

Your weight management conversation starter



Prepare for a productive conversation with a doctor about your weight, health goals and management options. This guide helps you note your thoughts, giving you and a doctor a strong starting point for your weight management journey.

This information is general information only and does not replace medical advice. Your healthcare professional should consider your personal circumstances.

BEFORE YOUR APPOINTMENT:

Reflect and prepare

Please complete the following sections before your appointment to help you and a doctor have a more focused conversation. Your answers will help you both understand why you want to manage your weight, and why this journey is important to you.

YOUR PERSONAL MOTIVATIONS

1 Why is managing your weight important to you? *Tick all that apply.*

- | | | |
|--|---|--|
| ☐ I want to improve my overall health and well-being | ☐ I want to reduce the risk of a weight-related health condition (e.g., diabetes, heart disease) | ☐ I want to improve my self-esteem and body image |
| ☐ I want to increase my energy levels and physical activity | | ☐ Other |

→ If you answered other or have any further thoughts, please use the space below:

YOUR WEIGHT MANAGEMENT HISTORY

2 How long have you been concerned about your weight?

- | | | |
|---|---|---------------------------------------|
| ☐ Less than 6 months | ☐ 6 months to 1 year | ☐ 1 to 5 years |
| ☐ More than 5 years | | |

3 What weight management strategies have you tried in the past? *Tick all that apply.*

- | | | |
|--|---|---|
| ☐ Dietary changes | ☐ Weight loss medications prescribed by a doctor | ☐ I haven't tried any weight management strategies |
| ☐ Increased physical activity | ☐ Formal weight loss programs | ☐ Other |
| ☐ Over-the-counter weight loss supplements (e.g., herbal remedies, appetite suppressants) | ☐ Bariatric surgery | |

→ If you answered other, please briefly describe the strategies you have tried:

4 If you've lost weight in the past, have you regained it?

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | ☐ This is my first weight loss attempt |
|------------------------------|-----------------------------|---|

→ If you answered yes, what do you think contributed to the weight regain? *Check all that apply.*

- | | | |
|---|---|---|
| ☐ I found it difficult to stick to my diet and exercise routine | ☐ I ate more when I felt stressed or sad | ☐ I had a health condition or was on a medication that made it harder to lose weight |
| ☐ I continued to feel hungry and had strong cravings for certain foods | ☐ I didn't have enough support from family, friends or a support program | ☐ Other |

→ If you answered other, please briefly describe the reasons:

YOUR HEALTH AND WEIGHT

5 Do you have any of the following health conditions? *Tick all that apply.*

- | | | |
|---|--|---|
| ☐ High blood pressure | ☐ Heart disease | ☐ Liver issues (e.g., fatty liver disease) |
| ☐ High cholesterol | ☐ Interrupted breathing during sleep (sleep apnoea) | ☐ Polycystic ovary syndrome (PCOS) |
| ☐ High blood sugar (pre-diabetes or type 2 diabetes) | ☐ Joint pain or arthritis | ☐ I do not have any other health condition |
| | | ☐ Other |

→ If you answered other, please briefly describe any other health conditions:

6 Are you currently on any medications that a doctor needs to know about?

- ☐ Yes ☐ No

→ If you answered yes, please list your current medications:

7 How does your weight impact your daily life? *Tick all that apply.*

- | | | |
|---|--|--|
| ☐ I have difficulty with daily activities, such as walking or bending down to put shoes on | ☐ I avoid social situations due to concerns about my weight | ☐ I have difficulty finding clothes that fit me |
| ☐ I often feel tired and lacking in energy | ☐ My mood is down, I feel self-conscious and unhappy with my body | ☐ My weight does not impact my daily life |
| | | ☐ Other |

→ If you answered other, please briefly describe the ways your weight impacts your life:

YOUR KEY MEASUREMENTS

If you know your body mass index and waist-to-height ratio, please add it here:

→ My body mass index:

→ My waist-to-height ratio:

If you don't know your measurements, scan the QR code to calculate it.



DURING YOUR APPOINTMENT:

Key questions to discuss

Use these questions as a starting point for your conversation with a doctor.

UNDERSTANDING YOUR OPTIONS

What are all the available weight management options for me, considering my health history and goals (e.g., lifestyle changes, medication, surgery)?

What are the pros and cons of each option?

How often will I need to follow up with you?

How do these options work and what results can I realistically expect?

What kind of ongoing support will I receive?

How will I maintain weight loss in the long-term?

→ *Feel free to add your own questions below:*