

Obesity Adjustment Dialogue Tool

Introduction:

Would you be willing for me to ask you some structured questions about how your weight impacts your quality of life? [Wait for a response]

By structured questions, I mean I ask everybody these questions the same way and I ask you to give your answer using a rating scale.

I will present the statement, make sure you are clear on what it means and then ask you to choose from each option. I will repeat the options with each question and record your response on a form.

There are two sections to this interview. The first section asks you about the psychological impact of living with obesity. The second section asks about your experiences regarding eating.

*I will ask you to respond based on how you have been feeling in the **PAST MONTH**.*

For the first section of the interview, I'd like you to report the extent to which your quality of life has been negatively affected by your weight by choosing from the following options. The options are:

Not At All	A Little	Moderately	A Lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any questions before I begin? (Respond to any questions and then continue)

*First, I will ask you 6 questions about how your weight might impact your quality of life. Please indicate the degree to which you have been impacted on the following aspects of quality of life based on the **past month**.*

Impact of Weight on Quality of Life	Extent of Impact				
Questions After each question read the options	Not At All	A Little	Moderately	A Lot	Extremely
Q1. In the past month to what extent has your weight negatively impacted your activities of daily living; by this I mean things like walking around, climbing stairs, getting up from chairs, maintaining personal hygiene, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2. In the past month, to what extent has your weight negatively affected your view of yourself and your body; by that I mean feeling self-conscious, disliking your body, or feeling less worthwhile because of your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3. In the past month, to what extent have you been concerned that your weight will harm your health, by that I mean contributing to illness or shortening your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4. In the past month, to what extent has your weight caused you social distress; by that I mean feeling uncomfortable in public or being criticized or looked at because of your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5. In the past month, to what extent has your weight affected your relationships; by that I mean not being supported by family or friends or avoiding intimacy or feeling less attractive to a partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6. Overall, in the past month, to what extent do you feel distressed due to your weight; by that I mean things like feeling depressed because of your weight, not doing social things because of your weight, or feeling that you are too big to exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Next, I will ask you 6 questions about your relationship with food. Please indicate the degree to which you have been impacted on the following aspects of eating based on the **past month**.*

Relationship with Food	Extent of Impact				
Questions After each question read the options	Not At All	A Little	Moderately	A Lot	Extremely
Q7. In the past month, to what extent have you been bothered by emotional eating; by that I mean eating when you feel anxious, stressed, depressed, or lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8. In the past month, to what extent have you been bothered by intense hunger; by that I mean not being able to stop eating when you start, feeling like you can't stop eating, or that you are always hungry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9. In the past month, to what extent do you try to control your desire to eat; by that I mean taking small portions, avoid foods you like or consciously hold back at meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10. In the past month, how strong has your cravings for sweet foods been, such as chocolate, pastries, fruit juices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11. In the past month, how strong has your cravings for savory foods been, such as breads, pastas, burgers, fries, cheeses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12. In the past month, how difficult has it been to control your eating; by that I mean frequent or strong cravings, or giving into cravings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring Criteria

Scores from each question are grouped into 8 dimensions of health impact in obesity management.

Scores range from 0 to 4:

- “Not At all” = 0
- “A Little” = 1
- “Moderately” = 2
- “A Lot” = 3
- “Extremely” = 4

Scores for each dimension of health is an average of the scores for the individual questions within that dimension. Scores for dimensions with one question is simply the score for that question.

Dimensions of Health Impact	Questions	Score
Health Concerns – Function	Q1	
Health Concerns – Longevity	Q3	
Mental Distress	Q4, Q5, Q6	
Self-Esteem	Q2	
Hunger	Q8	
Cravings	Q10, Q11	
Emotional Eating	Q7	
Control of Eating	Q9, Q12	

Healthcare professionals are advised to use clinical discretion when interpreting the results of this tool. Treatment decisions should be made in consultation with the patient taking consideration of the risk/benefit to the individual patient.