

Patient Self-Assessment Weight (PSAW) Questionnaire Scoring Guide

Questionnaire Basics

The WatchWT patient self-assessment questionnaire should be used for each patient follow-up encounter. The purpose of this questionnaire is to evaluate key components that predict long-term weight management success. The questionnaire evaluates patient attitude, depression tendencies, external support, physical activity, and eating behavior.

Patient Attitude: Attitude is one of the most important determinants to long-term weight management success. Attitude encompasses motivation, subjective beliefs, and self-confidence. Previous research has indicated that these psychobehavioral constructs can predict up to 30% of the variance in weight reduction. Higher levels of patient attitude will likely lead to better weight management behavior adoption and subsequent weight goal attainment. **Questions 1-4 assess patient attitude.**

Scores	Definition
4-8 pts	Patient attitude is low and it is unlikely that the patient performs any positive weight loss behaviors. In addition, the patient may not value the health consequences of their negative behaviors and excess bodyweight. Providers should focus efforts towards educating the patient on the negative consequences of their actions and excess bodyweight. Reference article <i>Obesity & Health</i>
9-13 pts	Patient attitude is ambivalent and these patients are on the fence regarding treatment. Providers should focus efforts on what motivates the patient and have the patient guide the direction of their program. The patient may be looking for advice, but at the same time may need to be enlisted to help set the direction.
14-19 pts	Patient attitude is moderate and these patients are somewhat committed to a weight loss goal but need positive reinforcement. In addition, patients may have low confidence in their ability to succeed and there may be barriers preventing success. Review what barriers are preventing patient success and enlist the patient to help problem-solve these barriers. As patients resolve these barriers their confidence will improve as-well as their attitude.
20+ pts	Patient attitude is high. The patient has achieved short-term success and is confident in their ability to continue towards the weight loss goal. Provide positive reinforcement and continued support.

Depressive Tendencies: It is fairly common for overweight and obese patients to have depressive tendencies. Depression is often facilitated by negative body image, failed attempts at weight reduction, and negative social stigma of excess bodyweight. In addition, life altering circumstances (e.g., job loss, divorce, etc.) can further increase the risk of depression. Although weight reduction can improve self-image it may not resolve depressive tendencies. Therefore, it is important to monitor this construct over time and this assessment may be a screen for further evaluation and treatment. **Questions 5-6 assess depressive tendencies.**

Scores	Definition
2-5 pts	Patient may be at risk for depression. Recommend further evaluation using appropriate methods (e.g. Beck Depression Inventory, PHQ-9, etc.).
6-10 pts	Patient has a moderate view of their life and is not removed from daily activities. This may be the normal ups and downs of daily life. Excess bodyweight may be the reason to their low self-worth. Over time, weight reduction may improve body image and in-return can improve self-worth. Monitor over time and consider further evaluation if the patient has no improvement overtime.
11+ pts	The patient fills well about them-self and has a positive view on daily life. Continue to provide positive reinforcement and no further action is needed.

External Support: Having a strong external support network is important to long-term success. External support can be family, friends, and/or co-workers. Studies have shown that individuals with a solid external support network are more likely to be successful in weight reduction. At the same time, negative support can be damaging. Negative support includes negative reinforcement from individuals and individuals that sabotage positive behaviors (i.e., individuals talking the patient out of positive behaviors) **Questions 7-8 assess external support.**

External Support Cont.

Scores	Definition
2-5 pts	The patient does not have a strong external support network. The provider may need to lend an ear and listen more to the patient's issues and concerns. If appropriate, the provider should recommend group weight management or other social networks that may be of interest to the patient.
6-10 pts	The patient has a foundation to an external support network. The provider should suggest the patient schedule time to talk with key individuals in the patient's life and recruit support during the weight management process. In addition, the patient could ask a family member or friend to participate in weight management together.
11+ pts	The patient has a strong external support network. Individual or group treatment is at the discretion of the patient and provider.

Physical Activity: Physical activity is important for improved cardiovascular health and muscular tone. In addition, physical activity has demonstrated a positive effect on improving psychological health. It is recommended that individuals obtain 45-60 minutes of light (e.g., walking) physical activity most days of the week. However, for weight maintenance, patients will need to achieve 60 minutes of physical activity 6-7 days/week. Walking for 45 minutes (continuous or combined) per day will burn approximately 200-300 calories per day which equates to ½ lb per week weight loss. **Questions 9 assess basic physical activity.**

Scores	Definition
1-3 pts	The patient may not be physically active. The provider should determine what is getting in the way of intermittent activity. The provider should suggest parking further away from doors, taking the stairs, and/or walking for 15-minutes during a lunch break.
4-5 pts	The patient is probably meeting the 3-days per week of physical activity but may be burdened with other priorities that may occasionally prevent activity. In addition, the patient may not be able to increase physical activity more than what they are currently doing. Focus more on the patient's support network or help problem solve. The provider should provide positive reinforcement on meeting three days per week!
6 + pts	The patient is meeting or exceeding the 3 days per week of physical activity. The provider should provide positive reinforcement on the patient's success and possibly suggest increasing the intensity or duration of the patient's physical activity program.

Eating Behavior: Eating behavior is comprised of dietary restraint, emotional eating, and hunger. Dietary restraint is the single best eating behavior construct and predicts 25% of the short and long-term weight change. Emotional eating may derail individuals from weight change success byway of binge eating when faced with stress. Hunger is controlled by gut hormones (i.e. Leptin and Ghrelin) and is often compounded by severe caloric restriction and/or sleep deprivation. Extreme hunger can increase the risk of binge eating and cause a lapse in weight change. Patients with high restraint, low hunger and emotional eating demonstrate the ability to restrict caloric intake. Questions 10-12 assess eating behavior. **Question 10 assesses dietary restrung, Question 11 assesses emotional eating, and Question 12 assesses hunger.**

Scores	Definition
3-8 pts	The patient is consuming a high calorie diet and possibly high fat and salty foods. The provider should determine what is getting in the way of changing eating behavior. The provider should suggest making 1-2 small dietary changes (i.e., increased fruits and vegetables, smaller portion sizes, etc.). It will be difficult for patients to lose bodyweight with low eating behavior scores.
9-14 pts	The patient is attempting to manage their eating behavior. However, either emotional eating and/or hunger are preventing better success. The provider should provide positive reinforcement on making better eating behavior changes. If the patient is experiencing emotional eating the provider should help problem solve other outlets for stress management and specific tasks to minimize emotional eating. If the patient is experiencing hunger investigate sleep quality. In addition, consider increased protein and more dietary fiber to help minimize hunger. A second option may be pharmacotherapy.
15 + pts	The patient is has improved eating behavior and reduced daily calories and intake of fatty and salty foods. The provider should reinforce self-monitoring methods as dietary fatigue can cause a return to increased calorie consumption even though the patient may be consuming healthy foods.