

Weight Loss Inventory

WEIGHT LOSS INVENTORY

When:

I eat when I am feeling:

- | | | |
|--------------|------------------------------|-----------------------------|
| Hungry: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nervous: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bored: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stressed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hyperactive: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Happy: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sad: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lonely: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Frustrated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anxious: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Afraid: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Where:

I eat too much or snack while:

- | | | |
|------------------------|------------------------------|-----------------------------|
| Watching TV: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parties/groups: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reading: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coffee breaks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Between home & office: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At sports events: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At business lunches: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| In bed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Why:

I treat myself to a snack or meal whenever I need:

- | | | |
|---|------------------------------|-----------------------------|
| Love: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A reward: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Companionship: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Something to do: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A change in activity: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| To compensate for something unpleasant: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| To relax: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| To feel more important: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| To feel secure: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual attention: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Ideal Weight Inventory

IDEAL WEIGHT INVENTORY

1. Why do you want your weight to change?

2. What do you want your weight to be?

3. Is there any reason you chose this number except your sincere belief that you would feel best, emotionally and physically? If so, what would your ideal weight be if you were to eliminate those reasons?

4. At what age did you last weight that amount?

5. Based on the inevitable changes that have taken place since then— in your age, your lifestyle, your responsibilities to work and to family— do you feel your answer to question 2 is self-referring, worthwhile and attainable? If so that number represents your ideal weight.

Ideal Weight: _____

Hunger Scale

For the first two weeks of the program you should eat whenever you are hungry and your hunger level is at the 0 to 1 range on the following scale. This may mean eating meals at unusual times of the day, or even not eating for prolonged periods of time. However the entire process should be based on comfort. Always stop eating when you reach Level 6.

To use the scale, whenever you are about to eat, place your hand on your stomach, as a way of placing attention on that area of the body. Close your eyes and concentrate on your hunger level. Use the following scale to assess your hunger level. At various times while eating place your hand on your stomach and assess your level again.

SATISFACTION SCALE From E, 0, 1 . . . 7, 8, F.

Level E (Empty) Your stomach is uncomfortably empty. You are starving. It is important to eat before you get to this level. (Sends signals to your body to be more efficient at storing fat for the coming famine.)

Level 0 - 1 Your stomach is completely empty—you cannot feel the presence of food in your system from the previous meal. At the same time there is a sensation of hunger. (This is the point at which you should start eating.)

Level 2 - 4 This is how you feel when you are eating comfortably, or after you have just eaten and are comfortably digesting the food. (You do not feel hunger at these levels.)

Level 5 As you are eating, you start to feel satisfied.

Level 6 This is the point of maximum comfort. You feel completely satisfied—there is neither a sensation of hunger nor any discomfort from overeating. (This is the point at which you should stop eating.)

Level 7 - 8 You have gone beyond the level of comfort. After eating there is a sensation of discomfort, such as heaviness, dullness, and distention of the abdomen.

Level F (Full) You cannot eat another bit. Your stomach is full to the point of distention and discomfort, like some people feel after eating Thanksgiving dinner.