

RESISTANT WEIGHT LOSS

CHECKLIST FOR POSSIBLE CAUSES

1 Are you eating more than before? Yes No

2 Are you having more than one 'break-out' treat per week? Yes No

3 Are you snacking more than twice daily? Are you eating more at any snack than your plan outlines? Yes No

4 Do you find that you eat everything on your plate without thinking about whether you're still hungry? Yes No

5 Are your meals the same size as your partner's? Yes No

6 Do you eat and/or drink while preparing dinner? Yes No

7 Do you feel overly restricted on your food plan? Yes No

8 Have you been eating lollies, chocolate or soft-drinks, either regular or diet/sugar-free? Yes No

9 Are you consuming more than 4 standard alcoholic drinks per week? Yes No

10 Are you having at least 8 hot or cold drinks daily, with at least 4 of these being water? Yes No

Cold Drinks? _____

Hot Drinks? _____

11 How do you take your coffee and/or tea?

Whitener? _____

Sugar? _____

Flavourings? _____

12 Are you eating outside of your 12-hour eating curfew? Yes No

13 Do you ever eat when you're not hungry eg from boredom, emotion, or because the clock says it's time to eat? Yes No

14 Are you under-eating and then over-eating at times? Yes No

15 Have you been skipping meals? Yes No

16 Are you eating at least 5 cups of vegetables each day? Yes No

17 Are you exercising at least 30 minutes each day? Do you get puffed out (ie is your heart rate elevated so that you can't speak in full sentences)? Yes No

18 Does your job or daily activities involve sitting for most of the day? How many hours? Yes No

19 Do you have a contraceptive implant eg Implanon rod or Marina coil? Yes No

20 Are you peri- or post-menopausal? Yes No

21 Have you ever taken weight loss drugs? Is so, when? Yes No

22 Are you taking anti-seizure or anti-depressant medication? Yes No

23 Have you been prescribed treatment for breast cancer or steroids to manage asthma? Yes No

24 Do you have an upset bowel or stomach (chronic eg constipation, food intolerances)? Yes No

26 Is stress an issue for you? Yes No

25 Are you sleeping less than 7 hours each night, or do you suffer sleep disturbances? Yes No

27 Have you been a smoker? Yes No
