

Evaluation Checklist | Elicit the Weight History



After obtaining permission to discuss a patient's weight, use open-ended questions to investigate the causes of overweight or obesity, contributing factors, management barriers, and self-perceptions. Start by asking the patient to describe their day from when they wake up to when they go to bed and ask about the elements below.

Weight trajectory. Identify the highest and lowest adulthood weights and major events leading to gain (e.g., pregnancy, disability, thyroid disease). Explore any instances of rapid weight gain over a short period of time.

Diet, exercise, and sleep habits. Identify the current dietary pattern (24-hour diet recall, beverage intake), physical activity (frequency, duration), and barriers to diet and exercise. Assess duration and quality of sleep (snoring, daytime somnolence, sleeping through the night).

Weight-related medical conditions. How is the obesity affecting the patient's health? Explicitly identify common comorbid conditions such as diabetes, hypertension, metabolic dysfunction-associated steatotic liver disease, osteoarthritis, and obstructive sleep apnea.

History of weight-loss attempts. Has the patient previously attempted weight loss? Was there a trial of intensive behavioral change? Was a previous attempt successful (led to $\geq 5\%$ weight loss)? What worked well, and what were barriers?

Motivation and expectations. What most concerns the patient about their weight? Are they currently motivated to enter a weight-management program? What are their current goals and expectations? What help do they need and want?

Emotional eating and eating disorders. Ask about stress and mood. Formally screen for binge eating disorder if they report stress eating. Screen for depression and/or anxiety as indicated.



Medication list. Look for agents that might contribute to weight gain or prevent weight loss. Ask the patient if any of their medications are associated with weight gain.

Psychosocial factors. Identify factors relating to food behaviors, including stress and mood. Note any existing psychiatric diagnoses that may require incorporation into a weight-management plan.