## 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?							
			° °				
? Approxir	mately how much w	eight would you lik	e to lose to help you reach your goals? _	(lbs)			
			Nudgisw mol of great na				
WEIGHT-RE	LATED CONDITION	ONS					
	of the following cor are currently taking		you have. Write in any prescription or over	er-the-counter			
Cond	ition or Disease (selec	t)*	Prescription or Over-the-Counter Produc	ts (write in)			
☐ Sleep disord	ders (eg, sleep apnea, in	somnia)					
☐ Chronic pai	n conditions (eg, arthrit	is)	2484				
☐ Cardiovascu	ular disease		tare, steels and a second	The transfer of the second			
☐ Respiratory	disease						
☐ Gastrointes	tinal disorders (eg, liver	problems)	Different and an interference growing mark is a little of				
☐ Endocrine o	disorders (eg, hormone)		sames in the rest of the	market and the			
☐ Diabetes or	prediabetes	. J					
☐ Depression							
□ Other:	hi og en nai klodiki		or not being off Herris Herb Heliot Samble of Here				
*This is not a comple	ete list of all possible weight-re	elated 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	Event	How much weight	Weight Loss	
occur? (age)		did you lose/gain?	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)		

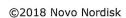


## WEIGHT-LOSS/MANAGEMENT EFFORTS

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

Current efforts	Tried it in the pas	st	Doing it now					
Physical activity								
Healthy eating		7 ( 0.51)						
Over-the-counter products								
Prescription medication			. 🗆					
Commercial weight-loss programs (eg, Weight Watchers®)								
Bariatric surgery	disarem de d'Oranic							
How long have you been trying to lose weight?								
Less than 2 years			As long as I can remember					
0	O	O	0					
CURRENT EATING & ACTIVITY ROUTINES								
How would you describe your eating habits? Please select all that apply.								
□ Eat 3 meals a day □	l 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	Using meal replacer	nents	Tracking activity and calories					
(eg, using a smaller plate)	Avoiding sugary foo	ods	Reading food labels Other					
Cooking meals at home	and drinks							
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?								
			more than 180 min (3 hours)					
0 —	O	O	0,2,124,114,341					
Any other weight-related information your health care professional should know?								
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