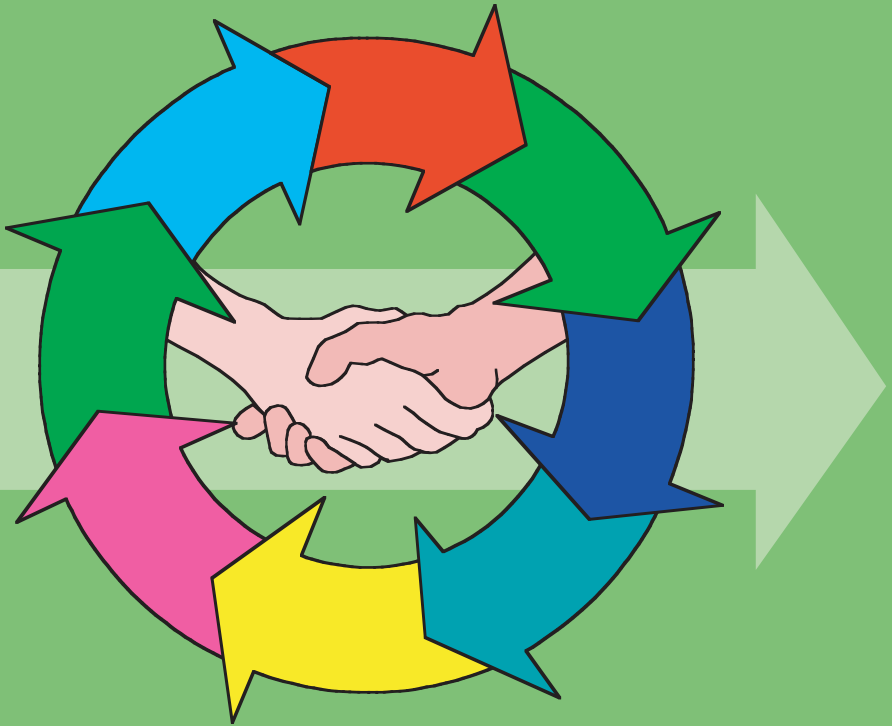


My Personal Approach



to Weight Management

MANAGING YOUR WEIGHT

Welcome to a different approach to helping you manage your weight. This approach recognises the fact that weight management is influenced by many different aspects of everyday life and is individual to each person. It is not just about what you eat and drink but involves how you feel about yourself, what activities you enjoy, your state of health, what support you have as well as what you believe about managing your weight.

To get the best out of this guide please complete it as carefully as you can. The answers may begin to help you understand any problems you may have experienced with your weight in the past. When you return to see the nurse, together you can develop a plan to help you manage your weight. Remember, everyone is different, so what you decide will be especially for you.

MY PERSONAL APPROACH TO WEIGHT MANAGEMENT

First of all, after filling in your name below, spend a few moments thinking about when your weight problems began. This may start to give you a better understanding of what influences your weight.

Name: _____

SECTION 1

When did your weight problem start? (Please tick any boxes that apply to you)

Onset: ☐ childhood ☐ puberty ☐ adulthood

Any Triggers: ☐ problems in childhood ☐ leaving school

☐ leaving home ☐ getting married ☐ changing jobs

☐ retirement ☐ menopause ☐ pregnancy

☐ other _____ ☐ don't know

SECTION 2

Now that you have thought about your own weight it is useful to know if others in your family also have difficulty with their weight. This is because weight problems, like some other health conditions, often run in families. Therefore, please complete the following question.

Is anyone else in your family overweight? (Please tick all boxes that apply)

☐ partner ☐ son ☐ daughter

☐ father ☐ mother ☐ brother ☐ sister

☐ father's parents ☐ mother's parents ☐ no-one

SECTION 3

Since certain health problems are linked to weight and run in families even if your own health is not affected at the moment you may be at risk of developing the same health problems as family members. However, by reducing your weight you lessen that risk.

To help you identify possible health issues please complete the following question. The first column asks about your own health and the second column asks about the health of your family. Family here means, grandparents, parents, brothers and sisters who are blood related.

Please tick all boxes that apply.

