
WEIGHT LOSS QUIZ

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| 1. Measuring success. Do you have a way to measure your success at losing body fat apart from weighing yourself? | YES ____ | NO ____ |
| 2. Expectations. Do you expect your results to come slowly? | YES ____ | NO ____ |
| 3. Attitude. Is this a good time for you to change? | YES ____ | NO ____ |
| 4. Motivation. Do you know why you want to lose weight? | YES ____ | NO ____ |
| 5. Commitment. Are you serious about making lifestyle changes? | YES ____ | NO ____ |
| 6. Goals. Do you have any specific health and fitness goals? | YES ____ | NO ____ |
| 7. Fats. Do you try to limit fatty foods? | YES ____ | NO ____ |
| 8. Protein. Do you eat plenty of lean protein foods? | YES ____ | NO ____ |
| 9. Processed foods. Do you eat plenty of fresh foods & avoid processed foods? | YES ____ | NO ____ |
| 10. Fibre. Do you eat plenty of high-fibre foods (vegetables, fruit, beans, etc.)? | YES ____ | NO ____ |
| 11. Portion size. Do you try to keep your portion sizes small? | YES ____ | NO ____ |
| 12. Eating speed. Do you try to eat slowly and savour your food? | YES ____ | NO ____ |
| 13. Meal timing. Do you have a big breakfast and small dinner? | YES ____ | NO ____ |
| 14. Breakfast. Do you eat breakfast on most days of the week? | YES ____ | NO ____ |
| 15. Snacking. Do you limit and choose healthy snacks? | YES ____ | NO ____ |
| 16. Junk food. Do you have junk food less than once a week? | YES ____ | NO ____ |
| 17. Fast food. Do you eat out once a week or less? | YES ____ | NO ____ |
| 18. Drinks. Do you have more water than other beverages? | YES ____ | NO ____ |
| 19. Alcohol. Have you eliminated alcohol? | YES ____ | NO ____ |
| 20. Meal planning. Do you plan your meals and snacks in advance? | YES ____ | NO ____ |
| 21. Sleep. Do you wake up feeling good, and do you get enough sleep? | YES ____ | NO ____ |
| 22. Exercise. Do you exercise four days a week or more? | YES ____ | NO ____ |
| 27. Weather. Do you have an alternative exercise plan for bad weather? | YES ____ | NO ____ |
| 26. Television. Do you watch less than 60 minutes of television a day? | YES ____ | NO ____ |
| 25. Knowledge. Do you stay informed about health? | YES ____ | NO ____ |
