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)
☐ Sleep disorders (eg, sleep apnea, insomnia)	
☐ Chronic pain conditions (eg, arthritis)	
☐ Cardiovascular disease	
☐ Respiratory disease	
☐ Gastrointestinal disorders (eg, liver problems)	
☐ Endocrine disorders (eg, hormone)	
☐ Diabetes or prediabetes	
☐ Depression	
☐ 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	☐	☐
Healthy eating	☐	☐
Over-the-counter products	☐	☐
Prescription medication	☐	☐
Commercial weight-loss programs (eg, Weight Watchers®)	☐	☐
Bariatric surgery	☐	☐

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
☐ Eat more than 3 meals a day
☐ Frequent snacker
☐ Healthy eater
☐ Binge eater
☐ Emotional eater
☐ Constant dieter
☐ 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)
Cooking meals at home
Using meal replacements
Avoiding sugary foods and drinks
Tracking activity and calories
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?

_____

_____

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