Driven to be Free Assessment

This self-assessment is a tool provided by www.DrivenToBeFree.com to help you gauge your health needs and prepare you for the *Driven to be Free from Food Addiction & Easing Disorders* workbook.

Contact Information (If you are turning the form into Driven)

Name: _____ **Date**: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #

_____
City State ZIP Code

Phone: _____ **Email** _____

Current Weight **Goal Weight** Is your weight goal to gain or lose?: ☐Gain ☐Lose

How often do you weigh? ☐Daily ☐Weekly ☐Monthly ☐None ☐Multiple Times a Day

Can you control yourself to not weigh? ☐Yes ☐No, I cannot resist weighing ☐Unsure

After you weigh, how do you feel? (check all that apply)

☐Happy if I lost	☐Happy if I gained
☐Depressed if I lost	☐Depressed if I gained
☐Happy if I stayed the same	☐Depressed if I stayed the same
☐What the scale reads does not affect me	☐Sad if _____
☐If start to think bad thoughts about myself	☐When I gain, I want to quit my health plan.
☐ I get upset if I didn't reach my goal and have a hard time concentrating	☐ If didn't reach my goal, I immediately create a more restrictive plan or increase exercise
☐Angry ☐ Shame ☐Guilt ☐Hopeless	☐Other:
*Chapter 12 of *Driven to be Free from Food Addictions & Eating Disorders* will address scale related issues.	

Current Measurements

Neck:	Waist:	Chest:	Arm:	Hips:
Calf:	Thigh:	Wrist:	Ankle:	

Pant Size:	Shirt Size:	Shoe Size:	Bra Size:

Describe the following on a scale from 1-10 with 1 being the worst and 10 being absolute best. (Do not answer what you think is the right answer, try to be as honest with yourself as you can be.)

1. How would you rate your current physical health? 1 2 3 4 5 6 7 8 9 10
2. How was your health as a child? 1 2 3 4 5 6 7 8 9 10
3. How is your current mental health? 1 2 3 4 5 6 7 8 9 10

4. How was your mental health as a child? 1 2 3 4 5 6 7 8 9 10
5. How would you rate your relationship with God? 1 2 3 4 5 6 7 8 9 10
6. How do you view your appearance? 1 2 3 4 5 6 7 8 9 10
7. How good are the health choices you make? 1 2 3 4 5 6 7 8 9 10
8. How do you think others view your health choices? 1 2 3 4 5 6 7 8 9 10
9. How would you rate your Bible reading? 1 2 3 4 5 6 7 8 9 10
10. How would you rate your prayer time? 1 2 3 4 5 6 7 8 9 10
11. How would you rate your level of drive to be free and get healthy? 1 2 3 4 5 6 7 8 9 10

Chapter 1 of *Driven to be Free from Food Addictions & Eating Disorders* will help you assess your openness to allow God to move in the areas where you have marked as having issues. Please do not skip this chapter.

If you have food allergies, please list below:

☐Beef	☐Pork	☐Soy	☐Poultry	☐Shellfish
☐Wheat/Gluten	☐Dairy	☐Eggs	☐Peanut	☐Tree nut
☐Other:				

If you have food restrictions, please list below:

☐Gastric By-Pass Diet	☐Low Sodium	☐High Sodium	☐Low Carb	☐Low Fat
☐No Gluten	☐No Dairy	☐Vegan	☐Vegetarian	☐

Food Assessment

Describe your typical meals:

Breakfast	Lunch	Supper	Snacks

List the foods you refuse to eat:

Why do you not like the food listed?