Own health problems

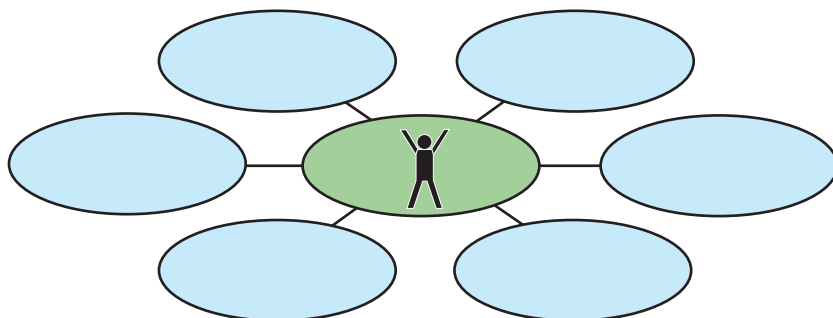
- ☐ diabetes
- ☐ arthritis
- ☐ asthma
- ☐ raised cholesterol
- ☐ high blood pressure
- ☐ heart problems
- ☐ stroke
- ☐ gallstones
- ☐ thyroid disease
- ☐ polycystic ovary syndrome
- ☐ infertility
- ☐ depression
- ☐ anxiety

Family health problems

- ☐ diabetes
- ☐ arthritis
- ☐ asthma
- ☐ raised cholesterol
- ☐ high blood pressure
- ☐ heart problems
- ☐ stroke
- ☐ gallstones
- ☐ thyroid disease
- ☐ polycystic ovary syndrome
- ☐ infertility
- ☐ depression
- ☐ anxiety

SECTION 4

Your weight may be also influenced by your home circumstances. Thinking about this will help both you and the nurse understand your situation better so that your weight management plan will fit in with your everyday life. To help you do this, the diagram below has you at the centre surrounded by blank shapes. Use a separate shape to identify each person who lives with you. Pets can all go together in one shape but, if you need to, add extra shapes.



SECTION 5

Now think about what has happened in the past with your weight as that may also help you understand better what is the best approach for you. Please answer the following questions by ticking the boxes that apply to you.

Have you tried to manage your weight before? ☐ yes ☐ no

If you have ticked No: please go to section 6 on the next page

If you have ticked Yes: please answer the questions below

How often have you tried?

☐ once ☐ occasionally ☐ often ☐ all the time

What approaches have you used?

☐ losing weight on my own ☐ participating in a slimming group

☐ attending the nurse/health visitor ☐ taking over the counter diet pills/powders

☐ going to an exercise class/gym ☐ using complementary therapy (eg acupuncture)

☐ counselling ☐ other (please specify)

SECTION 5 (continued)

Have you ever been prescribed drug treatment to help you lose weight by your doctor?

☐ yes ☐ no If yes, what drugs _____

Are you still taking them? ☐ yes ☐ no

Of all the above approaches you have tried:

