Weight Management Follow-up Vi Name	isit	Date	OMS 7 VV
Your weight Waist circumference* Hip circumference**	Weight lo 1 st day of y	oss medication our last period	
*Measure your waist: Stand and place a tape me **Measure your hips: Then measure the distand Waist-to-hip ratio (WHR): less than 0.85 is "ide	ce around the largest part of your hip		
What challenges or difficulties are ye	ou having with your weight l	oss?	
If you are you taking a medication *, Any side effects? □ none □ dry □ constipation □ other	mouth \Box jitteriness \Box head	lache \Box trouble	o □ not applicable sleeping □ nausea
□ constipation □ other Are you able to take the medication If no , what difficulties are you experies	as directed? □yes □no ncing?		
Are you following a specific dietary p □ Paleo □ Mediterranean □ oth	l an ? □ no □ Vegan/vege er	tarian 🛛 Low ca	rb/ketogenic style
Are you using meal replacements ? If yes, □ Full Plan □ Fresh Steps □	□ yes □ no		
Exercise: What type and how often? If none, what types of movement can ye			
How well do you sleep at night? □ □ difficulty falling asleep □ frequent	through the night \Box fall asle		
Are you experiencing any significant s If yes , how are you managing? □ no □ other		es 🗆 exercise	□ journaling
Are you tracking your food, steps, slee If yes, □ notebook and pen □ Heal □ other		no □ WW app	
Are you finding it helpful? □ yes □	l no		
□ cravings □ rapid heart beat □ □ irritability □ fluid retention □ □ lack of control □ fainting □	cal problems since starting to joint painnauseajoint painbloatingmuscle crampsconstipationrashesdiarrheaheadacheindigestionweakness	his program? □ numbness □ dizziness □ tremors □ depression □ anxiety	 none moodiness trouble sleeping hair loss cold intolerance irregular periods

PLEASE fill out the next 2 pages as well You can email back to Dawn or have available for our virtual visit

Food Diary: Consider WHEN you eat as well as WHAT you eat

- Instead of labeling your meal as "breakfast", etc. please identify your eating events with the time of day
- Focus on 3 meals a day, minimize snacks, try to eat your larger meal mid-day and your final meal earlier in the evening
- Keep your eating window (first bite of the day to last bite of the day) to a 12-hour time period or less (8-12 hour window)

time of day give me an idea of what you eating in a typical day, including beverages!

Weight Maintenance Session #7: Overeating Episodes

Do you continue to eat after you are full, leading to the frequent consumption of large portions of food in one sitting?

 \Box yes \Box no

- 2. Do you find it difficult to stop eating once you start with some of your favorite foods?
 □ yes □ no
- 3. Do you often eat until you feel uncomfortable or full?□ yes □ no
- 4. Do you sometimes eat large amounts of food even when you are not physically hungry?
 □ yes □ no
- 5. Do you sometimes eat alone because you are embarrassed about what you are eating? □ yes □ no

Hormone Balance Questionnaire: Thyroid Imbalance

Read carefully through the list of symptoms. Fill in box (■) next to any your experience.

As you may recall you answered these questions before your first visit.

Let's see how your improved diet and lifestyle have improved your symptoms!

Do you or have you experienced any of the following symptoms since you started our program...

- □ I have brain fog or feel like my memory isn't quite what it used to be
- □ I am losing hair (scalp, body, outer third of eyebrow)
- □ My hair is dry and tangles easily
- □ I am constipated often and need caffeine to get a bowel movement
- □ I am cold and/or have cold hands and feet
- \Box My periods are sporadic or occur more than 35 days apart
- □ I have joint or muscle pain
- □ I have dry skin
- □ I have had difficulty getting pregnant (after trying for 6 or more months) or have had a miscarriage
- \Box I am in a low mood or struggle with depression
- □ I am tired no matter how much I sleep
- \Box I find it difficult to break a sweat
- \Box I have recurrent headaches
- \Box I have high cholesterol
- □ I have a hoarse voice most days

Total_____

ANSWER KEY 0-1 checked boxes = this category is unlikely causing your symptoms **2-4** = this area needs your attention

 5^+ = this hormonal imbalance is likely causing your symptoms

1. Do you continue to eat after you are full, leading to the frequent consumption of large portions of food in one sitting?

If this is a real issue for you, you should try to be certain that the portion that you are served is an acceptable amount to consume in one sitting. You should try to prepare just enough food when making meals at home so that there are not leftovers around to tempt you. At a restaurant, you should try to share an order with someone and have the meal spit in the kitchen before the food is served to you. An alternative option is to ask the waiter to split the order in the kitchen and pack 1/2 of it to be taken home for another day. If the takeout food will be tempting for you to consume that same day, then you should just throw it away or not take it home with you.

2. Do you find it difficult to stop eating once you start with some of your favorite foods?

If you find that this is a real issue for you, then you should consider trying to limit the consumption of those type of foods in your home. Many patients may have issues with a food such as pizza or cake. A good strategy would be to not purchase pizza or cake to be eaten at home. Make these foods off limit in your home, and only eat them outside the home. If you have a party and guests bring cake over, try to get them to take the cake home after the get together. If they will not, then you should throw the cake away so that it does not tempt you to eat it. Cake is just the example used, you should not keep any really tempting foods around in your house so that it is easier to control your portions on a daily basis. Try to make your home your "safe haven" as far as food is concerned.

3. Do you often eat until you feel uncomfortable or full?

This is a real issue for many people that suffer from a weight problem. You should try to avoid that overstuffed feeling, and stop eating at a feeling of being about 80% full. Get in the habit of wasting and not eating everything on your plate. If the same foods or restaurants always lead to this over-stuffed feeling, try to limit those types of foods and/or restaurants in the future.

4. Do you sometimes eat large amounts of food even when you are not physically hungry?

Many people with weight problems use food like a 'drug', for the pleasurable effect that overeating causes for them. For some, eating large quantities of food increases the pleasure response of eating. I suggest that you try to remember what it feels like to be hungry. If you do not eat anything for 6-12 hours during the day, there is a good chance that your stomach will start to rumble. This rumbling feeling should be defined as real hunger. This stomach rumbling should be your cue to eat food. Try hard to resist eating when you are not physically hungry. If you must consume food out of boredom and not real hunger, try hard to choose healthy low-calorie choices such as cut up carrots, celery, or broccoli. Resist eating high-calorie foods when you are not physically hungry.

5. Do you sometimes eat alone because you are embarrassed about what you are eating?

You should try hard to learn to not be embarrassed to eat any type of food in the company of others. When you have feelings of embarrassment about what you are eating, you tend to make these types of foods 'taboo' and secretive. Unfortunately, assigning these qualities to food will make you more likely to turn to them when you are under stress and/or having a bad day. I encourage you to make a conscious effort to eat all types of foods in the company of friends and family. This will remove the 'taboo' or secretive quality from the food. In many instances when this happens, you stop having such intense cravings for these foods.