Weight Management Follow-up Visit OMS II VV

Name _____ Date _____

Your weight _____ Weight loss medication _____

Waist circumference* _____ 1st day of your last period _____

Hip circumference** _____

***Measure your waist:** Stand and place a tape **measure** around your **middle**, just above your hipbones, at the **narrowest point**
****Measure your hips:** Then **measure** the distance around the largest part of your **hips** — the **widest** part of your buttock
Waist-to-hip ratio (WHR): less than 0.85 is "ideal" for women

---

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 ☐ not applicable
Any side effects? ☐ none ☐ dry mouth ☐ jitteriness ☐ headache ☐ trouble sleeping ☐ nausea
☐ constipation ☐ other _____
Are you able to take the medication as directed? ☐ yes ☐ no
If **no**, what difficulties are you experiencing? _____

Are you following a specific **dietary plan**? ☐ no ☐ Vegan/vegetarian ☐ Low carb/ketogenic style
☐ Paleo ☐ Mediterranean ☐ other _____

Are you using **meal replacements**? ☐ yes ☐ no
If yes, ☐ Full Plan ☐ Fresh Steps ☐ ProLon ☐ purchased product on your own _____

Exercise: What type and how often? _____
If none, what types of movement can you add throughout your day? _____

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 wakening

Are you experiencing any significant **stress**? ☐ yes ☐ no
If **yes**, how are you managing? ☐ not at all ☐ meditation practices ☐ exercise ☐ journaling
☐ other _____

Are you tracking your food, steps, sleep, mood, etc.? ☐ yes ☐ no
If yes, ☐ notebook and pen ☐ HealthTrac app ☐ MyFitnessPal ☐ WW app
☐ other _____
Are you finding it helpful? ☐ yes ☐ no

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

☐ hunger	☐ chest pain	☐ nausea	☐ joint pain	☐ numbness	☐ moodiness
☐ cravings	☐ rapid heart beat	☐ bloating	☐ muscle cramps	☐ dizziness	☐ trouble sleeping
☐ irritability	☐ fluid retention	☐ constipation	☐ rashes	☐ tremors	☐ hair loss
☐ lack of control	☐ fainting	☐ diarrhea	☐ headache	☐ depression	☐ cold intolerance
☐ fatigue	☐ short of breath	☐ indigestion	☐ weakness	☐ anxiety	☐ irregular periods

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

Julianne Dunne, MD ⌘ westmed ✉ 3030 Westchester Avenue Suite 202 ★ Purchase, NY 10577 ☏ (914) 848-8668

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 #11: Overeating Episodes, Part 2

---

1) Do you sometimes feel depressed or guilty after overeating?
   ☐ yes ☐ no

2) If you have your favorite leftovers in the house, do you have difficulty going to sleep at night without eating them?
   ☐ yes ☐ no

3) I often feel disgusted with myself because of my overeating.
   ☐ yes ☐ no

4) Do you sometimes experience a loss of control over how much you are eating?
   ☐ yes ☐ no

5) Are you sometimes upset as a result of binge eating behaviors that you experience?
   ☐ yes ☐ no

Weight Maintenance Session #11: Overeating Episodes, Part 2

1) **Do you sometimes feel depressed or guilty after overeating?**

You should try to avoid associating feelings such as depression or guilt to an overeating episode. When you feel depressed or guilty after overeating the next emotion that often occurs is shame. When people feel ashamed of themselves they tend to make life choices that are counterproductive. The feeling of shame could easily trigger another overeating event. This could lead to a negative downward spiral in your weight control efforts. Our goal should be to bounce back quickly after an overeating event by not allowing ourselves to become guilty or depressed over it. Remember in session #1 we discussed how important it is to keep overeating events at just one meal, not multiple meals in a row by trying to have positive self-talk to get yourself back on track.

2) **If you have your favorite leftovers in your house, do you have difficulty going to sleep at night without eating them?**

It is important to make your house your safe haven as far as food choices are concerned. You should throw away left overs that are going to tempt you to eat a second dinner before bed. It is better to cook just enough for one meal rather than having leftovers of foods that are tempting for you. You should also avoid having snacks in the house that you tend to overindulge on just because they are around.

3) **I often feel disgusted with myself because of my overeating.**

You should work on your self-talk and not allow yourself to have negative feelings after you overeat. You need to accept that everyone, even naturally thin people, will overeat at times. Our goal is to get you back on track after an overeating episode. This will occur much less often if you are feeling bad about yourself. Try to say positive affirmations to yourself such as "I only had 3 slices of pizza, I could have easily had 4 but I kept it to 3". "Today's a new day." "I am going to exercise and focus on good food choices and portions today," etc.

4) **Do you sometimes experience a loss of control over how much you are eating?**

You should work hard to evaluate the circumstances in which this occurs. Often times you are eating while really stressed out or anxious about other happenings in your day. It would be ideal if you tried to make time to exercise when you are feeling anxious to help with relieving your stress. This will often times lead to you maintaining control over the amount of food that you will eat at the next meal. Also, make a conscious effort to avoid high carbohydrate comfort type food when you are stressed out. Examples include bread, pasta, chips, cake, cookies, ice cream, macaroni and cheese, etc.

5) **Are you sometimes upset as a result of binge eating behaviors that you experience? ☐**

If this occurs often there is a good chance that binge eating disorder is negatively affecting your health. You should spend time analyzing what circumstances and foods usually lead to binging behaviors. Often times it is as simple as having your trouble foods available in the house. You should eliminate trouble foods if possible from your household. You should try to avoid restaurants that you often binge eat at. You should work hard to make exercise a part of your life. Often times a good workout could help to decrease the unconscious desire to binge eat.