

MY PERSONAL WEIGHT JOURNEY


Take a moment to answer the following questions about your weight, motivations, and challenges to help guide conversations with your health care professional about a weight-management plan that fits your lifestyle.

PERSONAL INFORMATION

Weight: _____ (lbs)

Height: _____ (ft/in)

What do you feel your weight may be holding you back from doing?

 Approximately how much weight would you like to lose to help you reach your goals? _____ (lbs)

WEIGHT-RELATED CONDITIONS

Select which of the following conditions or diseases you have. Write in any prescription or over-the-counter products you are currently taking.

| Condition or Disease (select)* | Prescription or Over-the-Counter Products (write in) |
|--|--|
| <input type="checkbox"/> Sleep disorders (eg, sleep apnea, insomnia) | |
| <input type="checkbox"/> Chronic pain conditions (eg, arthritis) | |
| <input type="checkbox"/> Cardiovascular disease | |
| <input type="checkbox"/> Respiratory disease | |
| <input type="checkbox"/> Gastrointestinal disorders (eg, liver problems) | |
| <input type="checkbox"/> Endocrine disorders (eg, hormone) | |
| <input type="checkbox"/> Diabetes or prediabetes | |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Other: | |

**This is not a complete list of all possible weight-related conditions.*

LIFE MILESTONES/EVENTS & WEIGHT

In the space provided, share any life events that relate to your weight loss or weight gain. Add any specifics you would like. Possible life events may include: Special occasions/events (eg, wedding, baby, class reunion, vacation), Home or work changes (eg, job change, divorce, personal loss, move), Health or medical changes (eg, nutritionist, injury, surgery, medication)

| When did this occur? (age) | Event | How much weight did you lose/gain? | Weight Loss | |
|----------------------------|-------|---------------------------------------|---------------------------------|------------------------------|
| | | | What did you do to lose weight? | Would you do it again? (Y/N) |
| _____ years old | | Lost _____ (lbs) / Gained _____ (lbs) | | |
| _____ years old | | Lost _____ (lbs) / Gained _____ (lbs) | | |
| _____ years old | | Lost _____ (lbs) / Gained _____ (lbs) | | |



WEIGHT-LOSS/MANAGEMENT EFFORTS

How would you describe your efforts to lose or maintain weight? Please select all that apply.

| Current efforts | Tried it in the past | Doing it now |
|---|--------------------------|--------------------------|
| Physical activity | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthy eating | <input type="checkbox"/> | <input type="checkbox"/> |
| Over-the-counter products | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription medication | <input type="checkbox"/> | <input type="checkbox"/> |
| Commercial weight-loss programs (eg, Weight Watchers®) | <input type="checkbox"/> | <input type="checkbox"/> |
| Bariatric surgery | <input type="checkbox"/> | <input type="checkbox"/> |

How long have you been trying to lose weight?

Less than 2 years

2-4 years

5-9 years

As long as I can remember



CURRENT EATING & ACTIVITY ROUTINES

How would you describe your eating habits? Please select all that apply.

Eat 3 meals a day

Frequent snacker

Binge eater

Constant dieter

Eat more than 3 meals
a day

Healthy eater

Emotional eater

Other _____

What approaches to healthy eating have you tried in the past? **Circle** what worked for you and **mark an X over** what didn't work.

Limiting my portion size
(eg, using a smaller plate)

Using meal replacements

Tracking activity and calories

Cooking meals at home

Avoiding sugary foods
and drinks

Reading food labels

Other _____

Approximately, how many minutes total per week do you spend doing physical activities such as going for a walk, cleaning the house, climbing stairs, light yard work, or biking?

60 min or less (1 hour)

60-120 min (1-2 hours)

120-180 min (2-3 hours)

more than 180 min (3 hours)



Any other weight-related information your health care professional should know?
