

My personal weight journey



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

You can complete the form with your healthcare professional or take it home and bring it to your next appointment.



SECTION 1

Personal information

Weight: _____ (kg) Height: _____ (cm)

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?

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SECTION 2

Weight-related conditions

Select any of the following conditions or diseases you have. Please note any prescription or over-the-counter products or natural remedies you are currently taking.

Condition/disease (select all that apply)

Current treatments

☐ Sleep disorders (e.g. sleep apnoea, insomnia)

☐ Chronic pain conditions (e.g. arthritis)

☐ Cardiovascular disease (e.g. high blood pressure)

☐ Respiratory disease (e.g. asthma)

☐ Gastrointestinal disorders (e.g. liver problems)

☐ Endocrine disorders (e.g. polycystic ovary syndrome)

☐ Diabetes or pre-diabetes

☐ Mental health conditions (e.g. anxiety, depression)

☐ Other



SECTION 3

Life events and your weight

In the space provided, share any life events that you can relate to weight loss or weight gain.

Possible life events may include: special occasions/events (e.g. wedding, baby, class reunion, vacation), home or work changes (e.g. job change, divorce, personal loss, move), health or medical changes (e.g. nutritionist, injury, surgery, medication).

Event	Age this occurred	What was the effect (kg) on your weight?	What did you do to lose weight?	Would you do it again?
		Loss _____ Gain _____		Y N
		Loss _____ Gain _____		Y N
		Loss _____ Gain _____		Y N
		Loss _____ Gain _____		Y N

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SECTION 4

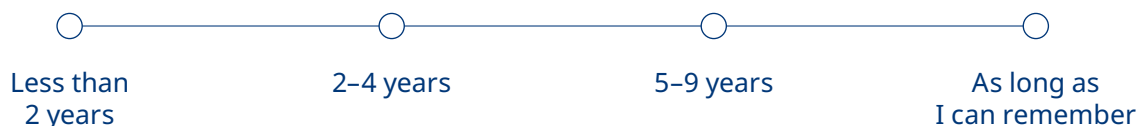
Weight loss attempts

How would you describe your efforts to lose or maintain weight?

(Select all that apply)

Interventions	Tried in past	Doing it now
Physical activity	<input type="radio"/>	<input type="radio"/>
Healthy eating	<input type="radio"/>	<input type="radio"/>
Over-the-counter products	<input type="radio"/>	<input type="radio"/>
Commercial weight-loss programs (e.g. Noom®)	<input type="radio"/>	<input type="radio"/>
Prescription medication	<input type="radio"/>	<input type="radio"/>
Bariatric surgery	<input type="radio"/>	<input type="radio"/>

How long have you been trying to lose weight?



SECTION 5

Current eating and activity routines

How would you describe your eating habits? (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 _____



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Current eating and activity routines

What approaches to healthy eating have you tried?

Tick all that apply, and place an X in the box for those that didn't work.

- | | | |
|--|--|---|
| <input type="checkbox"/> Limiting portion size | <input type="checkbox"/> Meal replacements | <input type="checkbox"/> Tracking activity and kilojoules |
| <input type="checkbox"/> Cooking meals at home | <input type="checkbox"/> Reading food labels | <input type="checkbox"/> Avoiding sugary food/drinks |
| <input type="checkbox"/> Other | | |

Approximately how many minutes per WEEK do you spend doing physical activities

e.g. going for a walk, cycling, cleaning the house, gardening.

- | | |
|--|---|
| <input type="radio"/> ≤60 mins (1 hour) | <input type="radio"/> 60–120 mins (1–2 hours) |
| <input type="radio"/> 120–180 mins (2–3 hours) | <input type="radio"/> ≥180 mins (≥3 hours) |

SECTION 6

Any other information your healthcare professional should know?