



## 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?

---



**MY PERSONAL WEIGHT JOURNEY**

**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.

<b>Condition/disease</b> (Select all that apply)	<b>Current treatments</b>
<input type="checkbox"/> Sleep disorders (e.g. sleep apnoea, insomnia)	_____
<input type="checkbox"/> Chronic pain conditions (e.g. arthritis)	_____
<input type="checkbox"/> Cardiovascular disease (e.g. high blood pressure)	_____
<input type="checkbox"/> Respiratory disease (e.g. asthma)	_____
<input type="checkbox"/> Gastrointestinal disorders (e.g. liver or digestion problems)	_____
<input type="checkbox"/> Endocrine disorders (e.g. polycystic ovary syndrome)	_____
<input type="checkbox"/> Diabetes or pre-diabetes	_____
<input type="checkbox"/> Mental health conditions (e.g. anxiety, depression)	_____
<input type="checkbox"/> 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).

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



**MY PERSONAL WEIGHT JOURNEY**

**SECTION 4**

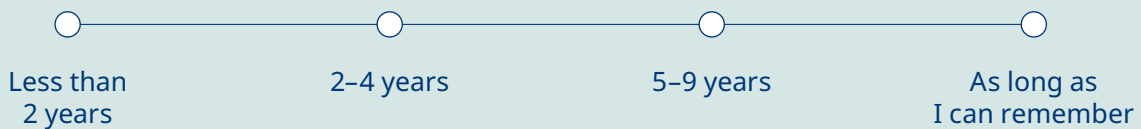
**Weight loss attempts**

**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 programmes (e.g. Noom <sup>®</sup> )	<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



## MY PERSONAL WEIGHT JOURNEY

### Current eating and activity routines

#### What approaches to healthy eating have you tried?

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

- Limiting portion size
- Meal replacements
- Tracking activity and kilojoules
- Cooking meals at home
- Reading food labels
- Avoiding sugary food/drinks
- Other

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

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

- ≤60 mins (1 hour)
- 60–120 mins (1–2 hours)
- 120–180 mins (2–3 hours)
- ≥180 mins (≥3 hours)

#### Have you tried working with anyone else to help you achieve goals?

(Select all that you have worked with).

- Community groups  
(e.g. weight loss or exercise groups)
- Other healthcare providers (e.g. Māori health providers, dieticians, counsellors)
- Whānau or friends

Provide details here: \_\_\_\_\_

### SECTION 6

#### Any other information your healthcare professional should know?

---

---

---

---

---

---

---

---