



# PRE-PROGRAM QUESTIONNAIRE

Return at Pre-Assessment Appointment  
in Order to Begin the Program

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## SOMETHING TO THINK ABOUT

Welcome!

You are entering the most comprehensive weight management program in the United States because you have a difficult problem to solve. This program will help you identify the underpinnings of your eating and weight management problems. This is not a diet program. This is a comprehensive endeavor.

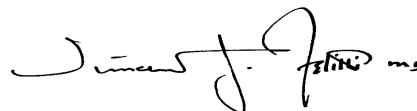
Before you begin the program, we need information from you in order to increase your likelihood of success. The attached questionnaire helps in three ways: it identifies those people who need support in addition to the basic program; it starts to organize your thinking along lines that other people find appropriate and necessary for long term weight management success; and it helps those professionals involved with your care understand how best to help you.

Have you ever noticed a relationship between eating or obesity and other things in your life like anger, problems in relationships, or sexuality? Or, has food been working so well that you haven't had to deal with these difficulties? Have you ever found yourself with food in your mouth, soothing and numbing your emotions before they were even recognizable? Do you find yourself repeatedly eating, but don't understand why?

You are now at a decision point: Will you choose to explore the issues other people have demonstrated to be relevant, or will you try to get through the program just by losing weight and by avoiding the connection between overeating and other aspects of life? Your answer to this provocative question will determine not only how you approach this questionnaire, but your long-term success. Our experience is that when people don't see the connection between overeating and other aspects of life, they unconsciously return to using food as a coping mechanism and regain their weight. If you feel you are prone to this kind of avoidance, help yourself now. Talk with one of the staff and schedule an individual appointment to discuss support options that are available in addition to the program. A skilled and understanding group of people are here on our staff to help you resolve your weight problems. Don't hesitate to use them.

Complete this questionnaire as completely and honestly as you can. It is an important step in finding the way out. There is good reason to be hopeful!

Sincerely yours,



Vincent J. Felitti, MD

7035 Convoy Court  
San Diego, California 92111  
(858) 573-0090

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## POSITIVE CHOICE PRE-PROGRAM QUESTIONNAIRE

In order to assist you in the difficult endeavor of permanent weight management, we need certain information. All information received is confidential and is used to determine what additional support, if any, is appropriate to insure your success.

\_\_\_\_\_ Date \_\_\_\_\_

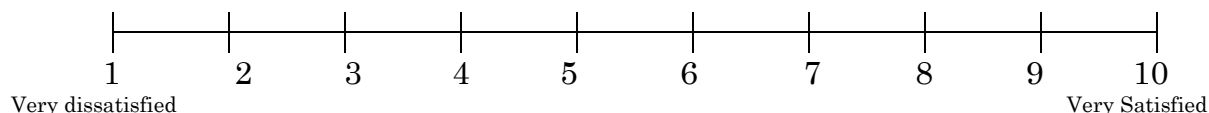
\_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Medical Record Number \_\_\_\_\_