☐Texture ☐Taste ☐Bad Memory ☐Unappetizing ☐Smell ☐Other _____

List foods that you normally wouldn't eat, but are willing to add to your diet to be healthier:

Describe your food selection habits:

☐I will try almost anything ☐I'm a picky eater ☐I eat the same thing all the time
☐I will not try new foods ☐I eat nothing healthy ☐I just like to snack
☐I eat a well-balanced diet ☐When I eat at a buffet, I eat until I am past full

Health Information

Check any area where you currently have health concerns:

☐Body Pain	☐Knee Pain	☐Diabetes	☐High Blood Pressure
☐Joint Aches	☐Snoring	☐Tight Clothes	☐Circulation Issues
☐Weak Muscles	☐Muscle Spasms	☐Back Pain	☐Headaches
☐Migraines	☐Fatigue	☐Nap needed during day	☐Sleepy after eating
☐Fatty Liver	☐Gall bladder issues	☐Incontinence	☐Difficulty to get onto floor
☐Get up to urinate frequently at night	☐Cannot cross legs	☐Difficulty trimming toenails	☐Difficulty getting up off floor
☐Difficulty tying shoes	☐Cannot tie own shoes	☐Cannot crawl	☐Restless leg syndrome
☐Heart arrythmia or irregular heartbeat	☐Bad Attitude	☐Fear of Rejection	☐Self-Rejection
☐Idolatry	☐Infirmity	☐Self-Gratification	☐Ungodly appetite
☐Acid Reflux	☐Insomnia	☐sleep apnea	☐Gas
☐Numbness in arms	☐Numbness in hands	☐Low-drive to be active	☐Difficulty breathing
☐Unable to climb stairs easily	☐Depression	☐	☐

If you could choose quick changes in your physical/mental health, what three changes would you like to see first?

1.

2.

3.

Current Medications: ((You do not have to disclose this to Driven. This is here for your reference.))

Prescription or Vitamin	Purpose	Dosage

What health plans have you been on before?

Please list two last health plans you were on, if there are any:

Plan: _____ Was it healthy?: ☐YES ☐NO ☐IDK

How long? _____ Why did you stop?: _____

Results: _____

Plan: _____ Was it healthy?: ☐YES ☐NO ☐IDK

How long? _____ Why did you stop?: _____

Results: _____

Chapter 2 & Worksheet 2 of *Driven to be Free from Food Addictions & Eating Disorders* help you assess what went wrong, if anything, and how to avoid the same pitfalls in the future.

Miscellaneous Questions

Question	Answers
Do you have an eating disorder?	☐YES ☐NO ☐IDK
What are the food/beverage items that first come to mind that you do not want to give up or restrict?	
Who would give you the most support if you decided to choose a health plan?	
What level of participation would you give to learning how to walk in healing, wholeness, and freedom? This might include the following: ✓ Prayer ✓ Work (doing the work such as reading/watching videos)	☐Someone else wants me to do it, but I don't want to make changes. ☐I am desperate and am willing to whatever it takes. ☐I want to do what it takes, but I am afraid I'll fail. ☐I want to do what it takes, but there are things I'm not ready to give up yet, if it were required. ☐I do not know.
What is your favorite type of exercise?	
Do you have pain when you exercise? And is so, what kind?	☐YES ☐NO Describe:
What is your current frequency of exercise? (check all that apply)	☐I do not exercise. ☐Daily ☐2-3 Times a Week ☐Weekly ☐When I exercise it is for 15-30 minutes ☐When I exercise it is for 40-60 minutes ☐When I exercise it is for over 1 Hour
Did you feel guilt or shame when answering any of these questions?	☐YES ☐NO
What is your opinion of obese people?	

How do you define cheating?

Check all that apply:

☐When I eat anything outside of my meal plan

☐ When I start a plan, I have rules of things I won't eat (sugar, soda, etc) If I eat those things, I've cheated.

☐When I do not exercise

☐It's only cheating if I go outside of my meal/exercise plan and then don't make up for it by exercise or removing other meals/foods

☐One bite of something I am not supposed to eat is cheating.

☐I do not think it is cheating if I have already planned an event or meal where I know that I will be off of my meal plan.

If you do cheat, what is your mindset? (check all that apply)

☐I believe that I have completely failed, whether it's eating something I shouldn't or eating between meals.

☐I have a difficult time with my mind and begin to think, "Since I've already cheated, I may as well continue to cheat."

☐I continue cheating the rest of the day and start back following the plan the next morning.

☐Once I cheat, I quit and go back to old patterns.

☐I cheat for the moment, and then I immediately pick up where I left off but feel guilty.

