IMPROVING RESULTS

THE CHECKLIST TO HELP YOU ENHANCE YOUR WEIGHT LOSS

BPM Health

Discuss the following questions with your COACH and to assist with your planning, implementation and consistency to achieve your goals.

Goals

1.) Have you completed the action goals in your Planner? ○ Yes ○ No
2.) Are you reading your Vision Statement twice each day? ○ Yes ○ No
3.) Have you adopted a long-term approach to your weight loss journey? ○ Yes ○ No

Planning

1.) Are you using your Planner to plan your meals in advance? ○ Yes ○ No
2.) Are you using these to plan your shopping list in advance? ○ Yes ○ No
3.) Have you decalorised your home and workplace to remove all food and drinks that are not on your plan? ○ Yes ○ No

Support

1.) Are you having weekly Check-in coaching sessions? ○ Yes ○ No
2.) Are you having your weight measured by your coach each time? ○ Yes ○ No
3.) Are you reviewing your Planner carefully with your coach? ○ Yes ○ No
4.) Do you have regular contact with your supporters? ○ Yes ○ No

Food

1.) If you eat take-away foods or at restaurants, what choices do you make? ○ Yes ○ No
2.) Have you followed your eating plan exactly as it is laid out in your Planner without deviation? ○ Yes ○ No
3.) Have you done this every day for 7 days? ○ Yes ○ No
4.) Are you eating only food choices from your Planner? ○ Yes ○ No
5.) Are you eating your between-meal shake twice a day? ○ Yes ○ No
6.) Are you following the 'one-plate rule'? ○ Yes ○ No

Drinks

1.) Are you drinking only choices from your Planner? ○ Yes ○ No
2.) Are you drinking 8 glasses or 2 litres of water every day? ○ Yes ○ No
3.) If you are sweetening tea or coffee, are you avoiding sugar, honey and artificial sweeteners, and using an alternative like Stevia? ○ Yes ○ No
4.) Are you limiting alcohol to no more than 2 standard drinks and no more than 2 days per week? ○ Yes ○ No

Time Management

1.) Are you eating breakfast within 60 minutes of waking? ○ Yes ○ No
2.) Are you having your last meal before 8pm? ○ Yes ○ No
3.) Are you sleeping at least 7 hours each night? ○ Yes ○ No
4.) Is your daily routine consistent without recent changes? ○ Yes ○ No

Exercise

1.) Are you making an effort to exercise at an intensity where your heart rate is elevated and you are breathing heavily? ○ Yes ○ No
2.) Are you recording all your exercise in your Planner? ○ Yes ○ No
3.) Are you trying to find ways to get in some incidental activity? How? _____ ○ Yes ○ No
4.) Are you doing at least 30 minutes of planned exercise at least 6 days a week? ○ Yes ○ No

Health

1.) Have you been unwell recently? ○ Yes ○ No
2.) Have you quit smoking recently? ○ Yes ○ No
3.) Are you under a lot of stress at the moment? ○ Yes ○ No
4.) Are your bowel movements irregular? ○ Yes ○ No
5.) Are you taking any medication or have any condition that might affect your weight? If so, consult your doctor. ○ Yes ○ No
6.) Do you suspect your hormones may not be balanced? (eg thyroid function, insulin resistance, pre-diabetes, PCOS etc) ○ Yes ○ No
7.) Do you have mood swings, get cold hands or feet, or suspect that you are moving toward menopause? ○ Yes ○ No