### BACKGROUND

1. Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

2. On a scale of 1 to 10, how satisfied are you with your current employment?  
(circle one)



3. This is the \_\_\_\_\_ time I am entering the Positive Choice Weight Management Program.

4. What is the most you have ever weighed?

\_\_\_\_\_ lbs. at \_\_\_\_\_ yrs. old

5. What is the lowest weight, after age 21, which you maintained for at least one year?

\_\_\_\_\_ lbs. at \_\_\_\_\_ yrs. old

6. Is there any age or period of time for which you have no memory or are amnesic?

\_\_\_\_\_ yes \_\_\_\_\_ no when: \_\_\_\_\_

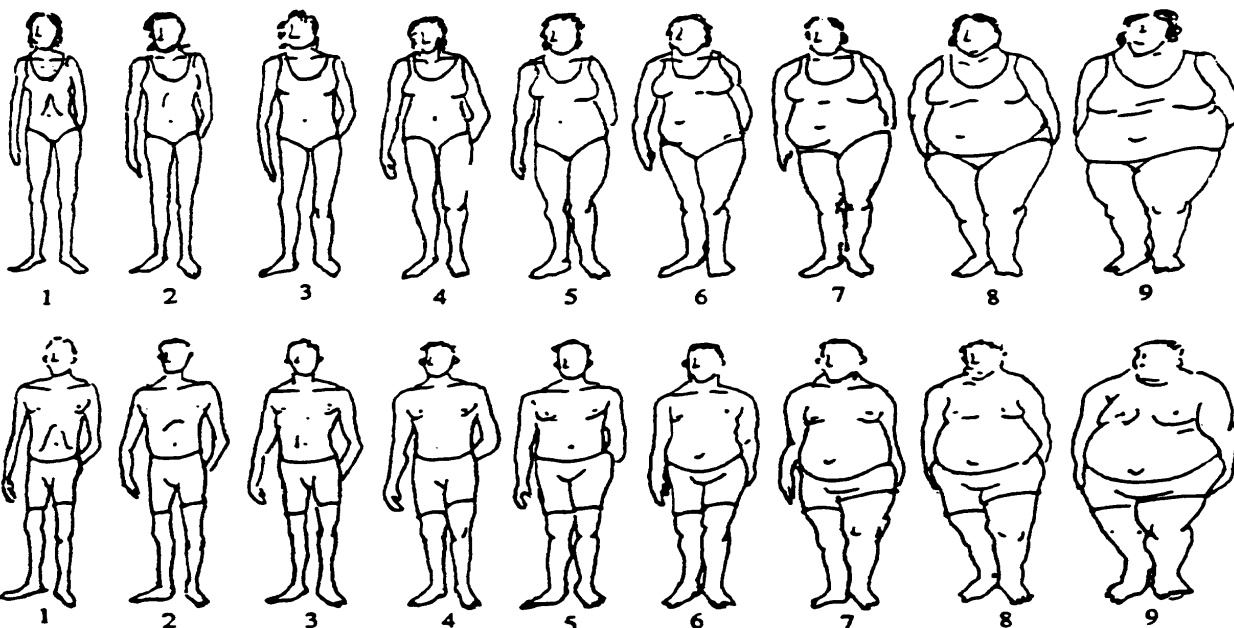
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7. For each time period shown on the following page, please list your maximum weight. If you cannot remember what your maximum weight was, make your best guess.

For each of the periods, please also select the one figure from the bottom of page 5 which best portrays your figure or physique at this time. Write the number of the figure in the space provided. In addition, please note any events that coincide with your gaining weight during this period.

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	Age	Wt.	Fig. #	Significant event(s) that occurred
Birth	N/A		N/A	
Kindergarten				
6th Grade				
Onset Menstruation				
9th Grade				
1st sexual activity				
12th Grade				
17 - 21				
21 - 25				
26 - 35				
35 - 50				
Over 50				
Armed forces basic training				
Marriage #1 (start)				
Pregnancy with most weight gain: start				
End of Pregnancy				
Marriage #2 (start)				



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8. Have you ever had any significant physical symptoms or emotional reactions while attempting to lose weight or after losing weight?

\_\_\_\_\_ yes      \_\_\_\_\_ no

If yes, please describe your symptoms or reactions, when they occurred, and the type of professional help you sought, if any.