What has worked best for you? _____

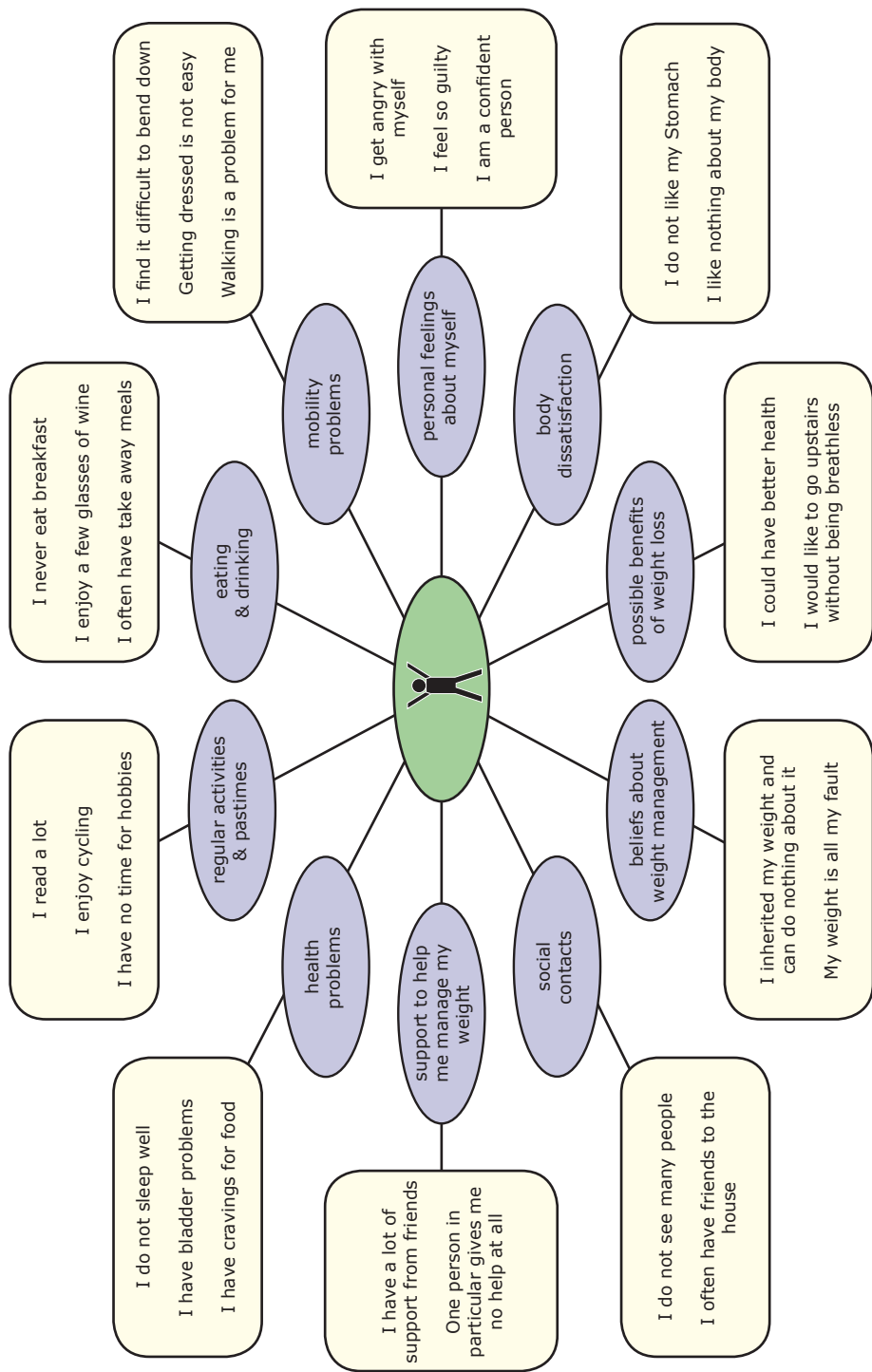
What has helped the least? _____

SECTION 6 (on the following two pages 6 and 7)

