



A Healthy Weigh

Behavioral Health Initial Appointment Screening Questionnaire

Please complete all questions asked of you. If you schedule the initial behavioral health visit as an in-office appointment with the therapist, please print & bring your completed questionnaire with you. A fax # & mailing address will be provided for you at Orientation Class if you schedule a telehealth appointment. In this case, please fax or mail your completed questionnaire prior to your scheduled telehealth appointment with the therapist.

Based on your responses, the Behavioral Health therapist will determine whether or not you have demonstrated "readiness to change" which is important for your success with the A Healthy Weigh program. Note: BH therapy follow-up appointments may be suggested to you by the therapist to facilitate readiness to change and/or continued success with the program.

Name:

DOB:

Date:

Background Information/Social History:

- Any previous treatment by a Mental Health Professional?

- Current Mental Health related diagnoses:

- Current living arrangement:

- Marital status:

- Highest level of education:

- Current employment/Past work history:
- Any concerns regarding finances or having enough money to cover basic needs (food/shelter/etc):
- Any current or past experience with active eating disorders; i.e., Bulimia Nervosa, Anorexia Nervosa, Bulimarexia?
- History of alcohol or substance abuse:
- Do you have a good support system (at home/work/friends/family/etc)?
- Any difficulty attending to dressing, bathing or grooming or other activities of daily living?
- Any difficulty falling asleep or staying asleep?
- Have you ever had a panic attack or experience regular panic attacks?
- Do you have any crying spells, irritability, feelings of hopelessness, feelings of worthlessness, isolating yourself from others, suicidal or homicidal ideation?
- Do you ever hear voices or have any type of hallucinations?
- Do you feel paranoid, as if people are watching you, following you, or plotting against you?

- Do you have difficulty finishing things that you start?
- Do you lose track of your belongings or frequently forget important things?
- Do you have trouble sitting still for extended periods of time?

BH Interview Questions

1. What concerns you about your weight?
2. What hassles have you experienced in relation to your weight or health issues?
3. How has your weight stopped you from doing what you want to do in life?
4. What do you think will happen if you don't change anything about your weight/health status?
5. How would you like things to be different in your life?
6. What are some good things that may happen if you obtained a healthier weight?
7. What would you like your life to be like five years from now?

8. If you have attempted to lose weight in the past, why didn't it work? What got in the way?

9. What are the main reasons you see for making a change?

10. Why do you think you are ready to make changes NOW?

Use the remaining space on this page for any additional comments pertaining to the questions above: