

Evaluation of Weight Control Habits

Examinee's name

Subject of weight control habits evaluation ☐

Not applicable ☐

◆ Height: _____ cm

◆ Weight: _____ kg

◆ Waist: _____ cm

◆ Body mass index: _____ kg/m²

1. Do you weigh more (10 kg) now than when you were in your teens or early 20s?

☐ Yes

☐ No

2. How many times have you tried to lose weight?

☐ Never

☐ 1~3

☐ Over 4

☐ Always

3. Are you interested in losing weight?

☐ No

☐ A little bit interested

☐ Very interested