

Weight Management Follow-up Visit  
Name \_\_\_\_\_

OMS 10  
Date \_\_\_\_\_

Current weight \_\_\_\_\_  
Initial weight \_\_\_\_\_  
Last visit \_\_\_\_\_  
Change since first visit \_\_\_\_\_  
Change since last visit \_\_\_\_\_

Medication \_\_\_\_\_  
BP \_\_\_\_\_  
LMP \_\_\_\_\_  
\*UPT \_\_\_\_\_

BMI \_\_\_\_\_  
Body fat % \_\_\_\_\_  
Water % \_\_\_\_\_  
Resting energy \_\_\_\_\_

Please answer the questions below AND the next 2 pages

What **challenges** or **difficulties** are you having with your weight loss? \_\_\_\_\_  
If you are you taking a **medication\***, are you finding it helpful? ☐ **yes** ☐ no  
Any side effects? ☐ **none** ☐ dry mouth ☐ jitteriness ☐ headache ☐ insomnia ☐ nausea ☐ other \_\_\_\_\_  
Are you able to take the medication as directed? ☐ **yes** ☐ no  
**If no**, what difficulties are you experiencing? \_\_\_\_\_

**Exercise:** What type and how often? \_\_\_\_\_

How well do you **sleep** at night?

☐ through the night ☐ fall asleep easily but can't stay asleep ☐ difficulty falling asleep ☐ frequent or early morning waking

Are you having any **symptoms** or **physical problems** since starting this program? ☐ **none**

<input type="checkbox"/> hunger	<input type="checkbox"/> fatigue	<input type="checkbox"/> fainting	<input type="checkbox"/> indigestion	<input type="checkbox"/> headache	<input type="checkbox"/> tremors	<input type="checkbox"/> trouble sleeping
<input type="checkbox"/> cravings	<input type="checkbox"/> chest pain	<input type="checkbox"/> short of breath	<input type="checkbox"/> joint pain	<input type="checkbox"/> weakness	<input type="checkbox"/> depression	<input type="checkbox"/> hair loss
<input type="checkbox"/> irritability	<input type="checkbox"/> rapid heart beat	<input type="checkbox"/> diarrhea	<input type="checkbox"/> muscle cramps	<input type="checkbox"/> numbness	<input type="checkbox"/> anxiety	<input type="checkbox"/> cold intolerance
<input type="checkbox"/> lack of control	<input type="checkbox"/> fluid retention	<input type="checkbox"/> constipation	<input type="checkbox"/> rashes	<input type="checkbox"/> dizziness	<input type="checkbox"/> moodiness	<input type="checkbox"/> irregular periods

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

- Instead of labeling your meal as "breakfast" please identify your eating events with the time of day
- Focus on 3 meals a day, minimize snacks, eat your larger meal mid-day and your final meal earlier in the evening

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


Weight Maintenance Session #10: Visualizing Changes to Your Current Bad Habits, Part 1

- 1) Are any of the following some of your hardest to resist/most tempting foods: pizza, cheese, cake, chocolate, pasta, bread, ice cream, and/or candy? (If you answered No, skip to question #3)  
☐ yes ☐ no
- 2) For the corresponding foods in question #1, please visualize the events and circumstances that you tend to eat them at. Are some of them eaten at a party or social gathering type of situation?  
☐ yes ☐ no
- 3) Do you sometimes make poor food choices at the movie theatre?  
☐ yes ☐ no
- 4) Do you sometimes eat chips, ice cream, cakes, or cookies when you are having a stressful day?  
☐ yes ☐ no
- 5) Do you often stop at Starbucks or Dunkin Donuts for a flavored coffee and treat between meals?  
☐ yes ☐ no

## Hormone Balance Questionnaire: Hormone Imbalance

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

### TOO MUCH ESTROGEN

- ☐ I experience bloating or puffiness
- ☐ I feel irritable or experience mood swings
- ☐ I experience heavy, painful periods
- ☐ I have gained weight or have difficulty losing weight, especially around my hips, butt, and thighs
- ☐ I have been told I have fibroids
- ☐ I sometimes cry over nothing
- ☐ I get migraines or other headaches
- ☐ I have brain fog
- ☐ I have gallbladder problems or have had my gallbladder removed

