

Guidelines for using the Nutrition Questionnaire: Initial visit

- I. The Nutrition Questionnaire contains 42 items that pertain to dietary behaviors that could be used in discussions with patients who either would like to lose weight or who are referred for needed weight loss. There are five response option categories that were created with Prochaska and DiClemente's Transtheoretical Stage of Change Model in mind:

Response Option	Stage of Change
<i>This has not crossed my mind</i>	Precontemplation
<i>I should be doing this , but do not</i>	Contemplation
<i>I am ready to do this</i>	Preparation
<i>I do this, but not regularly</i>	Action
<i>I always do this</i>	Maintenance

- II. The dietitian using this form should begin by reviewing items that were checked off by the subject in the last column entitled "I always do this" (maintenance). The dietitian should provide positive feedback to the subject for maintaining these positive dietary behavioral changes. In addition, the dietitian should take the opportunity to query the subject further on any item that may seem to be questionable or answered inappropriately in attempt to validate the subject's self-report. i.e. if the patient claims he always exercises, ask what he does and how often. The dietitian will also encourage continuation of these dietary behaviors if

needed. The goal here is to boost the subject's self confidence and self-efficacy in ability to make these positive adjustments.

- III. The dietitian will then move to items checked off in the column entitled, "I do this, but not regularly." The dietitian will probe as to what barriers prevent the patient from making these dietary behavioral changes more permanent and will help the patient identify ways to overcome these barriers. For example, if the patient admits that he is unable to regularly do the things reported on his form because his wife is such a wonderful cook he can't constrain himself from overeating, then the dietitian should proceed with asking open ended questions and using reflective listening skills to facilitate a discussion on what the subject thinks he could do to overcome this barrier, the type of social support he has available, etc.
- IV. The dietitian will then move to items checked off in the column entitled, "I am ready to start doing this." These items should serve as specific goals the subject can strive to attain. The dietitian will discuss these items with the subject, prioritize one to three specific behaviors to set as goals and provide educational information and counsel as to how the subject could best incorporate these changes into his lifestyle. Again, it is important that the goals be driven by the subject and that the subject verbalize his commitment to achieving these changes in eating behaviors. Goals should be specific with respect to how the subject thinks he can make the changes, when he will do this and where. For example, if the subject states he is ready to cut down his intake of pastries, specific goals should be set by the patient such as agreeing to go to the bakery only once per

week, not every day. Appropriate written education materials should be provided to the subject to complement the goals or topics of discussion when indicated.

How successful the subject is at making the specific changes should be discussed with the subject at subsequent appointments.

- V. Items in the columns entitled, “I should be doing this, but I am not” and “It has not crossed my mind” will be regarded as changes that the subject is not quite ready to make at this point in time and may be discussed with the subject at subsequent meetings if time allows. Time permitting, barriers preventing the subject from making these dietary behavior changes should be discussed with the subject as well as probing into what it would take for the subject to make these changes. Decisional balance may be key here and if a good majority of responses fall into these two categories, the dietitian may have to ask the subject to list the reasons why he thinks it would be advantageous to lose weight versus reasons why he does not want to try to change his behaviors to try to lose weight. If the subject clearly is not ready to make the changes, offering specific prescriptive advice regarding the methods and means to achieve weight loss may be futile.

Follow-Up Sessions

- I. Before each follow-up session, the dietitian should review the subject’s previous goals as identified from the Nutrition Questionnaire and previous counseling session and the patient should be queried as to the progress he has been making on the goals. The dietitian should show the subject his completed Nutrition Questionnaire from the previous session and ask the subject to update the questionnaire based on the changes he has made since the last session. If the

subject has been experiencing difficulties achieving his goals, the goals should be revised accordingly with new goals developed as needed and the dietitian should continue using the principles of motivational interviewing and stages of change theory to facilitate the counseling session.