

Adherence to a Healthy Lifestyle Questionnaire

Instructions

- The following questions and statements are about your experiences associated with diet and exercise
- Please check (✓ or X) **one** answer to complete each statement or to answer each question (unless otherwise stated)
- Some questions are presented in tables
 - ↳ Please check one box per row
- Please answer all of the questions as honestly as you can and without help from anyone.
- All your answers will be kept confidential

Review copy
Do not use without permission

About yourself

Your answers to the following questions will provide us with very important information about you and your lifestyle. For each question, check (✓ or X) the answer that corresponds best to your situation.

1. When did you first become overweight?

- ₁ After a pregnancy
- ₂ After I stopped exercising regularly
- ₃ After I stopped smoking
- ₄ I have been overweight all my life
- ₅ Other: _____

2. In your opinion, do you think that you are

- ₁ Very underweight
- ₂ Underweight
- ₃ A healthy weight
- ₄ Overweight
- ₅ Very overweight

3. What methods have you tried to lose weight?

(Check all that apply)

- ₁ None
- ₂ Low fat diet
- ₃ Low carbohydrate (low sugar) diet
- ₄ Formula diet shakes (e.g. SlimFast)
- ₅ OTC (Over The Counter) diet pills
- ₆ Diet medication prescribed by a doctor
- ₇ Organized programs (e.g. Weight watchers)
- ₈ Balanced low calorie diet
- ₉ Bariatric surgery (for example, gastric bypass or gastroplasty)
- ₁₀ Other: _____

4. Overall, what were the results of your previous attempts to lose weight?

- ₁ I did not lose a significant amount of weight
- ₂ I lost weight and kept it off
- ₃ I lost weight and regained it afterwards
- ₄ I lost weight and gained even more weight

5. How often do you exercise?

- ₁ Never
- ₂ Rarely (when I have time)
- ₃ Sometimes (two to four times per month for more than 30 minutes)
- ₄ Often (two times per week for more than 30 minutes)
- ₅ Very often (three to five times per week for more than 30 minutes)

Review copy
Do not use without permission

About your motivations

Your answers to the following questions will help us understand why you decided to change your lifestyle (such as good diet and exercise).

How important were the following reasons in your decision to adopt a healthy lifestyle?

Please check (✓ or X) one answer per question.

	Not at all important	Slightly important	Some-what important	Quite a bit important	Extre-mely important
1. Being able to look good in your clothes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Reducing the risk or severity of high blood pressure, high cholesterol, diabetes, or heart disease	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. Having more energy	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. Living an active life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. Feeling attractive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Do not use without permission

About your barriers in adopting lifestyle changes

Your answers to the following questions will help us understand the factors that may present difficulties to you when adopting healthy lifestyle changes (such as diet and exercise).

How difficult were the following factors to overcome when adopting a healthy lifestyle (such as diet and exercise)? Please check (✓ or X) one answer per question.

	Not at all difficult	Slightly difficult	Some-what difficult	Quite a bit difficult	Extremely difficult
1. Cravings for unhealthy foods	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Taste of unhealthy foods compared to healthy foods	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. Difficulty of preparing healthy meals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. Difficulty of changing my eating habits because of my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. Difficulty of finding healthy meals when I go out to eat	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. Stress associated with sticking to any diet and exercise program	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. The need to eat when I am frustrated, stressed, anxious, or sad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. Fitting diet and exercise in my schedule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9. Fitting diet and exercise in my life because of my other health conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

About your results

Your answers to the following questions will help us understand how you feel concretely that the changes you have made in your lifestyle have been working.

Since your last visit to your doctor or nutritionist, how much do the following statements apply to your situation? Please check (✓ or X) one answer per question.

	Not at all	Slightly	Some-what	Quite a bit	Extre-mely
1. I am able to put on clothes I haven't worn for a long time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. I feel healthier	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. My blood pressure is better	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. I am able to perform as much physical activity as I want or need	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. I have more energy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. I feel more attractive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. I feel more confident	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Do not use without permission

About your satisfaction

Your answers to the following questions will help us understand what aspects of your lifestyle changes (like diet and exercise) are more or less satisfying to you.

For each of the following questions, please check (✓ or X) the box that best corresponds to your situation.

	Not at all	Slightly	Some-what	Quite a bit	Extre-mely
1. How satisfied are you with your weight when looking at the scale?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. How satisfied are you with the way you look?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. How satisfied are you with how much you eat?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. How satisfied are you with the taste of what you eat?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. How satisfied are you with your program (counseling from nurse, dietician or physician)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. How satisfied are you with your level of physical activity (walking, exercise)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

7. How confident are you that you will achieve your goals?

Not at all	A little	Somewhat	Quite a bit	Extremely
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

8. How much self-confidence do you have?

None at all	A little	Some	Quite a bit	A lot
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Review copy
Do not use without permission

About your Adherence to lifestyle changes

Your answers to the following questions will help us understand the factors that help you to adopt lifestyle changes (like diet and exercise) on a long-term basis.

Since your last visit to your doctor or nutritionist, and for each of the following questions, please check (✓ or X) the box that best corresponds to your situation.

	Not at all	Slightly	Some-what	Quite a bit	Extre-mely
1. How easy was it for you to adhere to your diet and exercise program?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. How confident did your diet and exercise program make you feel?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. How much self-control did you have over your diet and exercise program?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. How much did the positive feedback and support you received from others help you in maintaining your diet and exercise program?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. How much did your blood test results help you continue your diet and exercise program?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Do not use without permission

	Not at all	Slightly	Some-what	Quite a bit	Extre-mely
1. How realistic are the diet and exercise goals that you set for yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. How confident are you that the diet and exercise changes you made in your lifestyle will be permanent changes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Review copy
Do not use without permission