/> Addictions             |
| <input type="checkbox"/> Sickness         | <input type="checkbox"/> Teenagers              |
| <input type="checkbox"/> Disability       | <input type="checkbox"/> Bullying               |
| <input type="checkbox"/> Diseased         | <input type="checkbox"/> Lack of family support |
| <input type="checkbox"/> Medication       | <b>Total Yes's =</b>                            |

| <b>Weight Loss Readiness Evaluation</b> mark only one | <b>Are you ready to lose weight? You Say .....</b> |
|---|--|
| <input type="radio"/> Pre-Contemplation               | "I can't or I won't"                               |
| <input type="radio"/> Contemplation                   | "I may"  |
| <input type="radio"/> Preparation                     | "I will"   |
| <input type="radio"/> Action                          | "I am"   |
| <input type="radio"/> Maintenance                     | "I still am"                                       |
| <input type="radio"/> Attitude                        | "I can do this"                                    |
| <input type="radio"/> Mind Set                        | "I am going to succeed for me"                     |

**Check mark the Rules & Principles you're using to maintain your weight loss?**

| <b>DietSmart Management Strategies</b>             |   |
|--|---|
| <input type="radio"/> Keeping a Journal            | <input type="radio"/> Limit intake of Fast and Take Out foods |
| <input type="radio"/> Set Manageable Goals         | <input type="radio"/> Follow the Inverted Pyramid             |
| <input type="radio"/> Count your Macros            | <input type="radio"/> Follow the Fat Burning Zone             |
| <input type="radio"/> Eat a Low Glycemic Carbs     | <input type="radio"/> Follow the CortiZone Principle          |
| <input type="radio"/> Eat High Quality Proteins    | <input type="radio"/> Monitor your Training Heart Rate        |
| <input type="radio"/> Eat plenty of Essential Fats | <input type="radio"/> Get a good sleep                        |
| <input type="radio"/> Follow a Fitness Plan        | <input type="radio"/> Drink Plenty of Water – Only Water      |
| <input type="radio"/> Maintain Supplements         | <input type="radio"/> Monitor Refined Sugar Intake            |
| <input type="radio"/> Increased intake of Fiber    | <input type="radio"/> Appetite Suppressant – Leptin Patch     |
| <input type="radio"/> Eat your Fabulous 5 everyday | <input type="radio"/> Live a non-diet, DietSmart Lifestyle    |
| <input type="radio"/> Portion Control              | <input type="radio"/> Eat good 80%, treat yourself 20%        |
| <input type="radio"/> Staying Motivated            | <input type="radio"/> Metabolic Cycles – Eating Times         |
| <input type="radio"/> Make a personal commitment   | <input type="radio"/> Taking Pride in your Progress           |
|  | <b>Total Yes's =</b>  |

**Which are your weight gain risks?**

| <b>Factors that causes weight gain?</b>                                    |  |
|--|--|
| <input type="radio"/> Are you under 25 years old?                          | <input type="radio"/> Have you had weight loss surgery?                    |
| <input type="radio"/> Where you an overweight child?                       | <input type="radio"/> Did you start menstruating earlier than age 11?      |
| <input type="radio"/> Is one or both your parents overweight?              | <input type="radio"/> Have you quit smoking in the last year?              |
| <input type="radio"/> Do you eat out often?                                | <input type="radio"/> Are you taking anti-depressants or steroids?         |
| <input type="radio"/> Do you have more than 3 children?                    | <input type="radio"/> Do you sit or relax more often than you move around? |
| <input type="radio"/> Did you gain more than 35 pounds during a pregnancy? | <input type="radio"/> Do you eat before bed?                               |
| <input type="radio"/> Have you never had a child?                          | <input type="radio"/> Do you skip breakfast?                               |
|  | <b>Total Yes's =</b>   |

Check mark the benefits you want from exercise.

|  |   |
|--|---|
| <b>Benefits from Exercise: Why do you exercise?</b>          | <input type="radio"/> Improve mobility                  |
| <input type="radio"/> Improve mood                           | <input type="radio"/> Increase bone density             |
| <input type="radio"/> Reduce risk of heart disease           | <input type="radio"/> Longevity                         |
| <input type="radio"/> Improve mental acuity                  | <input type="radio"/> Increase flexibility              |
| <input type="radio"/> Improve blood sugar levels             | <input type="radio"/> Improve quality of sleep          |
| <input type="radio"/> Pain Relief                            | <input type="radio"/> Improve sexuality                 |
| <input type="radio"/> Improve Posture, core strength         | <input type="radio"/> Improve digestion and elimination |
| <input type="radio"/> Fat burning – weight loss              | <input type="radio"/> Overall wellness                  |
| <input type="radio"/> Role Model                             | <input type="radio"/> Increase lean muscle mass         |
| <input type="radio"/> Increase basal metabolism - after burn | <input type="radio"/> Control Calories In & Out         |
| <input type="radio"/> Strength Training                      | <b>Total Yes's =</b>                                    |

Can you Throw Out your Scales?

|  |   |
|--|---|
| <b>Mind Set – Think Yourself Thin</b>                        | <input type="radio"/> Do you have a visual image of your body?  |
| <input type="radio"/> Can you throw out your scales?         | <input type="radio"/> Do you use motivational words like; thin, lean, slim, or light, refreshing, or healthier? |
| <input type="radio"/> Do you have scales?                    | <input type="radio"/> Do you have a picture of yourself or someone who looks thin and healthy?                  |
| <input type="radio"/> Do you weigh yourself daily?           | <input type="radio"/> Do you feel positive about your goals?  |
| <input type="radio"/> Do you weigh yourself weekly?          | <input type="radio"/> Can you remove road blocks to succeed?  |
| <input type="radio"/> Do you look at yourself in the mirror? | <input type="radio"/> Do you have positive thoughts and a healthy attitude about your weight?                   |
| <input type="radio"/> Do you like your body?                 | <input type="radio"/> Can you created your own workouts?  |
| <input type="radio"/> Do you have an ideal weight?           | <input type="radio"/> Can you self motivate?  |

| <b>Behavior Modification – Results</b>     | <b># of Yes's</b> |
|--|-------------------|
| <b>1. Reasons for eating</b>               |                   |
| <b>2. Habits</b>                           |                   |
| <b>3. Dieting History</b>                  |                   |
| <b>4. Stressors</b>                        |                   |
| <b>5. Weight Loss Readiness Evaluation</b> |                   |
| <b>6. DietSmart Management Strategies</b>  |                   |
| <b>7. Factors that cause weight gain</b>   |                   |
| <b>8. Why do you exercise?</b>             |                   |
| <b>9. Mind Set – Think Yourself Thin</b>   |                   |