



Be prepared for your first visit to the doctor

The first conversation with your doctor can be crucial – it lays the foundation for your journey to a healthier weight. Only your doctor can professionally assess your personal situation, make any necessary diagnoses, and recommend or prescribe therapies. To be well prepared for this appointment, it is worth thinking in advance about some questions that you might be asked, as well as questions that you would like to ask yourself. Take your time to go through the following checklist and answer these questions for yourself – this will help you prepare for the conversation. You will feel more confident, and your doctor will also be able to respond to your specific needs.

Before visiting your doctor (self-assessment)

Can you describe/explain how your weight has changed over time?
(Were there any highs or lows, events that had a particular impact?)

Feel free to plot / mark this in the following diagram¹:



Life moments
(e.g., school, moving out, college, children, strokes of fate)

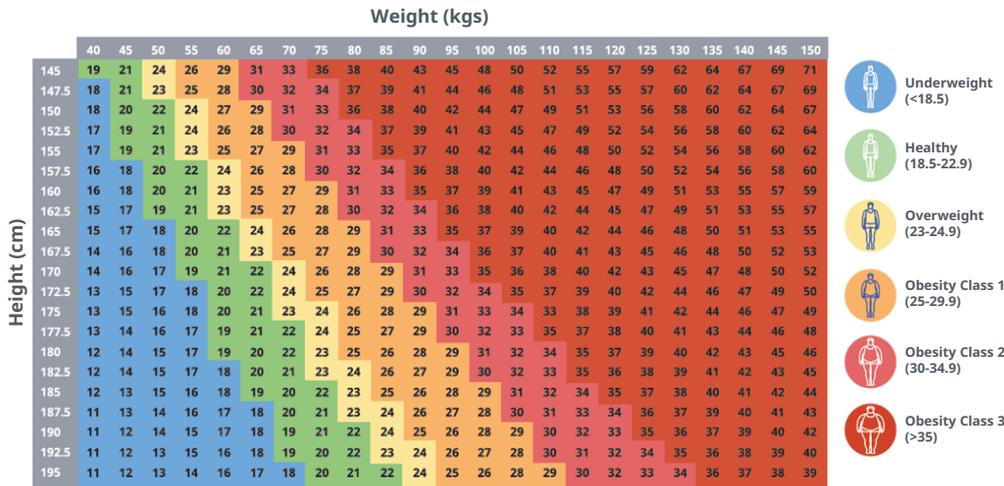
Reference: 1. <https://www.ueber-gewicht.de/>

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Do you know your BMI or waist size?

Yes, BMI: _____ Yes, Waist size _____ cm No

BMI Chart (Metric)



-  Underweight (<18.5)
-  Healthy (18.5-22.9)
-  Overweight (23-24.9)
-  Obesity Class 1 (25-29.9)
-  Obesity Class 2 (30-34.9)
-  Obesity Class 3 (>35)

BMI:
Check your BMI with a BMI calculator (<https://www.novocare.in/managing-your-weight/whats-your-body-mass-index-bmi.html>)

Waist to Height ratio:
Check your Waist Height Ratio (<https://www.novocare.in/whats-your-waist-height-ratio.html>)

Knowing your BMI is the first step in assessing obesity

Disclaimer: This is disease awareness material intended for information only. Please consult your healthcare practitioner for more information.

What have you tried so far to lose weight?

- Diet (Name: _____)
- Nutrition counseling, programs, apps (which ones: _____)
- Medication
- Surgical procedure

Did you exercise before? How often?

- Yes, indeed _____
- Several times a week
- Weekly
- Less often
- No

If yes, do you still exercise?

- Yes
- No, because _____

Are there situations in which you find it difficult to consciously pay attention to your diet? (e.g., stress, evenings, social occasions, pregnancy)

- Yes No Life situations _____
- _____
- _____

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Can you give an outline of a typical daily routine in terms of eating and exercise?
 Feel free to use the table for this purpose.

