

# Reflection sheets for people who aim at losing weight

**Reflection sheets filled out  and discussed**

**1. Agreement to work together**

- 1a. Invitation to work together
- 1b. Agreement form \*
  - Problem lists
  - Problems currently being worked on
  - Agreement on follow-up

**2. Your life being overweight**

- 2a. Important events and periods in your life
- 2b. What do you find difficult at present living with your overweight
- 2c. Unfinished sentences: *needs, values, experiences and opportunities*
- 2d. A picture, metaphor or expression describing your life and weight
- 2e. How much room your weight takes in your life? \*

**3. Between ideal and reality**

- 3a. Your plans for changing your way of life
- 3b. Your experiences with different types of treatment
- 3c. The difference between your actual and ideal weight
- 3d. The art of finding your own reasons for losing weight
- 3e. Patterns in your way of eating, which prevent you from weight loss

**4. Working to change**

- 4a. Current problem solving (4 sheets)
- 4b. Dynamic problem solving
- 4c. Pros and cons
- 4d. More of
- 4e. Less of
- 4f. Mapping behaviour

## **Invitation to cooperate**

### **One-to-one setting**

#### **What should our cooperation focus on?**

- We will choose aspects which are currently causing you problems in your attempts to lose weight

#### **What will be your role and mine?**

- We need to draw on the experience and knowledge of both of us
- We will both be active and make the most of our time by focusing on aspects we consider important
- Sometimes we will work individually and at other times we will work together

#### **What should characterise our cooperation?**

- It is OK if you and I perceive your situation differently
- Disagreeing is OK
- Having and showing emotions is OK
- It is necessary to know each other's points of view

#### **We will use reflection sheets - but what can they be used for?**

- You can use them for reflection and for gaining insight into your situation – in peace and quiet
- We can use them for gaining a general understanding of what is important in your situation
- They make it easier to talk about the more difficult aspects of your situation
- They help you making decisions tailored to your needs. Decisions which therefore make sense after the course
- They help us to stay on course

#### **Best wishes from your contact person**

## **Invitation to work together Group setting**

### **What should be the focus of our cooperation?**

- Whatever you currently find difficult in your attempts to loose weight. Aspects which you will be able to shed light on and possibly change by drawing on your personal resources and those of the other group participants

### **What are our roles?**

- You should regard yourself as the final decision-maker in matters concerning your situation, but feel free to make use of ideas and suggestions from group participants and course leaders
- Both your own as well as your fellow participants' and health professionals' knowledge and experience is needed
- Together we will aim at spending our time in the best possible way on matters that we consider important
- Part of the time we will be working in small groups, at other times we will gather to discuss important points together

### **How should we work together?**

- It is OK for you and others to perceive your situation differently
- It is necessary that we know each other's opinion
- Disagreeing is OK
- Having and showing emotions is OK
- Pressuring others or letting others pressure you to change your opinion is not OK

### **We will use reflection sheets - what are the advantages of this method?**

- You can use them for reflection and for gaining insight into your situation – in peace and quiet
- We can use them for gaining a general understanding of what is important in your situation
- They make it easier to talk about the more difficult aspects of your situation
- They help you making decisions tailored to your needs. Decisions which will therefore make sense after the course
- They help us to stay on course
- Finally, they are useful for keeping track of our agreement and the goals you have defined for the future

Best wishes from the course leaders

**Agreement form**

From: \_\_\_\_\_ to: \_\_\_\_\_

(patient label)

Primary team: physician(s): \_\_\_\_\_

nurse: \_\_\_\_\_

dietician: \_\_\_\_\_

others: \_\_\_\_\_

**Patient's list of problems:**

**Professional's list of problems:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>Problems selected for guided self-determination:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Final agreement:** \_\_\_\_\_ will, for the date \_\_\_\_\_ 200\_\_ aim for

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. A weight of: \_\_\_\_\_ kilos; A waist of: \_\_\_\_\_ centimetres.

**Key figure's effort**

**Professional and other support**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outpatient visit.** / 200\_ Physician: \_\_\_\_\_ Nurse: \_\_\_\_\_ Dietician: \_\_\_\_\_

What has been accomplished? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ will, by the date \_\_\_\_\_ year 200\_ aim for:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. A weight of: \_\_\_\_\_ kilos; A waist of: \_\_\_\_\_ centimetres.

