

**Welcome to the OSU Comprehensive Weight Management Program**

**Real Solutions**

Thank you for your interest in our programs. We are pleased that you are ready to make this a healthy year!

**Please complete the enclosed paperwork and return by mail to:**

OSU Comprehensive Weight Management

Attn: Kelly Urse

2050 Kenny Rd. Suite 1066

Columbus, Ohio 43221

**OR fax** to 614-366-2727

**OR email** to [CompWeightManagement@osumc.edu](mailto:CompWeightManagement@osumc.edu)

**Once we receive your completed paperwork, you will be contacted to schedule your initial Real Solutions appointment.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age:** \_\_\_\_\_

# Learning Styles

1. Are there any traditions, beliefs and/or cultural practices that we need to know to assist us in your care?

❑ Yes ❑ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often do you need to have someone help you when you read instructions, pamphlets or written materials from your doctor or pharmacy?

❑ Always ❑ Sometimes ❑ Never

1. How confident are you in your ability to follow the label on a medicine bottle?

❑ Very confident ❑Somewhat confident ❑ Not at all confident

1. Have you ever had trouble hearing someone speak or had ringing in your ears?

❑ Yes ❑ No

If yes, how long have you had this problem?

❑ Last six months ❑ Past year ❑ More than a year \_\_\_\_\_

1. Circle which font size is the **smallest** that you can read easily.

Big Bigger Biggest

In the table below are major reasons that some patients use to seek weight loss. Number each sentence using this scale:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| Most important reason | | |  |  | Least important reason | | |

|  |  |  |
| --- | --- | --- |
| Reason | Statement | My Score |
| Appearance | I am distressed or embarrassed by my physical appearance and need to improve it. |  |
| Medical Condition | I want to improve my medical conditions associated with obesity. |  |
| Physical Fitness | I lack physical fitness and want to be more active to enjoy life more. |  |
| Health Concerns | I am concerned that my health will deteriorate (get worse) and my life may be shortened. |  |
| Physical Limitation | I feel that my physical limitation of obesity makes day to day living very difficult. |  |
| Employment | I want to enhance my employment prospects. |  |
| Advice of others | I have been advised by others to have surgery for my weight problem. |  |

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Dixon, JB., Laurie, CP, Anderson, ML, Hayden, MJ, Dixon, ME., & PE O’Brian. (2009) Motivation, readiness to change and weight loss following adjustable gastric band surgery. *Obesity, 17 (4), 698-705.*

Patients are asked to number these statements from the most important or appropriate (1) to the least important or appropriate (7) in regard to their reasons for seeking a surgical solution to their weight problem. This method is very familiar to Australians as this is the method used for electing politicians.

**On a scale of 1 (not confident) to 10 (highly confident), how confident are you that you can meet your weight goal?**

**\_\_\_\_\_\_\_\_\_**

**On a scale of 1 (not motivated) to 10 (highly motivated), how motivated are you to meet your weight goal?**

**\_\_\_\_\_\_\_\_\_**