Weight Efficacy Lifestyle Questionnaire Short Form[1]

How confident are you that you can resist overeating in each of the following situations?

On a scale of 0 (not at all confident) to 10 (completely confident), choose ONE number that reflects how confident you feel now about being able to successfully resist overeating.

I am confident I can resist overeating when:

1. When I am anxious or nervous.
2. On the weekend.
3. When I am tired.
4. When I am watching TV or using the computer.
5. When I am depressed.
6. When I am in a social setting (or at a party).
7. When I am angry or irritable.
8. When others are pressuring me to eat.

<table>
<thead>
<tr>
<th>Not At All Confident</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Completely Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<td>10</td>
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</tbody>
</table>

Self-Efficacy For Exercise[2]

How confident are you that you can participate in regular physical activity or exercise in each of the following situations?

On a scale of 0 (not at all confident) to 10 (completely confident), choose ONE number that reflects how confident you feel now about being able to successfully participate in regular physical activity or exercise.

I am confident I can participate in regular physical activity or exercise when:

1. I am tired.
2. I am in a bad mood.
3. I feel I don't have the time
4. I am on vacation
5. It is raining or snowing.

<table>
<thead>
<tr>
<th>Not At All Confident</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Completely Confident</th>
</tr>
</thead>
<tbody>
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**Intrinsic Motivation (Subscales Of The Treatment Self-Regulation Questionnaire)**[3,4]

There are many reasons why people try to lose or control their weight. How true is each reason for you?

I try to lose weight or control my weight because…

1. I feel that it would improve my health.
2. Being overweight makes it difficult to do many things.
3. I feel that it would improve my physical appearance.
4. I find weight-loss to be an exciting, personal challenge.

<table>
<thead>
<tr>
<th>Not True for Me</th>
<th>Rarely True for Me</th>
<th>Sometimes True for Me</th>
<th>True for Me</th>
<th>Very True for Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

I do things like weigh myself and keep track of what I eat and my physical activity or exercise because…

1. I feel it helps me stay motivated.
2. I believe that it helps me stay focused on my weight-loss efforts.
3. I find that it helps me stay under my calorie goal and exercise more.
4. I find it rewarding to track and view my personal progress.

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<th>Not True for Me</th>
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</table>

**Stage Of Change For Healthy Diet**[5,6]

Each of these statements represents where various people are in their thinking about changing their eating or eating more healthily. Which statement best indicates where you are now? Have you made changes to your eating habits?

<table>
<thead>
<tr>
<th>Yes, I have been for more than 6 months</th>
<th>Yes, I have been but for less than 6 months</th>
<th>No, but I intend to in the next 30 days</th>
<th>No, but I intend to in the next 6 months</th>
<th>No, and I do not intend to in the next 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</table>

**Stage Of Change For Exercise**[7]

Each statement represents where various people are in their thinking about changing or increasing their physical activity. Have you made changes to or increased your physical activity?
Yes, I have been for more than 6 months | Yes, I have been but for less than 6 months | No, but I intend to in the next 30 days | No, but I intend to in the next 6 months | No, and I do not intend to in the next 6 months
---|---|---|---|---
5 | 4 | 3 | 2 | 1

**Outcome Expectations For Changes Due To Participation In Exercise**[8,9]

We would like to know how the following factors have changed, if at all, over the past 6 months due to participation in physical activity or exercise?

1. Physical Shape and Appearance
2. Quality of Sleep
3. Body Weight
4. Physical Fitness
5. Mood
6. Confidence and Well-being
7. Stress

<table>
<thead>
<tr>
<th>Not At All or N/A</th>
<th>Moderate Improvement</th>
<th>Extreme Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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