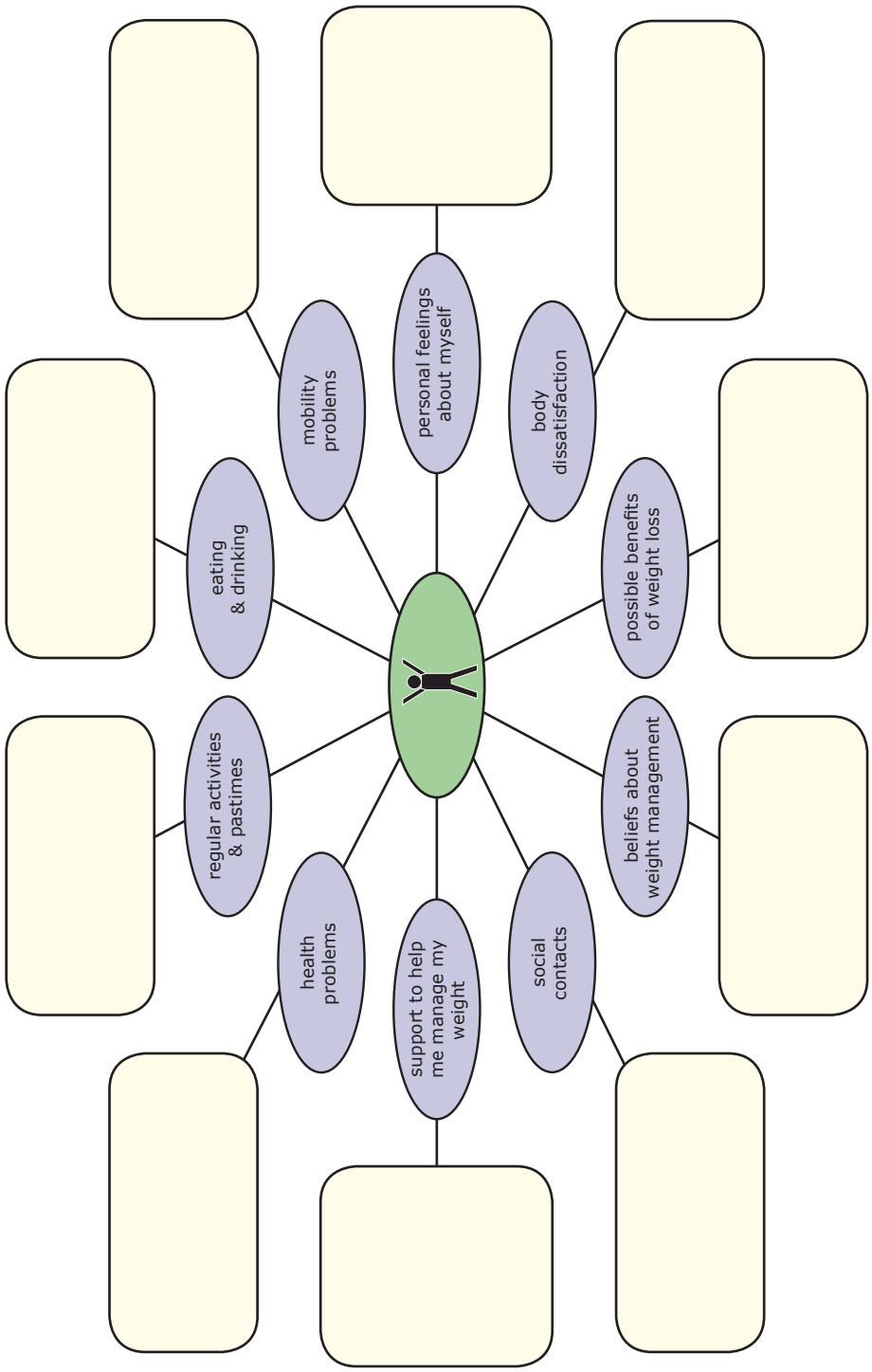
Sometimes it helps to know what affects how other people manage their weight so look at the 'Weight Management Map' on page 6. It is based on a survey of people with weight management problems and identifies a range of things that affect how they manage their weight. These are written in the pale purple shapes and specific examples of each are given in the yellow boxes. After looking at that map, spend a few moments thinking about what affects how you manage your own weight. Then turn to page 7 and fill in your own 'Weight Management Map', by writing down in the yellow boxes what affects your weight. Start anywhere you like and complete all the boxes that apply to you.

Once you have completed it, look at what you have written and try to think of what affects your weight most. It may be that you can already see a link between some things you have identified or you may want to discuss it with your nurse.

WEIGHT MANAGEMENT MAP



WEIGHT MANAGEMENT MAP



SECTION 7

Decision Time

Now that you have completed your 'Weight Management Map' the next step is to decide what action you want to take. Think of three things you want to do and write them in the spaces below but if you can only think of two it does not matter. Should you want to write down more just add them at the bottom of the list.

- 1
- 2
- 3

Now that you are ready to make a start, take this booklet with you to your next appointment with the nurse so that together you can complete 'My Action Map' on the following pages. If you have thought of something you want to discuss with the nurse, jot it down in the space below as a reminder, so that you can talk it through at your next appointment.