Key figure's effort: \_\_\_\_\_

Professional and other support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outpatient visit.** / 200\_ Physician: \_\_\_\_\_ Nurse: \_\_\_\_\_ Dietician: \_\_\_\_\_

What has been accomplished? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ will, for the date \_\_\_\_\_ 200\_ aim for:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. A weight of: \_\_\_\_\_ kilos; A waist of: \_\_\_\_\_ centimetres.

Patient's effort: \_\_\_\_\_

Professional and other support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Label:
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## Important events and periods in your life being overweight

State the year you realised that being overweight was a problem for you

Indicate dates for important events or periods that you believe have something to do with your weight



Indicate what you believe to have influenced you positively or negatively:

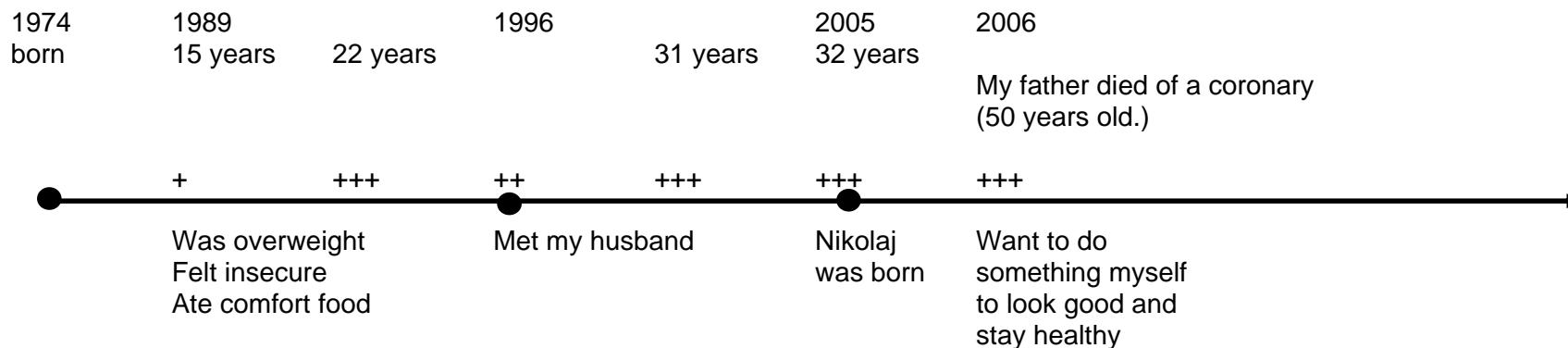
Events, experiences, conditions of living, conditions of working, cures or drugs

Example - see reverse!

Mark your experience of being overweight :

- + experience of being slightly overweight
- ++ experience of being seriously overweight
- +++ experience that I am obese

**Eksample of Important events and periods in your life being overweight**



Label:
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**What do you currently find difficult about living with your overweight?**

**Write some key words:**

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Label:

**Unfinished sentences** – *needs, values, experiences and opportunities*

Those who know how I live, think that I.....

The happiest day in my life was when.....

The saddest day of my life was when.....

Regarding my weight, I am best at .....

The worst thing about being overweight is.....

I am not good at.....

Being overweight has prevented me from.....

It will not prevent me from.....

In a years time I will.....

I should not blame my weight for.....

When I am due to talk with health care professionals, I think of .....

I would like to learn more about.....

Things that can give problems at home.....

I think that my colleagues/friends.....

Things I try to change about myself.....

A habit I find it difficult to change is.....

I find it difficult to resist pressure from.....

I get good support from.....

I get no support from.....

In spite of being overweight I can .....

