

# WEIGHT LOSS FOR LIFE

Answer yes or no to the following questions.

	YES	NO
Are you ashamed of the way you look?		
Does being overweight affect your self-esteem?		
Do you think about food all the time?		
Are you afraid to step on a scale?		
Do you eat if you're not hungry?		
Do you feel guilty about your behavior around food?		
Have you ever lost weight and gained it back?		
Do you have trouble moving because of your size?		
Do you think of yourself as the biggest person in the room?		
Are you a binge eater?		
Do you hate to see your image in a mirror?		
Do you wear big clothed to try to hide your body?		
Are there several sizes of clothes in your closet?		
Are you a "stress" eater?		
Are you a "closet" eater who eats calorie-laden foods mainly in private?		
If you have answered "Yes" to most of these questions, then you are a compulsive overeater. Have you ever thought of yourself in this way?		

## *My Top Ten Reasons for Wanting to Lose Weight*

1.	
2.	
3.	
4.	
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7.	
8.	
9.	
10.	

## *Ten Things I am Willing to Do to Lose Weight*

1.	
2.	
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7.	
8.	
9.	
10.	

Name \_\_\_\_\_

Date \_\_\_\_\_

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## *Your Relationship to Food - the "7 W's"*

**Please answer honestly and thoughtfully. Use another sheet of paper if you need it. Writing is a great tool to become more accountable, and accountability leads to better results.**

**Who** are you in relationship to food?

**What** made your past efforts to lose weight unsuccessful?

**What** makes you eat? Are you hungry all the time? Never hungry?

**Where** do you eat and **when** do you eat?

**Why** do you want to lose weight now?

Do you have **willingness** and/or fears about adopting new behaviors?