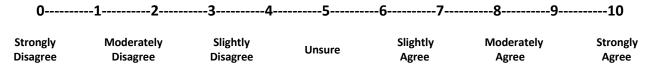


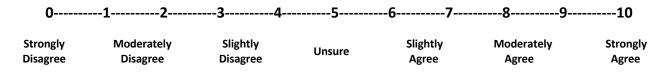
	rent Weight: □ kg □ lbs	Date checked:	🗆 n/a				
Heig	ght: ☐ feet/inches ☐ cm						
*Bo	dy Mass Index (BMI): *To be calculate	ed by clinician					
3loc	ood Pressure:/ mmHg Date checked: □ n/a						
ast	asting Glucose:						
HbA	1c: %	Date checked:	□ n/a				
may ndi	are interested in your own beliefs about your wish you to believe. cate if you have any of the following healther Yes or No.	-			ĸ		
				Yes	No		
A)	Do you regularly have trouble breathing, climbing stairs, etc.)?	particularly with movem	ent (i.e. walking, running,				
B)	Do you regularly have trouble sleeping at	t night?					
C)	C) Do you regularly wake up gasping for air?						
D)	O) Are you regularly fatigued?						
E)	Do you regularly feel down or depressed?						
F)	F) Do you avoid being around other people?						
G)	6) Do you regularly have aches and pains?						
H)	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 bl	ladder?					
	Other:						
J)	<u> </u>						

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

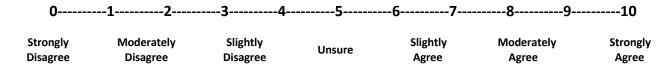
2) I have an excessive amount of body fat.



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



4) I am at a healthy weight.



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

0	12	4	5	67	9	10
•						
Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

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

0-	1	2	3	45	67	9-	10
Strongl Disagre	y Mode	<u>-</u>	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).



8) I need weight loss treatment.