☐I cheat for the moment, and then I immediately pick up where I left off, but I do not feel guilty. I did it, I'm over it and I can focus on success again.

☐I have a difficult time getting my mind under control and begin self-abuse behavior such as:

- ☐Berating myself because I cheated. (call myself names or think bad things)
- ☐Hate myself because I failed
- ☐I refuse to eat/drink again until I've sufficiently paid a penalty for my mistake
- ☐I use medication or other means to get rid of what I ate such as purging, laxatives, extensive exercise etc.
- ☐Make defeating statements like, "I won't try again, I can't do it." "I will fail or am a failure, I will never be successful," "Other people can be healthy, but not me."

Chapter 3 & Worksheet 3 of Driven to be Free from Food Addictions & Eating Disorders *will walk you through analyzing these issues while chapters 4-7 will help address the root causes.*

What has kept you from staying on a meal or exercise plan?

Check all that apply:

☐ I don't know how to eat right.

☐ I like to snack when I shouldn't

☐ I end up cheating and don't stay with it.

☐ I get frustrated when the scales don't move fast enough and then give up.

☐ I don't have the support I think I need to do it.

☐ After doing a good job, I reward myself with food and then it all goes downhill from there.

☐ Finances

☐ It's just too much to think about. I have too far to go and it feels like I'll never get there.

☐ I have failed before. I do not want to fail again.

☐ I'm addicted to:

☐ I know I should give up a certain food or habit, but I don't want to.

Other:

Chapter 3 & Worksheet 3 of *Driven to be Free from Food Addictions & Eating Disorders* will address these issues.

Check any area where you feel like you have an issue:

☐Gluttony	☐Blaming	☐Shame	☐Disobedience
☐Lust	☐Laziness	☐Complacency	☐Poverty
☐Hatred for food	☐Self-Hate	☐Self-Harm	☐Hatred for others
☐Unforgiveness	☐Bitterness	☐Guilt	☐Self-Gratification
☐Hopelessness	☐Negativity	☐Self-Indulgence	☐Pride
☐False Identity	☐Depression	☐Passivity	☐Fear of Starvation
☐False Comfort	☐Anorexia	☐Bulimia	☐Binging
☐Excuses	☐Bad Attitude	☐Fear of Rejection	☐Self-Rejection
☐Idolatry	☐Infirmity	☐Ungodly appetite	☐Drug Addiction
☐Food Addiction ☐Sugar Addiction	☐Chocolate Addiction	☐Caffeine Addiction ☐Salt Addiction	☐Carb Addition ☐Nicotine Addiction
☐Do not like pictures taken of me.	☐Do not like to look in the mirror	☐I do not like others to see me eat.	☐I am ashamed when I eat
☐False Responsibility	☐I lie about what I eat/ate	☐Fear of Abandonment	☐ Fear of lack of control
☐Hiding food	☐Shame after I eat	☐Manipulation	☐Fear of Failure
☐ Hiding behind weight	☐	☐	☐

Chapter 8-11 and their worksheets of *Driven to be Free from Food Addictions & Eating Disorders* are valuable to cut the affects of many of these issues from your life.

When you eat, check below the reasons you typically have for eating:

☐Fuel	☐Nutrition	☐Boredom	☐Weakness	☐Anxiety
☐Sadness	☐Overwhelmed	☐Anger	☐Grief	☐Entertainment
☐Social	☐Habit	☐Hunger	☐Tastes Good	☐Comfort
☐Nervousness	☐Unable to Resist	☐	☐	☐

This assessment was provided for you from *Driven To Be Free from Food Addictions and Eating Disorders*. The questions allow you to think about certain behaviors and patterns you may have not considered before. You can use this assessment to gauge your progress.

If you would like to attend one of the Driven to be Free retreats, this form needs to be completed and submitted to our office. You can do that by email at: office@driventobefree.org or by following the link on our website to schedule an appointment or retreat at: www.DrivenToBeFree.org

In addition, if you would just like for one of our prayer partners to review your assessment, pray over it and/or contact you, please note that in your correspondence.