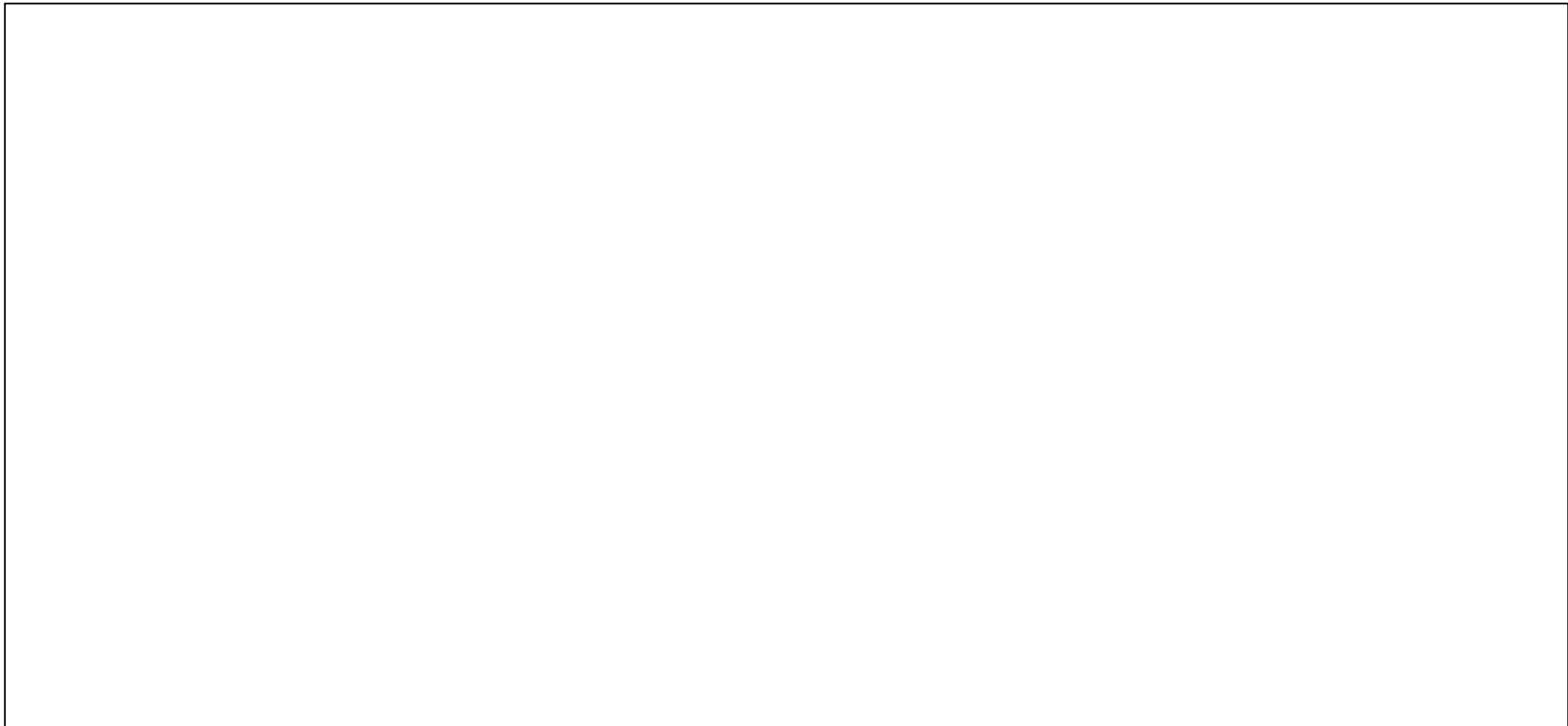
What I most of all wish for is .....

When I am at the end of my life, I would like to look back and .....

Label:

**A picture, metaphor or automatic thoughts describing your life and weight**

What picture do you associate with living your life being overweight?



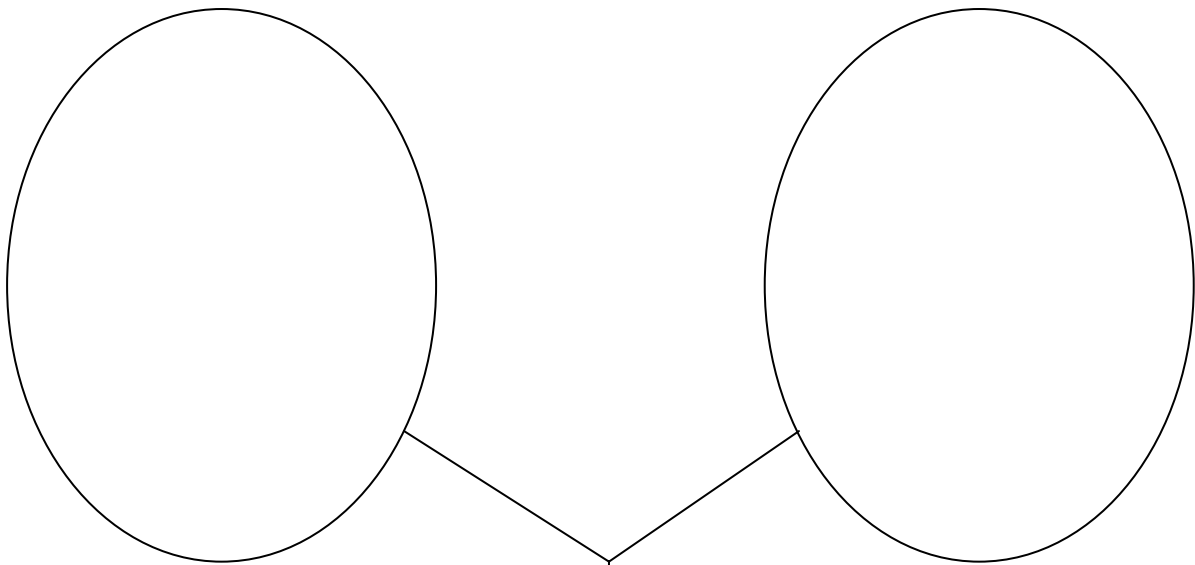
**How much room your weight takes in your life.**

