

## Clinical Assessment – Mood and Readiness

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Instructions:**
- Circle one response to each of the following questions.
  - Please respond as honestly as possible.
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### Part A. Mood Assessment

During the past month:

- 1.) Have you often been bothered by feeling down, depressed or hopeless?      Yes      No
- 2.) Have you often been bothered by little interest or pleasure in doing things?      Yes      No
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### Part B. How Ready Are You To Lose Weight?

1. How ready are you to lose weight?

1	2	3	4	5
Not Ready At All	Slightly Ready	Somewhat Ready	Ready	Extremely Ready

2. How certain are you that you will stick with the program for the time it will take to lose the weight you want to?

1	2	3	4	5
Not Certain At All	Slightly Certain	Somewhat Certain	Certain	Extremely Certain

3. With all the stresses in you life, how possible will it be for you to stick to a healthier way of eating?

1	2	3	4	5
Not Possible	Somewhat Possible	Uncertain	Possible	Extremely Possible

4. How confident are you in your ability to decrease the amount of food that you eat?

1	2	3	4	5
Not Confident At All	Slightly Confident	Somewhat Confident	Confident	Extremely Confident

5. Are you ready to add more physical activity to your routine (for example, more walking or more stair climbing)?

1	2	3	4	5
Not Ready At All	Slightly Ready	Somewhat Ready	Ready	Extremely Ready

TOTAL SCORE \_\_\_\_\_

