

WNC Weight Loss SUCCESS Survey

Welcome to your Season of Transformation!

Losing weight is hard! It is not unusual for people to be very frustrated with their weight loss goals and feel like they are failing despite their efforts. In order to lose fat weight effectively, hormonal balance, detoxification, lymphatic drainage and physical activity are all necessary. However, weight loss “resistance” is common. There is more and more research providing us with insights into the many reasons for resistance. Simply put, balancing your hormones and your nutrients will assist you on your journey to lose the weight for good! Your success with healthy weight-management could be increased significantly by identifying your unique challenges and to then work out strategies for each of them.

SUCCESS = Long-Term, Stable Weight Loss Supported by an Enjoyable & Sustainable Lifestyle

When considering a **Priority Response Testing™** Optimized and Supervised Weight Management Program, like the one we offer at Wellness and Nutrition Center, you need to set clear, meaningful and measurable goals that will inspire you to follow through with your part in losing weight.

First, you need to identify your challenges and the barriers as to why success has evaded you so far. Once you have identified these challenges, you can ask the next question: why do I have the challenges? Once you discover your barriers, you can address them with love and compassion toward yourself and set new goals which will have personal meaning for you. Once you identify your barriers, you then need to consider, plan and prepare your road map with your wellness coach. Together, you will generate actions steps to address each of your challenges individually.

RESISTANCE TO WEIGHT LOSS SCREENING

Testing:

1. Have you had your adrenal glands tested: Yes No
2. Have you had your thyroid tested: Yes No
3. Have you been tested for weight gain due to toxicity: Yes No
4. Have you had your male/female hormones tested: Yes No
5. Have you been tested for food sensitivities: Yes No
6. Have you been tested for inflammation: Yes No

Weight History:

1. Is there obesity in your family history? Who?
2. What is your *leanest* adult weight: _____
3. What is your *heaviest* adult weight: _____
4. What is your weight TODAY: _____
5. What is your ideal weight: _____ Goal Weight? _____
6. Which fat accumulation areas are you most concerned about? (Ex: Butt / Thighs / Gut / Love Handles / etc.) _____
7. On a scale from 1 to 10 (ten being “without a doubt”) how much to you BELIEVE you can lose the weight you want to lose: _____
8. What has been your biggest weight loss in the past? _____
9. How long did you keep the weight off _____

10. Did you regain the weight back? : Yes No If yes, how much _____
11. What started your weight gaining again? _____
12. What type of formal or informal diets have you been on in the past? (Weight Watchers, Jenny Craig, Juicing, etc.) _____
- _____
13. Did they work? Yes No How much did you lose _____ (lbs) For how long _____
14. How soon did you gain the weight back? **Days** **Months** **Years**

Consumption:

15. How many meals per typical day do you eat: **Two** **Three** **Four+**
- Breakfast: How many times per week: _____
 - Lunch: How many times per week: _____
 - Dinner: How many times per week: _____
16. Do you snack during the day or eat between meals? Yes No If yes, what do you eat and how often: _____
17. Do you skip meals? Yes No
18. Do you eat fast or slow _____
19. What do you typically crave? _____
20. What are your favorite foods: _____
21. What are your LEAST favorite foods: _____
22. Do you feel full after eating? Yes No
23. Is it easy for you to overeat- even after you are full? Yes No
24. What kinds of foods do you find are easiest to overeat _____
25. What is your biggest meal of the day _____
26. Who prepares your meals _____
27. How many times a week do you eat out _____
28. Do you drink alcohol? Yes No if yes, how many times a week _____
29. Do you smoke? Yes No

Activity:

30. Do you consider yourself sedentary (inactive)? Yes No
31. Do you exercise regularly? Yes No
32. What type of exercise do you do and how often _____
33. Where do you work out? _____
34. How many minutes or hours of cardiovascular activity do you preform? _____
35. Do you preform weight training/lifting Yes No
36. Do you perform core exercise training Yes No
37. Do you exercise in the water (pool, water, aerobics)? Yes No
38. Do you perform yoga Yes No
39. Do you have a personal trainer? Yes No

Mental Aspect:

40. On a scale from 1-10, how ready are you to make changes in your eating patterns? _____
41. On a scale from 1-10, how ready are you to make changes in your exercise patterns? _____

42. What do you think will happen to you if your health behaviors don't change? _____
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43. Please mark ALL the **REASONS** for wanting to reach your ideal goal:
- I want to get healthy
 - I want to stay healthy
 - I want to be able to get pregnant
 - I want to prevent Pre-diabetes or Diabetes
 - I want to better control my Diabetes
 - I want to be able to walk/exercise without joint pain
 - I want to be able to breathe right and heal my sleep apnea
 - I want to prevent heart disease and stroke
 - I want to avoid further heart problems
 - I want to feel comfortable in an airline/theater seat
 - I want to look good in new clothes and improve my self-esteem and image
 - I want to have more energy, focus and mental clarity
 - I want more choices in life
 - I want to find my soul mate
44. Please circle ALL the **BENEFITS** you will receive by reaching your goal:
- New clothes and better self-image
 - Increased energy
 - Improved self-esteem and self-confidence
 - Feel healthy
 - Feel accepted
 - Balance my hormones and improve fertility
 - Improve my blood sugar control
 - Improve my blood pressure control
 - Improve my mobility, activity tolerance and exercise
 - I want to live longer
45. Please circle ALL the **BARRIERS** or reasons you might NOT want to lose weight & reach your goal:
- I am scared of failing
 - I will be deprived of favorite/comfort foods
 - I feel unsafe
 - I would feel uncomfortable getting a lot of attention and being noticed
 - I am worried my clothes won't fit right
 - I am scared I may have issues with the opposite sex
 - I may have loose skin
 - I feel I will lose my identity
 - My whole family is overweight, this is who I am
 - I feel it's going to be hard to lose weight
 - I feel it's going to take a lot of work to lose weight
 - I don't deserve to reach my goal weight
 - I don't deserve to be happy
 - Other: _____

46. When I reach my ideal weight, I will:

- Feel extreme happiness and joy
- Feel a sense of accomplishment and peace of mind
- Feel confident and strong
- Have improved self-esteem
- Feel worthy and deserving

ULTIMATE TRUTH STATEMENT

Instructions: Create a statement, write it down and carry it with you at all times! Tweak this statement until you love it and can't wait to get there. Your objective now becomes owning that statement with all your heart, even though the scale may show a different reality throughout your journey.

Fill in the blanks:

- I weigh _____ lbs, and I feel _____
- I wear a size _____ dress/jean
- I am improving my health because:

List all the reasons, benefits and emotions you would like to have, be and feel when you reach your goal!

Fill in the blanks:

- I am happy, excited and healthy weighing _____ lbs
- I feel confident and self-assured seeing myself in these size _____ jeans
- I look great, feel great and have more energy, now that I weigh _____ lbs
- I am so proud of myself for weighing _____ lbs and honoring my health!
- I am 100% committed to maintaining this new-found health and self-esteem

State it out loud and rate how 'true' it feels to you on a 0-10 scale: _____ (0 = 'no way', 10 = I absolutely believe this statement and I see myself already having achieved my goal (*this is where you want to be*))

To help you get to a 10, ask yourself:

- What is keeping me from owning this statement?
- What is in the way?
- What fears or limiting beliefs come up with I hear this statement?

It is important not to judge yourself; instead let's identify the doubts fears and limitation so we can work through them.