Time of day/ clock time (approx.)	Food (brief description)	Exercise/Activity (multiple selections possible)	Duration	Frequency (per week)
Morning/ Breakfast <input type="checkbox"/> _____ hrs.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Light (e.g., walks, more active housework): <input type="text"/> <input type="checkbox"/> Moderate (e.g., slow jogging, yoga): <input type="text"/> <input type="checkbox"/> Strenuous (e.g., weight training, ball sports): <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> None	<input type="checkbox"/> < 30 Min <input type="checkbox"/> 30–60 Min <input type="checkbox"/> > 60 Min	<input type="checkbox"/> Never <input type="checkbox"/> < 1 x <input type="checkbox"/> 2–3 x <input type="checkbox"/> > 3 x
Afternoon/ Lunch <input type="checkbox"/> _____ hrs.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Light (e.g., walks, more active housework): <input type="text"/> <input type="checkbox"/> Moderate (e.g., slow jogging, yoga): <input type="text"/> <input type="checkbox"/> Strenuous (e.g., weight training, ball sports): <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> None	<input type="checkbox"/> < 30 Min <input type="checkbox"/> 30–60 Min <input type="checkbox"/> > 60 Min	<input type="checkbox"/> Never <input type="checkbox"/> < 1 x <input type="checkbox"/> 2–3 x <input type="checkbox"/> > 3 x
Evening/ Dinner <input type="checkbox"/> _____ hrs.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Light (e.g., walks, more active housework): <input type="text"/> <input type="checkbox"/> Moderate (e.g., slow jogging, yoga): <input type="text"/> <input type="checkbox"/> Strenuous (e.g., weight training, ball sports): <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> None	<input type="checkbox"/> < 30 Min <input type="checkbox"/> 30–60 Min <input type="checkbox"/> > 60 Min	<input type="checkbox"/> Never <input type="checkbox"/> < 1 x <input type="checkbox"/> 2–3 x <input type="checkbox"/> > 3 x
Snacks <input type="checkbox"/> _____ hrs. <input type="checkbox"/> none	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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Is there a history of obesity or other health conditions in your family? (e.g., diabetes, high blood pressure)

Yes

No

Details _____

Do you suffer from any accompanying symptoms or comorbidities?

High blood pressure

Asthma

Erectile dysfunction

Cardiovascular problems

Joint problems

Infertility

Diabetes

Gastric reflux or Acid Reflux

Kidney diseases

Lipid metabolic disorder

Fatty liver

Others _____

Metabolic syndrome

Cancer

Sleep apnea

Menstrual disorders

To what extent does your weight affect your everyday life?

My weight limits me in my daily life as follows:

Significantly

Somewhat (to some extent)

Slightly

My weight limits me in the following areas of everyday life:

Climbing stairs

Breathing

Emotional well-being

Mobility

Work

Others _____

Sexuality

Family life

Sleep apnea

Social contacts

Which of the following statements apply to you? Rate on a scale of 1 to 5

(1 = not at all, 2 = hardly, 3 = neutral, 4 = a little, 5 = completely)

I feel comfortable in my body

1 2 3 4 5

My weight is weighing me down emotionally

1 2 3 4 5

I am concerned about weight because I am worried about my health.

1 2 3 4 5

There are situations in which I feel ashamed of my weight
(e.g., in the swimming pool, while shopping, in the restaurant, etc...)

1 2 3 4 5

I try to accept my weight, even though it is difficult for me

1 2 3 4 5

I often think about weight and appearance

1 2 3 4 5

I avoid certain activities because of my weight

1 2 3 4 5

My weight affects my relationship

1 2 3 4 5





My expectations for my visit to the doctor

In addition to gathering information about the symptoms and the progression of your illness, it is also important to clarify your expectations from the upcoming doctor's visit. Doing so will give you a clear sense of what truly matters to you and what you hope to achieve during your visit. Preparing your answers to the following questions in advance for your next doctor's visit will create a strong basis for discussing possible diagnoses, information requirements, and treatment preferences.

At the doctor's office / clinic

What concerns do you have before talking to a doctor? (e.g., side effects? stigma? discipline issues?)

- | | |
|---|--|
| <input type="checkbox"/> Stigma | <input type="checkbox"/> Doubts about your sincerity |
| <input type="checkbox"/> Doubts about your own discipline | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Side effects of drugs | _____ |

What do you expect from the doctor?

- | | |
|--|---|
| <input type="checkbox"/> Explanation of medical causes | <input type="checkbox"/> Prescription of one of the following therapies |
| <input type="checkbox"/> Concrete assistance | <input type="checkbox"/> Nutrition |
| | <input type="checkbox"/> Exercise |
| | <input type="checkbox"/> Prescription of medication |
| | <input type="checkbox"/> Surgical procedure |
| | <input type="checkbox"/> Others _____ |

**What long-term changes would you like to achieve?
What would weight loss change for you?**

What type of therapy would you prefer?

- | | |
|---|---|
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Surgical procedure |
| <input type="checkbox"/> Behavioral therapy | |

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What exactly do you expect from your therapy?

Are you expecting any other health improvements besides pure weight loss?

If yes, what health factors are relevant to you?

- | | | |
|--|--|--|
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Liver function | <input type="checkbox"/> Metabolism |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney function | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Heart health | <input type="checkbox"/> Joint function | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Others <input type="text"/> | | |

How much will a treatment cost me? Are there price differences between the various medications?



Stay informed

After completing this conversation guide, you should now be well prepared for your conversation with your doctor. Do not hesitate to talk to a doctor if you are unsure about your weight! A very high BMI ($\geq 25 \text{ kg/m}^2$) in particular poses a significant risk of serious comorbidities. Only medical advice from a specialist can provide relief in the case of serious illnesses and secondary and accompanying complaints.

Further information can be found at www.novocare.in.