**My weight has taken up**  
so much room up to now

**My weight will take up so**  
much room in the future

(mark the area )

(mark the area)



What is the difference?

A large, empty rectangular box with a thin black border, positioned below the text 'What is the difference?'. An arrow points from the text down to the top center of the box.

Label:
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Mark the sentences describing your everyday life with an X in the left-hand column. Indicate whether you would like to change this behaviour in the right-hand columns (also with an X)

Characteristics of my every-day life:	I would like to change (put X)			I have no plans for changing my behaviour
	within the first month	within the first 6 months	after the first 6 months	
.. I eat too large quantities of (healthy/unhealthy) food				
.. I eat quickly				
.. I eat large quantities of fatty food				
.. I eat large quantities of sweets and sweet things				
.. I consume a lot of drinks high in calories				
.. I eat only 1 or 2 big meals each day				
.. I eat in the evening and at night				
.. I have not learnt to enjoy small amounts of something I like				
.. exercise which I like and which increases my pulse is missing as an active part of my plan for losing weight				
.. I am not conscious of being active and moving a lot daily (for example I let other people bring things I could go and get myself)				
.. I lack something to effectively divert me, when the urge for food becomes too overwhelming				
.. I lack a long-term and realistic plan for weight loss				
.. if I depart from my plan I tend to lose faith in myself and my plan and stop pursuing my goal				
.. I have difficulties keeping good links to other people at the same time as I stick to my plan for my weight loss				
.. now and then I end up in situations that make me return to my old eating pattern				
.. I avoid/ miss being together with others because of my weight				

Label:
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**Own experiences with different types of treatment**

**Type of treatment:**

**Period:**

**Advantages:**

**Disadvantages:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Suggestions and ideas:**

\_\_\_\_\_

Patient label
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**The difference between your ideal weight and current weight**

The weight you think will be ideal for you. \_\_\_\_\_

Your current weight: \_\_\_\_\_

The difference \_\_\_\_\_

**Reasons why you think this weight is ideal?**

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**How long do you expect it to take?**

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### **3 d. The art of finding your reasons for losing weight**

**Your *own* reasons. Reasons which are meaningful to you.**

**Other peoples' reasons why you should lose weight. Reasons which may be less meaningful to you.**

**3.e. Identify typical moments/hours during the day and week where you eat in a way that you think makes you gain weight or prevents weight loss. Add comments on the kind of food you are eating or on particular reasons for eating at any given moment.**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-9							
9-10							
10-11							
11-12							
12-13							
13-14							
14-15							
15-16							
16-17							
17-18							
18-19							
19-20							
20-21							
21-22							
22-23							
23-24							

## Current problem-solving

Chose a name for what is causing you problems: .....

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### *Your observations*

How long have you experienced this?

How often do you experience it?

Has it increased or decreased over time?

When do you notice the problem most?

When do you notice the problem least?

## Your thoughts and feelings

What do you think the problem is related to?

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What makes it worse?

What makes it better?

What does it stop you from doing?

What do you achieve from it?

How much does it affect you?

## Your goals and intentions

What is important to you? - What are you aiming for?

What can you/other people gain by solving the problem?

What can you/other people lose by solving the problem?

In the short term?

In the short term?

In the long term?

In the long term?

Have you decided whether you want to solve the problem completely or partly?

If partly - which parts?

## Your actions

Which partially successful attempts have you made in order to solve the problem?

When?

How often?