Notes

PLAN OF ACTION

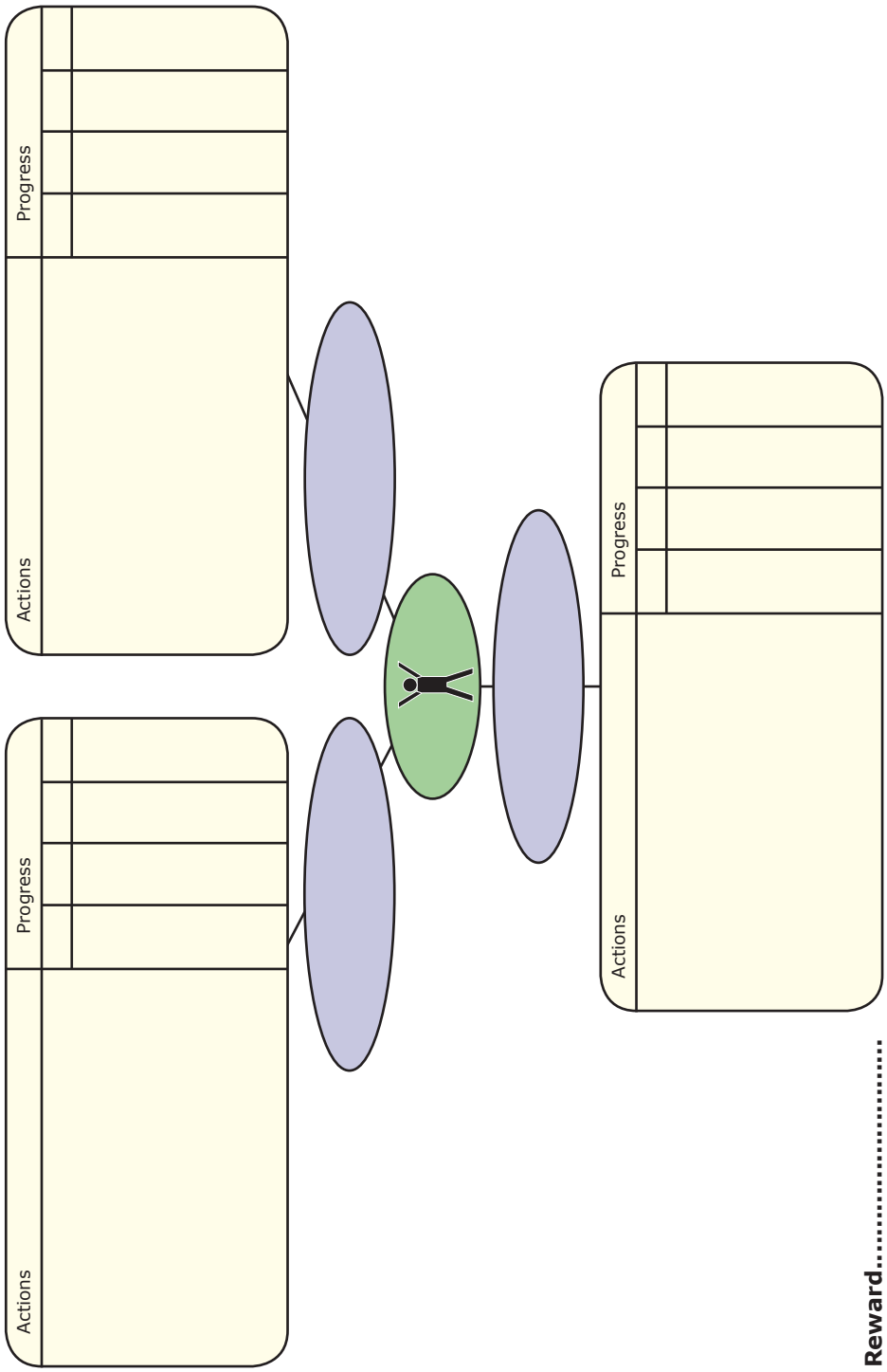
Now that you have decided what you want to change, it is time to discuss with the nurse what you can do to achieve that change. Together you can complete 'My Action Map' on page 10. Extra action plans are provided so that as you gradually achieve your goals, or your circumstances change, new actions plans can be made.

There will be days when your plans do not work out as you had hoped. Life is like that! However, even those days can help you succeed as you think through what went wrong. You can then plan how to deal better with that situation in the future.

When your plans go well, congratulate yourself and remember how you dealt with any difficult situations so that you can do it again.

