Conversation Guide

THE WEIGHT CONVERSATION

This guide can help you to better understand your condition and equip you to have a more informed conversation with your doctor about weight management and sustained weight loss.
Review and answer the seven questions below ahead of your appointment with your doctor

YOUR MOTIVATIONS AND CHALLENGES

1 What is your motivation for wanting to have a conversation about weight management and sustained weight loss? Select all that apply.

- ○ I want to improve my physical and emotional well-being
- ○ I want to be more mobile/have fewer physical limitations
- ○ I want to reduce the risk of future health issues linked to excess weight
- ○ I want to spend more quality time with my family and friends
- ○ I want to look and feel better
- ○ Other motivations not listed

2 How long have you been aware of having a weight-related condition?

- ○ <12 months
- ○ 1-3 years
- ○ 4-10 years
- ○ >10 years

If you know your BMI, please add it here:

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If not, ask your doctor to help calculate it for you.

YOUR EXPERIENCE OF WEIGHT MANAGEMENT

3 How have you tried to manage your weight previously?

- ○ I have spoken to a doctor about weight management
- ○ I have tried lifestyle modifications including diet and exercise modifications
- ○ I have tried medications/supplements purchased over the counter/not prescribed by a doctor
- ○ I have tried medications prescribed by a doctor
- ○ I haven't tried any weight management approaches

4 Have you experienced weight loss followed by weight regain? If yes, what factors do you think contributed to the weight regain? Select all that apply.

- ○ I hit a plateau and got discouraged, so I quit my exercise and/or diet regimen
- ○ I continued to be hungry, and I didn't feel full, so I had a hard time maintaining my diet
- ○ I lacked the time to prepare healthy food and participate in physical activity
- ○ I could not afford the cost of a healthy diet and exercise
- ○ Nothing I have tried seems to work for long, I think there are other factors outside of my control
- ○ I have not experienced this

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WHAT IMPACT DOES YOUR WEIGHT HAVE ON YOU?

5 **Do you currently have any of the following health concerns? Select all that apply.**

- ○ I have high blood sugar (pre-diabetes or type 2 diabetes)
- ○ I have high blood pressure
- ○ I have high cholesterol
- ○ I have difficulty sleeping (for example, sleep apnoea)
- ○ I have chronic knee, hip, or back pain
- ○ I have joint pain (for example, osteoarthritis)
- ○ I have heart problems (for example, atrial fibrillation)
- ○ I have liver issues (for example, fatty liver)
- ○ I have a family history of obesity/overweight
- ○ Other ways not listed
- ○ I do not have any other health concerns

6 **How does your weight affect your physical well-being? Select all that apply.**

- ○ It hasn't affected me physically
- ○ I have difficulty breathing when going up the stairs or walking
- ○ I am unable to do the activities I once loved
- ○ I am having a difficult time keeping up with my kids/family members/friends
- ○ I have trouble with simple daily activities, like bending to put on my shoes on
- ○ Other ways not listed

7 **How does your weight affect your emotional well-being? Select all that apply.**

- ○ It doesn't affect me at all
- ○ I feel embarrassed
- ○ I feel like people judge me
- ○ I feel that I don't receive the same opportunities in life, at work, or in my education
- ○ It makes me feel upset/frustrated
- ○ I feel uncomfortable in my own skin
- ○ I don't feel healthy
- ○ It impacts my relationships with friends and loved ones
- ○ Other ways not listed

Make the commitment today to have a weight management conversation with your doctor and set your individual goals.

Date of confirmed appointment: ..... .