PRE-PROGRAM QUESTIONNAIRE

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

CONFIDENTIAL
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

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San Diego, California 92111
(858) 573-0090
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)

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

   Very dissatisfied  Very Satisfied

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: __________
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.
<table>
<thead>
<tr>
<th>Age</th>
<th>Wt.</th>
<th>Fig. #</th>
<th>Significant event(s) that occurred</th>
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<tbody>
<tr>
<td>Birth</td>
<td>N/A</td>
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<td>1st sexual activity</td>
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<td>17 - 21</td>
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<td>26 - 35</td>
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<td>Over 50</td>
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<td>Armed forces basic training</td>
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<tr>
<td>Marriage #1 (start)</td>
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<td>Pregnancy with most weight gain: start</td>
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<tr>
<td>End of Pregnancy</td>
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<tr>
<td>Marriage #2 (start)</td>
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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.

________________________________________________________________________________

________________________________________________________________________________

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 you 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? ___________________________________

________________________________________________________________________________

________________________________________________________________________________
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?
   _____________________________________________________________

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?
   _____________________________________________________________

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

20. Are you presently using street drugs? ______ yes ______ no
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.
Eating Patterns
23. After eating, have you ever forced yourself to vomit?

______ yes   ______ no

24. What feelings or experiences triggered this?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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:

____________________________________________________________________

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

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Really hate to do it               Really enjoy it a lot

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

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

______
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?

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Very unsatisfied | Very satisfied

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

___________________________________________________________

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
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
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? _____
45b. How has this affected you? 

________________________________________________________________________

________________________________________________________________________

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? 

________________________________________________________________________

________________________________________________________________________

**Psychological Timing**

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

A. work  
B. health  
C. spouse - friend  
D. children  
E. parents  
F. legal/financial trouble  
G. school  
H. moving  
I. jealousy or infidelity  
J. other

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

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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?

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</table>
Get frustrated very easily | Extremely difficult to frustrate me

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

<table>
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Extremely unlikely to be successful | Extremely likely to be successful

**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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</table>
Very uncomfortable | Very comfortable
54. Is there anything about being in a group that worries you?

______ yes    ______ no

If yes, please describe briefly below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

[ ] 1    [ ] 2    [ ] 3    [ ] 4    [ ] 5    [ ] 6    [ ] 7    [ ] 8    [ ] 9    [ ] 10

Not truthful at all          Very truthful

__________________________
Signature