



Name: _____

Initial Patient Screening

Weight Loss

- 1. What is your current height? _____
- 2. What is your current weight? _____
- 3. For how long do you feel you have been overweight?
 - a. 4-11 months
 - b. 1-5 years
 - c. 6-10 years
 - d. 11-15 years
 - e. 16-20 years
 - f. 21-25 years
 - g. 26-30 years
 - h. Over 30 years
 - i. My whole life
- 4. How interested are you in starting or continuing to lose weight?
 - a. Extremely Interested
 - b. Very Interested
 - c. Somewhat Interested
 - d. Not Too Interested
 - e. Not At All Interested
- 5. How many serious weight loss attempts have you made in the last year that lasted more than 3 days long? _____

General Health

- 1. Are you pregnant? YES or NO
- 2. Have you been diagnosed with an eating disorder? YES or NO
(i.e. Anorexia, bulimia, rapid eating, night eating)
- 3. Do you have an allergy to VPS dental molding material? YES or NO

Oral Health

- 1. Do you have a regular dentist who you have seen in the last 12 months? YES or NO
- 2. Have you been told that you have good oral health by your dentist? YES or NO
- 3. How often do you clean your mouth?
 - a. Once or more a day
 - b. 2-6 times per week
 - c. Once per week
 - d. Less than once per week
- 4. Do you have upper teeth dentures, veneers, temporary crowns or recently placed dental implants? YES or NO
- 5. Have you had teeth removed in the last 6 months? YES or NO

- | | | | |
|---|-----|----|----|
| 6. Are you in the process of having teeth removed? | YES | or | NO |
| 7. Have you been prescribed any form of a removable retainer device? (i.e. Braces, plastic retainers, clear aligner trays) | YES | or | NO |
| 8. Do you currently have or have you previously worn oral hardware or piercings in the mouth in the last 24 months? (i.e. Tongue, lip or cheek) | YES | or | NO |
| 9. Have you been recently diagnosed with compromised oral health? (Decay, infection, abscess, loose or cracked teeth, inflamed oral tissue, receding gums or periodontal disease) | YES | or | NO |

Weight Loss Attitudes

1. How desirable is a weight loss program that comes with the support of a live coach that works with you to achieve your weight loss goals?
 - a. Extremely desirable
 - b. Very desirable
 - c. Somewhat desirable
 - d. Not very desirable
 - e. Not at all desirable

If you answered either (a) or (b) from question 1, please only answer question 1a to complete the form. If not, move to question 2.

- 1a. Which of the following best describes how you feel about the following statement: I feel tempted to eat and enjoy foods that are bad for my weight.
 - a. Agree completely
 - b. Somewhat agree
 - c. Neither
 - d. Somewhat disagree
 - e. Disagree completely
2. Which of the following best describes how you feel about the following statement: I'll try any new way to lose weight that I think may work.
 - a. Agree completely
 - b. Somewhat agree
 - c. Neither
 - d. Somewhat disagree
 - e. Disagree completely

If you answered either (c), (d), or (e) from question 2, please answer question 2a. If not, you have completed the form.

- 2a. Which of the following best describes how you feel about the following statement: I have an inability to sustain the lifestyle changes needed to lose weight.
 - a. Agree completely
 - b. Somewhat agree
 - c. Neither
 - d. Somewhat disagree
 - e. Disagree completely