

# SHAPE-UP

A LIFESTYLE PROGRAMME FOR WEIGHT MANAGEMENT



## Section B - About Your Health And Lifestyle

This is section B of the Shape-Up questionnaire. Fill in the answers by clicking on the relevant option or filling in the boxes. Once you have completed all of the questions, you can view and print the first part of your personalised report.

Please note that you must fully complete this section and submit it. You cannot save partially completed sections. You will not be able to amend this section once submitted.

### Now a few questions about your quality of life

How much do you agree or disagree with the following statements?

strongly                      slightly    neither agree    slightly                      strongly  
disagree disagree disagree    nor disagree    agree    agree    agree

In most ways my life is  
close to ideal

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The conditions of my life  
are excellent

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I am satisfied with my life

---

So far I have got the important  
things I want in my life

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If I could live my life again, I  
would change almost nothing

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In the last month how often have you felt:

never                      almost                      fairly                      very  
never                      never                      sometimes                      often                      often

That you couldn't control the  
important things in your life?

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Confident you could handle your  
personal problems?

---

That things were going your  
way?

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That difficulties were piling up so  
high that you could not overcome  
them?

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## About your personal style

Everyone deals with life problems differently. Please indicate the extent each of the following approaches are characteristic of you.

	very characteristic of me	somewhat characteristic of me	somewhat uncharacteristic of me	very uncharacteristic of me
When I do a boring job, I think about the less boring parts of the job and the reward that I will receive once I am finished				
When I am faced with a difficult problem, I try to approach its solution in a systematic way				
When an unpleasant thought is bothering me, I try to think about something more pleasant				
I prefer to finish a job that I have to do and then do the things I really like				
When I feel that I'm too impulsive, I tell myself "stop and think before you do anything"				
I usually plan my work when faced with a number of things to do				
If I find it difficult to concentrate on a certain job, I divide the job into smaller segments				
In order to overcome bad feelings that accompany failure, I often tell myself that it is not so catastrophic and that I can do something about it				

## About your lifestyle

Do you smoke cigarettes at all these days?	yes	no	Have you ever smoked?	yes	no
Do you drink alcohol at all nowadays?	yes		very occasionally (eg. birthdays, Christmas)	No - never drink alcohol	
Over a period of a week, approximately how many alcoholic drinks do you have? (One drink = half a pint of beer, 1 small glass of wine or sherry or 1 pub-size single measure of spirits)	0 - 7	8 - 14	15 - 21	22 - 28	29 plus

## About Your Medical History

Do you have any illness/medical condition/disability that you feel influences your ability to manage your weight?	YES	NO
Are you taking any medication which you feel influences your ability to manage your weight?	YES	NO
Have you ever been told by your doctor that you have had a heart attack, angina, coronary artery disease, stroke or blocked arteries to your legs or brain?	YES	NO
Are you taking any medication for heart attack, angina, coronary artery disease, stroke or blocked arteries to your legs or brain?	YES	NO
Have you had your blood pressure measured in the last 5 years?	YES	NO
Has your doctor ever told you that you have raised blood pressure?	YES	NO
Are you taking any medication for raised blood pressure?	YES	NO
Have you had your cholesterol measured in the last 5 years?	YES	NO
Has your doctor ever told you that you have a raised cholesterol?	YES	NO
Are you taking any medication for raised cholesterol?	YES	NO
Have you had your blood sugars measured in the last 5 years?	YES	NO
Have you ever been diagnosed with diabetes?	YES	NO
Are you being treated with insulin?	YES	NO
Are you being treated with tablets?	YES	NO
Are you being treated with diet alone?	YES	NO