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9. Have you ever had problems at any time with: (check all that apply)

- depression
- anxiety
- being more sensitive than others
- panic attacks
- disturbed sleep
- anger
- rage attacks

10. Have you ever been suicidal? \_\_\_\_\_ yes \_\_\_\_\_ no

11. Have ever been treated by a psychiatrist and/or psychologist?

\_\_\_\_\_ yes \_\_\_\_\_ no

## Weight Loss Goals

12. How much weight do you hope to lose in this program? \_\_\_\_\_ lbs.

13. What is the largest amount of weight you've ever lost? \_\_\_\_\_ lbs.

13a. How long did you go before starting to regain? \_\_\_\_\_

13b. WHY did you eat to regain? \_\_\_\_\_

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## Self-Perceptions

14. Can you comfortably accept compliments about weight loss?

\_\_\_\_\_ yes      \_\_\_\_\_ no

15. Can you comfortably accept compliments from the opposite sex?

\_\_\_\_\_ yes      \_\_\_\_\_ no

16. How do you think your life will change if you lose enough weight?

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## Use of Other Substances

17. Do you smoke cigarettes? \_\_\_\_\_ yes      \_\_\_\_\_ no

a. How many cigarettes per day? \_\_\_\_\_

18. How much alcohol (e.g., wine, beer, mixed drinks) do you drink in a day?

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19. Have you used street drugs in the past? \_\_\_\_\_ yes      \_\_\_\_\_ no

20. Are you presently using street drugs? \_\_\_\_\_ yes      \_\_\_\_\_ no

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## Eating Habits

21. In answering this question, please use the 5-point scale below. Pick the one number that best describes how true the observation is for you.

- 1 = not true at all
- 2 = occasionally true
- 3 = often true
- 4 = mostly the case
- 5 = always the case

I have noticed that my *eating* may:

- diminish anxiety, insecurity, tension, worry.
- help me achieve pleasure, social success, acceptance.
- relieve frustration, discouragement.
- reward me for something accomplished.
- help me avoid competition, not changing the status quo.
- help me avoid maturity.
- help me test love and affection.
- be a way to identify with a fat parent.
- substitute for love and affection.
- substitute for sexual activity.
- be a way to sedate myself.
- help me avoid depression.

22. In answering this question, please use the 5-point scale below. Pick the one number that best describes how true the observation is for you.

- 1 = not true at all
- 2 = occasionally true
- 3 = often true
- 4 = mostly the case
- 5 = always the case

I have noticed that my *obesity* may:

- be a means of avoiding contact with certain people.
- be a way of justifying not doing certain things.
- protect me from sexual activity.
- reduce demands and expectations put upon me.
- satisfy other people.
- justify failure in certain areas of life.
- make me seem a more powerful person to others.
- be an act of defiance.
- be an act of submission.
- be a way to make myself invisible.



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## Eating Patterns

23. After eating, have you ever forced yourself to vomit?

\_\_\_\_\_ yes      \_\_\_\_\_ no

24. What feelings or experiences triggered this?

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25. Do you use diuretics or laxatives to help control your weight?

\_\_\_\_\_ yes      \_\_\_\_\_ no

## Physical Activity

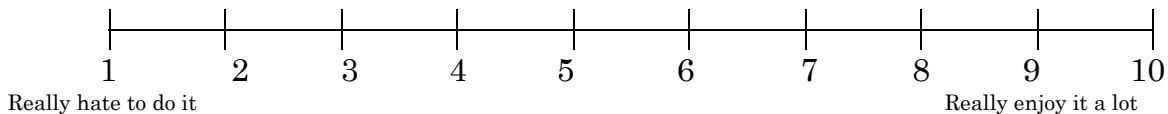
26. Is there any physical activity you engage in regularly?

\_\_\_\_\_ yes      \_\_\_\_\_ no

26a. Please describe it:

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26b. On a scale of 1 to 10, how much do you enjoy this activity?