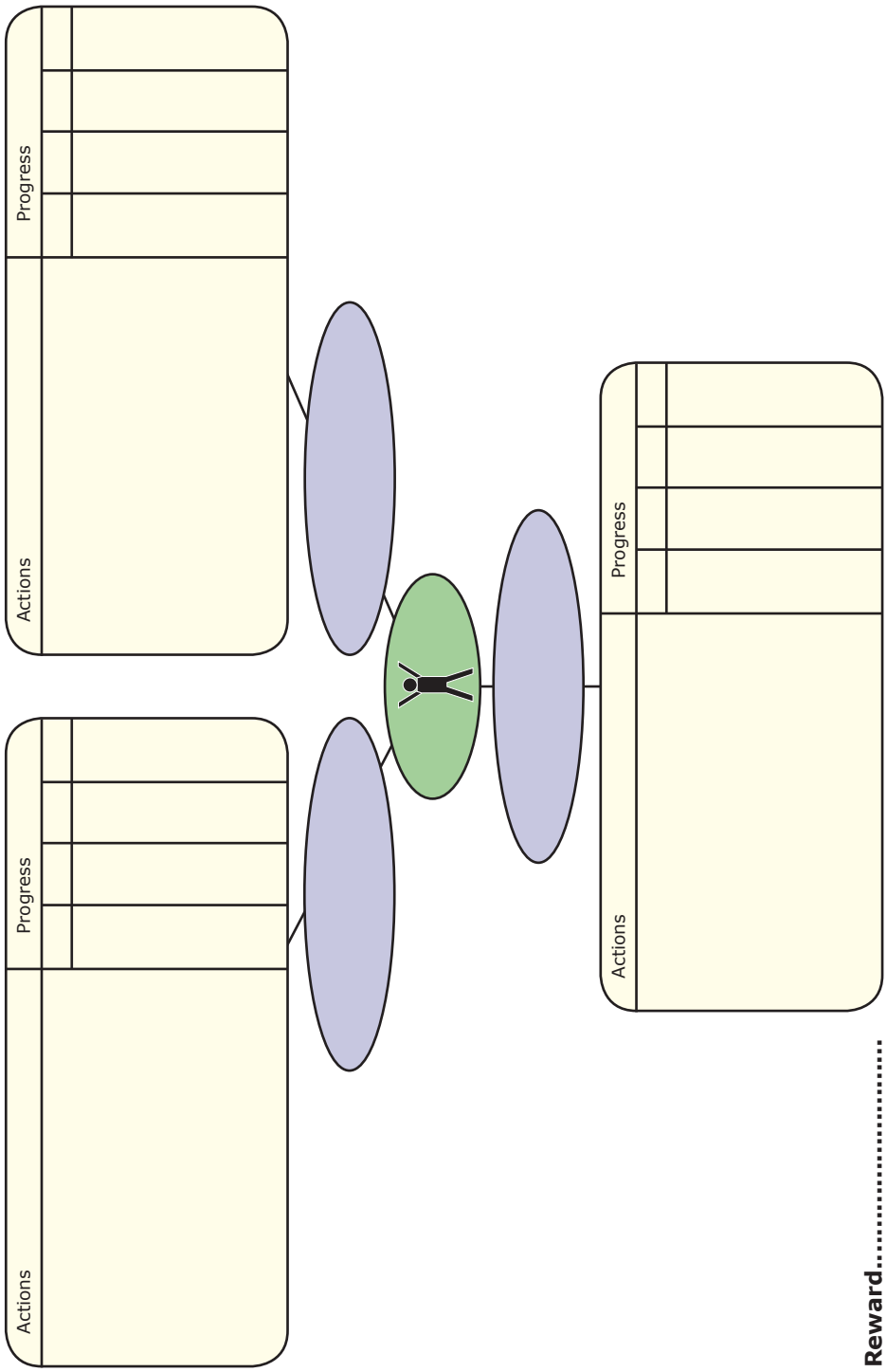
Remember: Small permanent changes are the key to long-term success.