Total \_\_\_\_\_

### TOO LITTLE ESTROGEN

- ☐ I am emotionally fragile and/or feel nostalgic about the past
- ☐ I have difficulty with memory
- ☐ My periods are fewer than 3 days
- ☐ I struggle with depression, anxiety or lethargy
- ☐ I have night sweats or/or hot flashes
- ☐ I have trouble with recurrent bladder infections
- ☐ My breasts are smaller and/or beginning to droop
- ☐ I have achy joints or am prone to joint injuries
- ☐ My sun-damaged skin is more noticeable
- ☐ I am noticing more fine lines and wrinkles
- ☐ I have dry or thinning skin
- ☐ I have no interest in sex
- ☐ I have vaginal dryness or pain with intercourse

Total \_\_\_\_\_

### TOO LITTLE PROGESTERONE

- ☐ I experience PMS 7 to 10 days before my period
- ☐ I get headaches or migraines around my period
- ☐ I feel anxious often
- ☐ I have painful, heavy or difficult periods
- ☐ My breast are painful or swollen before my period
- ☐ I have had a miscarriage in the first trimester
- ☐ I experience restless legs, especially at night
- ☐ I have had difficulty getting pregnant (after trying for 6 or more months)

Total \_\_\_\_\_

## TOO MUCH TESTOSTERONE

- ☐ I have abnormal hair growth on my face, chest, and/or abdomen
- ☐ I have acne
- ☐ I have oily skin and/or hair
- ☐ I have noticed thinning hair on my head
- ☐ I have skin tags
- ☐ I struggle with depression and/or anxiety
- ☐ I have polycystic ovarian syndrome (PCOS)
- ☐ I have had difficulty getting pregnant (after trying for 6 or more months)

Total\_\_\_\_\_

## TOO LITTLE TESTOSTERONE

- ☐ I have low libido or diminished sex drive
- ☐ I struggle with depression, have mood swings, or cry easily
- ☐ I have no motivation
- ☐ I am tired or fatigued throughout the day or have been diagnosed with chronic fatigue syndrome
- ☐ I am unable to gain muscle and I am losing muscle mass
- ☐ I have a decrease in bone density or have been diagnosed with osteopenia or osteoporosis
- ☐ I have urinary incontinence
- ☐ I have a loss of sexual fantasies
- ☐ I have difficulty or am unable to orgasm
- ☐ I have cardiovascular symptoms or heart disease
- ☐ I have had weight gain
- ☐ I have anxiety or panic attacks

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) **Are any of the following some of your hardest to resist/most tempting foods: pizza, cheese, cake, chocolate, pasta, bread, ice cream, and/or candy?**

It is important to realize the foods that you tend to overeat. It is helpful to know the foods that you should try to avoid on a day-to-day basis. Minimizing consumption of these foods should lead to less calories eaten on a day to day basis. Try only to eat these foods when out of the house or at restaurants. Do not bring these foods back to the house as leftovers because they will be too tempting to eat. You should also try to avoid purchasing them at the grocery store because if you have them around the house you will most likely overeat them.

- 2) **Please visualize the events and circumstances that you tend to eat them at. Are some of them eaten at a party or social gathering type of situation?**

Often times we overeat when we are out socializing with friends and/or family. It is really difficult to break eating habits that you have been doing for many years with their friends and family. Try to take a moment and think of all the foods that are most tempting/hard to resist when you are out with friends or family. Next, think of some alternative foods that you can have instead of the tempting ones. Try this the next time you are out. A common issue for people is that the bread basket is really tempting when out for dinner. Some options are to move the basket to the other end of the table or simply ask the waiter NOT to bring one to the table at all. An additional more challenging option is to focus on having only ONE slice of bread slowly.

- 3) **Do you sometimes make poor food choices at the movie theatre?**

If you are planning to go out to the movies, make a food plan prior to arriving to the movie theater. Typically the snacks sold at the movie theater are high calorie, poor food choices. Even a small popcorn could be as much as 500 Kcal. If you are going to a matinee and they really enjoy popcorn, try having air-popped popcorn with water for lunch. An alternative option, if permitted by the theater, is to bring your own small bag of popcorn with you to the movies. You could also bring a piece of fruit or a protein bar instead of purchasing popcorn and/or candy at the movies. And you will mostly save some money as well!