## Family and Childhood History

27. Who lives with you in your adult household? Specify their relationship if not obvious.

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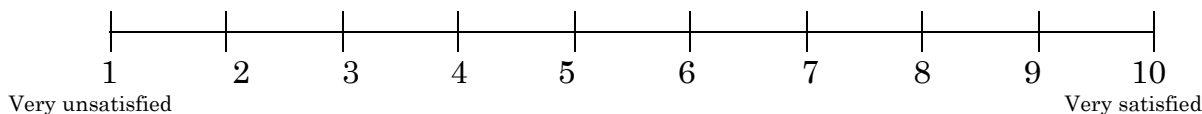
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28. Are you currently: (circle one)

Single      Widowed      Married      Separated  
Divorced      In a Live-in Relationship

29. How many times have you been married? \_\_\_\_\_

30. If you are married or in an intimate relationship, on a scale of 1 - 10, how satisfied are you with this relationship?



30a. Please describe what this person does either to support or hinder your efforts to lose weight.

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31. For your *current family*, please select the profile from page 5 that most closely resembles the profiles of the following individuals:

Spouse \_\_\_\_\_  
Children \_\_\_\_\_  
Others living in your household, if not already identified \_\_\_\_\_

32. Who in your *current family*:  
is depressed? \_\_\_\_\_  
drinks heavily? \_\_\_\_\_  
uses street drugs? \_\_\_\_\_  
is having problems with the law? \_\_\_\_\_  
is experiencing employment/unemployment problems? \_\_\_\_\_  
is having other problems? Specify problem: \_\_\_\_\_

33. Has a close relative ever attempted or committed suicide? \_\_\_ yes \_\_\_ no

If yes, who? \_\_\_\_\_

34. Circle the words below that describe how you handle disagreements with the people you are closest to:

withdraw    reason    negotiate    shout    argue    discuss    hit    cry  
leave    give in    threaten    ridicule    avoid    ignore    pout

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35. Who will support your efforts to lose weight? \_\_\_\_\_

36. Who will hinder your efforts to lose weight? \_\_\_\_\_

37. Do you have someone with whom you share your innermost thoughts and feelings?

\_\_\_\_\_ yes      \_\_\_\_\_ no    If yes, who? \_\_\_\_\_

38. Describe the family in which you were raised by circling the appropriate words:

warm          distant          cruel          battling  
destructive      loving          uninterested      rigid

38a. How do you think how you were raised has affected you?

\_\_\_\_\_  
\_\_\_\_\_

39. Were the people who raised you (circle):

Concerned about your worries?	_____Yes	_____No
Interested in how you did in school?	_____Yes	_____No
Able to make you feel wanted?	_____Yes	_____No
Often critical of you?	_____Yes	_____No
Interested in who your friends were?	_____Yes	_____No
There if you needed help or support?	_____Yes	_____No

40. Were both your biological parents the ones who raised you?

\_\_\_\_\_ yes      \_\_\_\_\_ no

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41. During your *childhood years*, who in your family:

had a history of depression or anxiety which disrupted normal functioning?

\_\_\_\_\_

attempted or committed suicide? \_\_\_\_\_

used street drugs? \_\_\_\_\_

was a heavy drinker? \_\_\_\_\_

had problems with the law? \_\_\_\_\_

had other serious problems? \_\_\_\_\_

42. Please select the profile from page 5 that most closely resembles the size of the following individuals during your *childhood years*:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Caretaker(s) (if other than mother or father) \_\_\_\_\_

Brother(s) \_\_\_\_\_

Sister(s) \_\_\_\_\_

43. Who among these individuals is leading a troubled life currently?

\_\_\_\_\_

44. As a child were you: (check all that apply)

\_\_\_\_\_ frequently ridiculed

\_\_\_\_\_ complimented

\_\_\_\_\_ frequently criticized

\_\_\_\_\_ encouraged

\_\_\_\_\_ frequently beaten

\_\_\_\_\_ given affection

\_\_\_\_\_ understood

\_\_\_\_\_ given attention

44a. How do you think the way you were treated affected you?

\_\_\_\_\_

45. Have you ever been a victim of rape?

\_\_\_\_\_ yes      \_\_\_\_\_ no

45a. How old were you at the time? \_\_\_\_\_

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45b. How has this affected you? \_\_\_\_\_

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46. Have you ever been sexually molested?