MY ACTION MAP



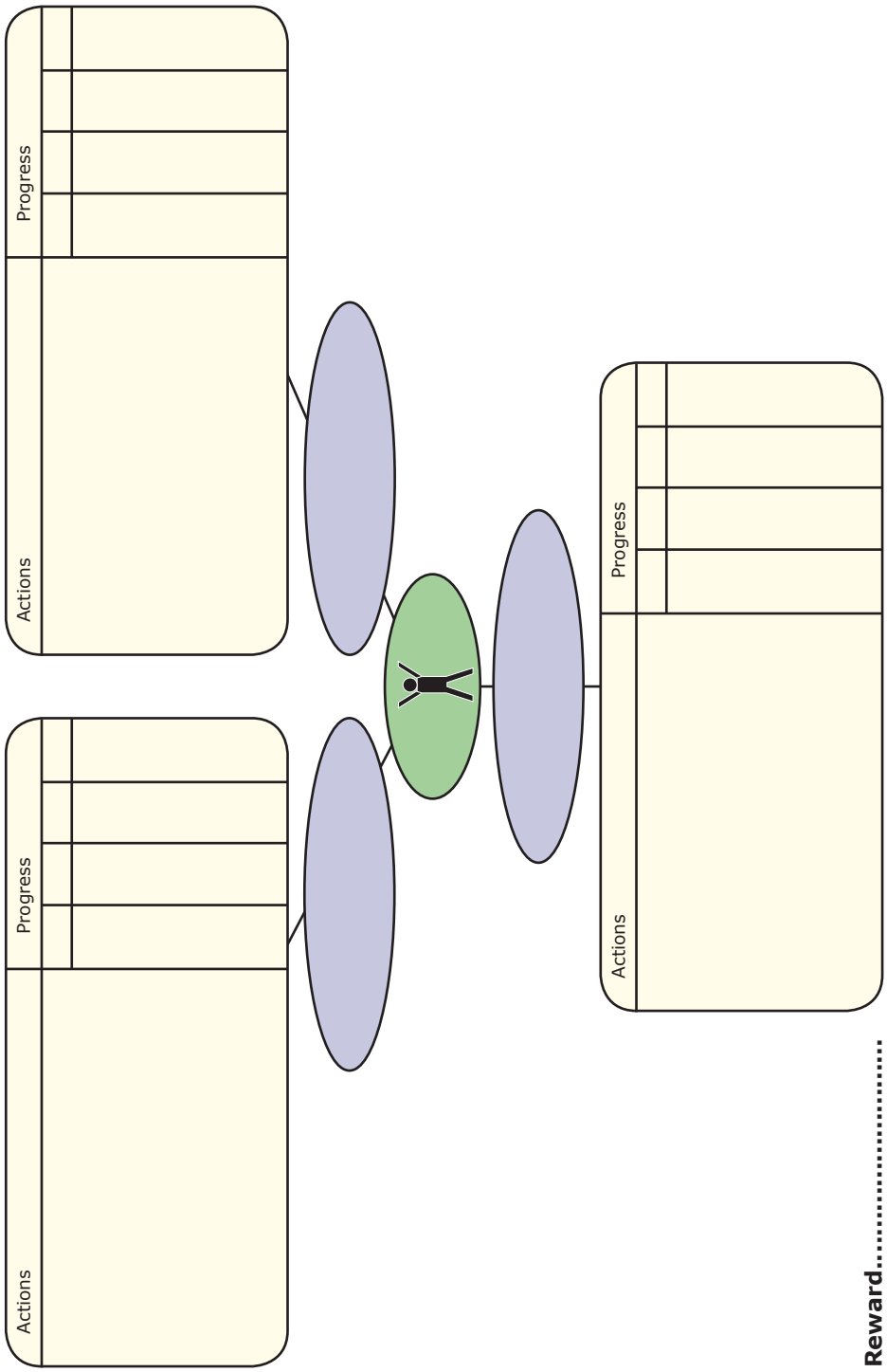
Reward.....

MY ACTION MAP



Reward.....

