Development of an Assessment Tool for Completion by Patients With Overweight or Obesity

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FEELING FRUSTRATED ABOUT YOUR WEIGHT?

Our weight is affected not only by our genes, but also by the environment we live in. If you would like to lose weight and keep it off, a healthcare provider can help. Even small reductions in weight can lower the risk of some weight-related health conditions, such as diabetes, heart disease, and arthritis.

The following questions are intended to help you and a healthcare provider talk about managing your weight.

1. Please indicate how much you agree or disagree with each of the following statements about how you might feel if you lost weight:

If I lost weight, I would...	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Live longer	☐	☐	☐	☐	☐
Be healthier	☐	☐	☐	☐	☐
Have fewer aches and pains	☐	☐	☐	☐	☐
Be more physically active	☐	☐	☐	☐	☐
Have more energy or stamina	☐	☐	☐	☐	☐
Be able to find clothes I feel good in	☐	☐	☐	☐	☐
Feel better about myself	☐	☐	☐	☐	☐
Feel more confident	☐	☐	☐	☐	☐

2. In your own words, why would you like to lose weight?

   _____

   _____

3. If you have tried to lose weight in the past, which of the following did you try? *(select all that apply)*

   ☐ Changes in the way you eat

   ☐ Weight-loss programs

   ☐ Increased physical activity

   ☐ Over-the-counter medications or dietary supplements

   ☐ Prescription medications

   ☐ Surgery (e.g., gastric bypass or sleeve)

   ☐ Other _____

There are many different approaches, including a variety of medical treatments, that have been proven to help people lose weight and keep it off.

4. Would you like to talk with a healthcare provider about ways he or she may be able to help you with your weight?

   ☐ Yes ☐ No

5. Which of the following options would you be interested in discussing with a healthcare provider?
   (select all that apply)

   ☐ Changes in the way you eat
   ☐ Weight-loss programs
   ☐ Increased physical activity
   ☐ Over-the-counter medications or dietary supplements
   ☐ Prescription medications
   ☐ Surgery (e.g., gastric bypass or sleeve)
   ☐ Other _____

Please take this completed form to your healthcare provider to discuss your options.