\_\_\_\_\_ yes      \_\_\_\_\_ no

46a. How old were you at the time? \_\_\_\_\_.

46b. How has this affected you later in life? \_\_\_\_\_

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## Psychological Timing

47. Please circle if you are currently experiencing any stressful changes in your life related to the following events:

A. work

F. legal/financial trouble

B. health

G. school

C. spouse - friend

H. moving

D. children

I. jealousy or infidelity

E. parents

J. other

48. What do you think is the basic, underlying cause of your weight problem?

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49. What do you hope to achieve in your life as a result of losing weight?

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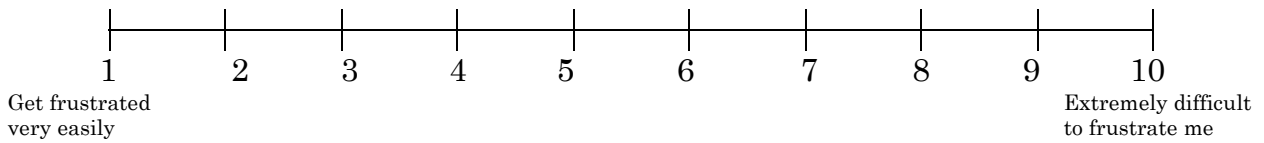
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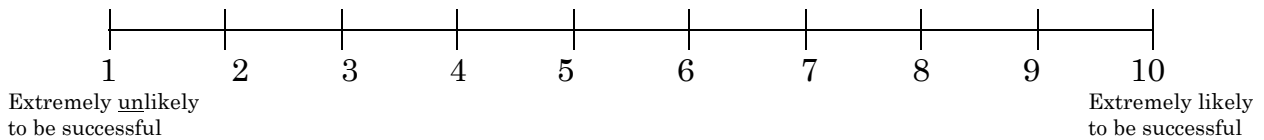
50. Do you anticipate any problems in relationships with others as a result of losing weight?

\_\_\_\_\_ yes      \_\_\_\_\_ no

51. On a scale of 1 to 10, how easily do you get frustrated?

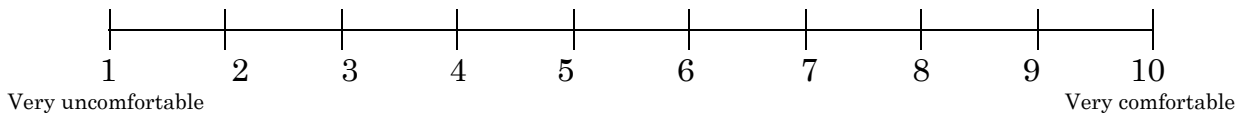


52. On a scale of 1 to 10, how likely are you to be successful *at losing and keeping your weight off?*



## Group Participation

53. On a scale of 1 to 10, how comfortable do you think you will feel discussing your eating and exercise habits with people in your group?



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54. Is there anything about being in a group that worries you?

\_\_\_\_\_ yes      \_\_\_\_\_ no

If yes, please describe briefly below.

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55. Please use the space below to discuss any other information you think is important to understanding your weight problem or your successful participation in the program.

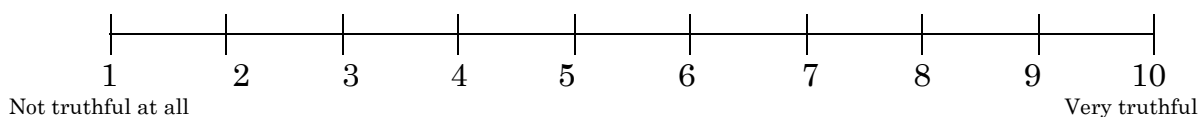
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56. Thank you for your efforts thus far. On a scale of 1 to 10, please let us know how honestly you filled out this questionnaire.



\_\_\_\_\_  
Signature