MY ACTION MAP

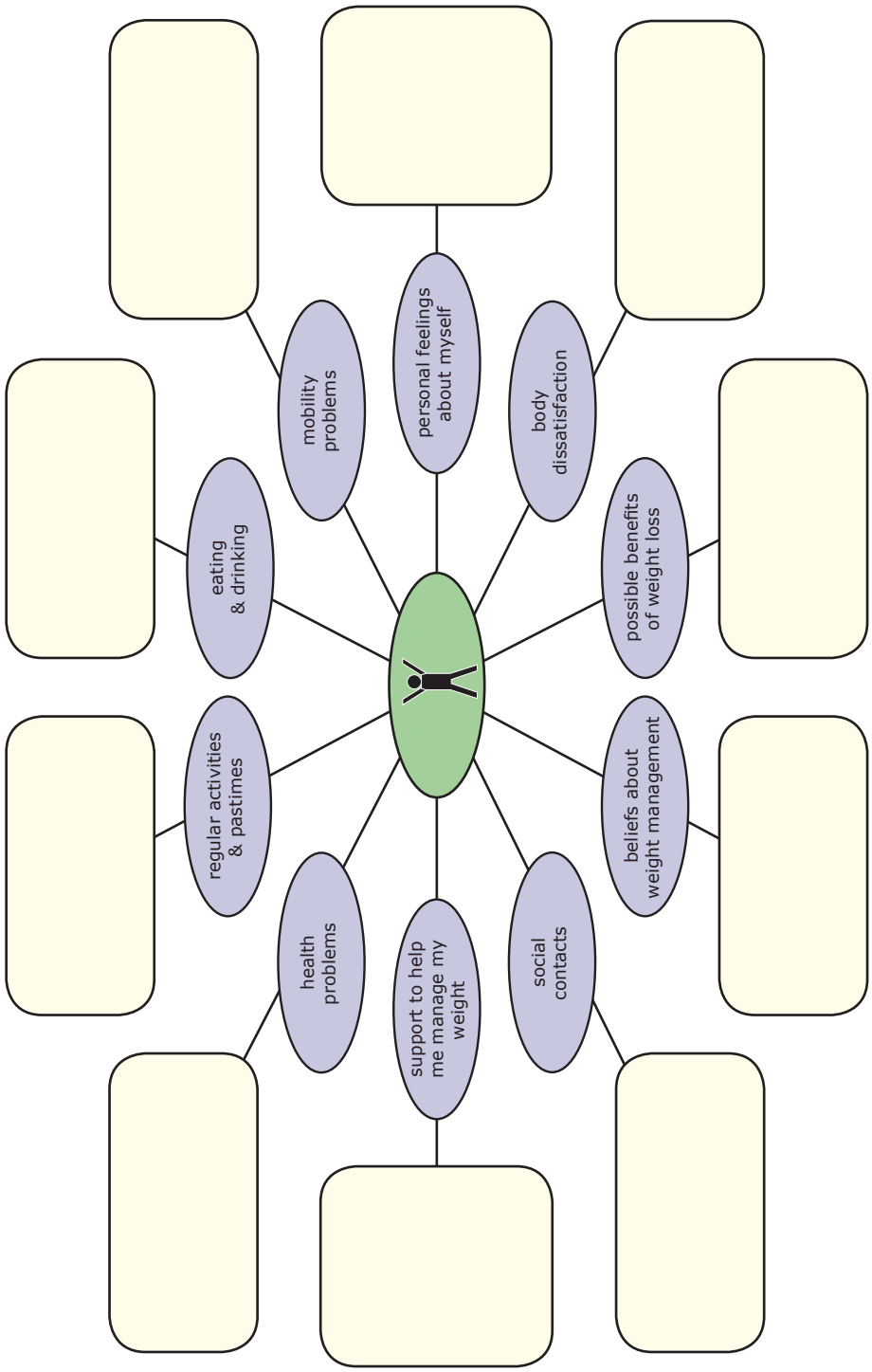


Reward.....

KEEPING UP TO DATE

Every few months it is useful to do another 'Weight Management Map' to see if there have been any changes in what affects your weight. Identifying these changes and putting them in a new 'Action Map' will help you to maintain progress. Therefore, please complete the 'Weight Management Map' on page 14.

WEIGHT MANAGEMENT MAP



APPOINTMENTS

Contact name:

Telephone no:

| Date | Day | Time | |
|------|-----|------|----|
| / / | | am | pm |
| / / | | am | pm |
| / / | | am | pm |
| / / | | am | pm |
| / / | | am | pm |
| / / | | am | pm |
| / / | | am | pm |
| / / | | am | pm |

If you are unable to attend an appointment please let us know so that another time can be arranged. Please do not cancel your appointment if the reason for not coming is that you are struggling with your weight management plan. It is even more important to come at these times.

It is important that you bring this booklet with you to all appointments with the nurse as it is part of planning your care.

**THANK YOU FOR TAKING PART IN
THIS REASEARCH PROJECT**

Notes

Notes

Jenny Brown

Westburn House
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
AB25 4XG

e-mail: j.brown@arh.grampian.scot.nhs.uk

Tel: 01224 552199

School of Nursing & Midwifery
The Robert Gordon University
Garthdee Road
Garthdee
Aberdeen
AB10 7QG

9324960@rgu.ac.uk

01224 262954

**The production of this booklet is supported by a grant from the
Burdett Nursing Trust and The Robert Gordon University**