- 4) **Do you sometimes eat chips, ice cream, cakes, or cookies when you are having a stressful day?**

Try to visualize making a healthier food choice when you are stressed out. Try eating an apple, banana or pear, carrots or celery. Can you think of what you could eat instead that is healthy? Sometimes drinking a hot beverage such as coffee or tea will satisfy that snack urge. Have a plan of healthy snacks and keep them readily available.

- 5) **Do you often stop at Starbucks or Dunkin Donuts for a flavored coffee and treat between meals?**

Be cautious of the excess sugar and calories in gourmet coffees. Adding a cookie or donut to this snack will only increase the caloric hit. Most coffee shops and fast food restaurants have a nutritional guide. Beware of the extra sugar when adding syrups and whipped cream. Many also sell healthier options such as fruit, nuts, yogurt, etc. Before going to any fast food restaurant or gourmet coffee shop, plan your order ahead of time. Or just skip altogether and think of how much money you will save!

## Hormone Imbalance

### The normal menstrual cycle and hormone balance

Estrogen and progesterone are the 2 main hormones that regulate the menstrual cycle. These hormones fluctuate normally to prepare the body for pregnancy each month.

***Estrogen*** is responsible for growing and maturing the uterine lining (which is shed during menstruation) and also matures the egg prior to ovulation.

***Progesterone*** is produced after ovulation by the corpus luteum (a physiologic cystic structure where the egg comes from) and dominates the second half of the cycle (luteal phase). Progesterone's main job is to control the build-up of the uterine lining and help mature and maintain the uterine lining if there is a pregnancy.

***Testosterone*** is another important hormone that is produced by the ovaries and adrenal glands (right on top of the kidneys), and has a surge at time of ovulation and slight rise just before the menses. But what happens to these hormones during times of imbalance?

## Common conditions associated with hormone imbalance

### Premenstrual Syndrome (PMS)

While some monthly hormonal fluctuations are perfectly normal, others set off PMS symptoms that can range from mild to severe. There is a natural rise and fall of estrogen and progesterone during the average 28-day cycle, which can vary a few days in either direction. But this natural rhythm of hormones is easily disrupted by a number of factors, many of which are controllable. When estrogen and progesterone become imbalanced, a variety of symptoms can arise including irritability, bloating, cramping, cravings, headaches, breast tenderness, fatigue, nausea, sleep issues and acne. The hormone imbalance with PMS is one of **low progesterone** and **excess estrogen**.

### Polycystic Ovarian Syndrome (PCOS)

PCOS is hallmarked by irregular periods and symptoms of **excess testosterone** such as acne and hirsutism (a male pattern of hair growth such as facial hair). There is a genetic component to PCOS as well as a link to insulin resistance and family history of diabetes. The excess testosterone interferes with ovulation and many women experience difficulties conceiving in their reproductive years and then risk of heart disease and cancer in menopause.

### Perimenopause

The years that precede menopause, which is our last period, is referred to as peri-menopause. For many women, this can be a roller coaster ride of hormonal fluctuations until their periods stop completely. Although estrogen levels are fluctuating, this tends to be a time of **estrogen dominance** (excess) due to decreasing or **low progesterone** levels.

### Menopause

Menopause is a normal, natural event. It's defined as the final menstrual period and is confirmed when a woman has not had her period for 12 consecutive months. She no longer needs to use contraception and will not have any more menstrual periods. The average age of menopause is 51, typically between the ages of 45 and 55. Typically, women reach menopause around the same age as their mothers and sisters. Recent studies have shown a dietary effect on the timing of menopause. Women who eat more foods rich in Omega-3 fatty acids and high fat dairy will experience a naturally older menopause whereas those who eat refined grains and processed food a naturally younger menopause.

Each woman's experience of menopause is different. Many women report no physical changes during perimenopause except irregular menstrual periods that stop when menopause is reached. Other women experience symptoms of hot flashes, night sweats (heavy sweating from hot flashes at night, often disturbing sleep), and thinning and drying of vaginal tissue that can make sex painful. How severe these body changes are varies from woman to woman, but for the most part these changes are perfectly natural and normal. Menopause is naturally a state of **estrogen deficiency**.

**Read more at** <http://dunnewithdieting.com/weightmanagementvisits/10hormoneimbalance.html>