NAME/ID:

DATE:

# OASIS©

Current Weight: _____ ☐ kg ☐ lbs Date checked: _____ ☐ n/a

Height: _____ ☐ feet/inches ☐ cm

*Body Mass Index (BMI): _____ *To be calculated by clinician

Blood Pressure: _____/_____ mmHg Date checked: _____ ☐ n/a

Fasting Glucose: _____ ☐ mmol/L ☐ mg/dl Date checked: _____ ☐ n/a

HbA1c: _____ % Date checked: _____ ☐ n/a

We are interested in your own beliefs about your weight. We are NOT interested in what others believe or may wish you to believe.

Indicate if you have any of the following health related experiences by reading the questions and marking ☒ either Yes or No.

| | Yes | No |
|---|---|---|
| **A) Do you regularly have trouble breathing, particularly with movement (i.e. walking, running, climbing stairs, etc.)?** | ☐ | ☐ |
| **B) Do you regularly have trouble sleeping at night?** | ☐ | ☐ |
| **C) Do you regularly wake up gasping for air?** | ☐ | ☐ |
| **D) Are you regularly fatigued?** | ☐ | ☐ |
| **E) Do you regularly feel down or depressed?** | ☐ | ☐ |
| **F) Do you avoid being around other people?** | ☐ | ☐ |
| **G) Do you regularly have aches and pains?** | ☐ | ☐ |
| **H) Do you frequently have chest pain, particularly with movement (i.e. walking, running, climbing stairs, etc.)?** | ☐ | ☐ |
| **I) Do you sometimes lose control of your bladder?** | ☐ | ☐ |
| **J) Other: _____** | ☐ | ☐ |

☐ If 'NO' to ALL of the above, please go to the next page.

☐ If 'YES' to any of the above, indicate the extent to which you agree or disagree <u>at the present moment</u> with the following statement by circling the appropriate number, keeping in mind your health related experiences.

1) My experiences are due to being overweight or obese.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Strongly Disagree** | **Moderately Disagree** | **Slightly Disagree** | **Unsure** | **Slightly Agree** | **Moderately Agree** | **Strongly Agree** |

Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

2) I have an excessive amount of body fat.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

3) I NEED to make or maintain healthy life style changes to improve my diet and/or adjust the amount I exercise.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

4) I am at a healthy weight.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

5) I can safely carry on my current lifestyle (i.e. eating and exercising as I currently do).

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

6) My weight has led or can lead to negative health consequences (e.g. high cholesterol, hypertension, diabetes, heart disease, depression, etc.).

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

7) I am overweight or have obesity (i.e. Body Mass Index greater than 25 = overweight; Body Mass Index greater than 30 = obese).

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

8) I need weight loss treatment.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

**THE END**