Any unsuccessful attempts?

Who helped you?

Who have you lacked help from?

Who have you asked for help?

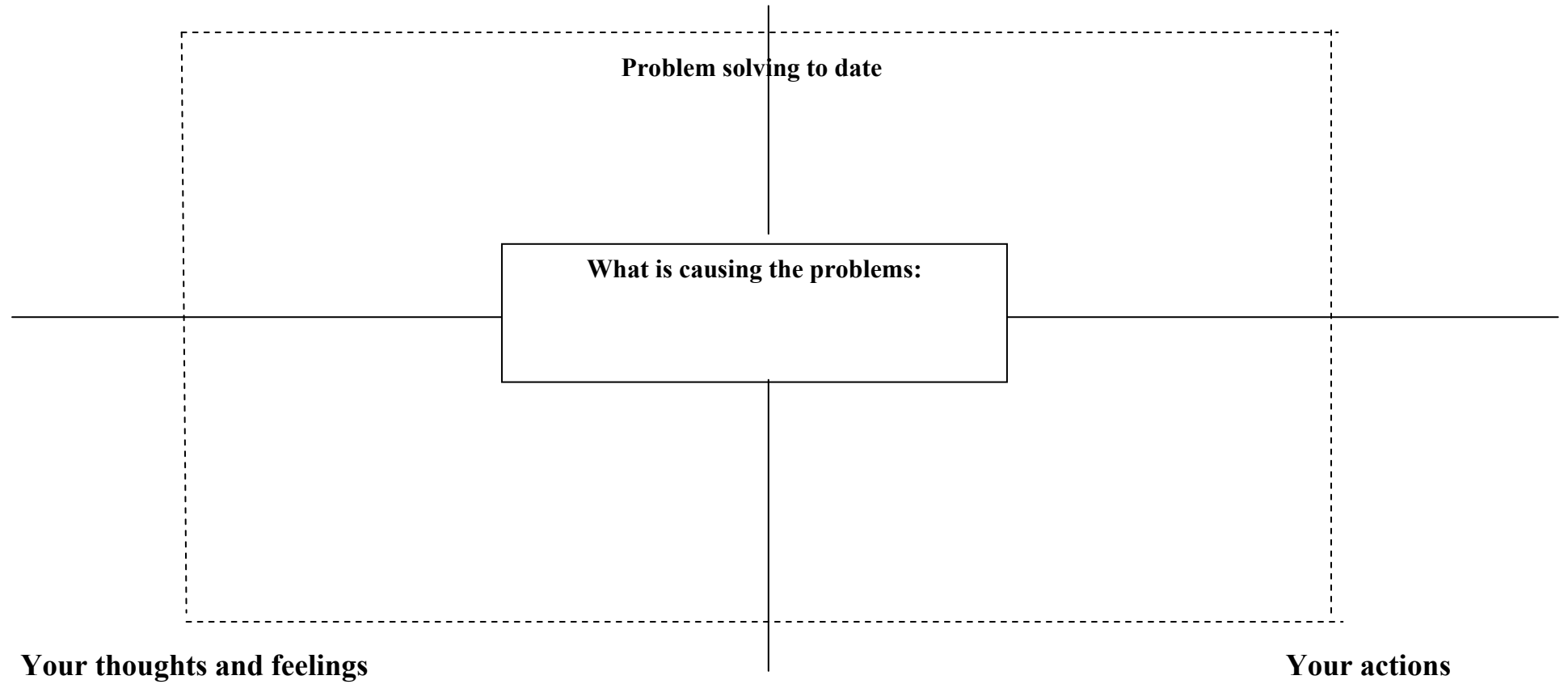
Who would you like to have asked for help?

**Your observations**

**Dynamic problem solving**

**Your goals and intentions**

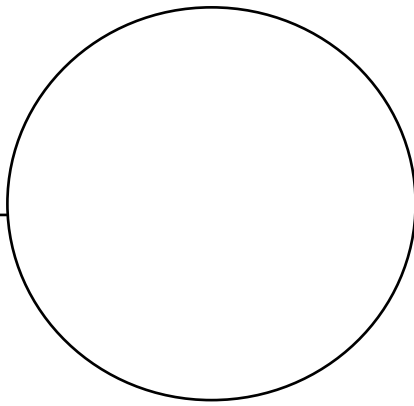
**Expanded problem solving**



**“Pros and Cons”** (Arborelius)

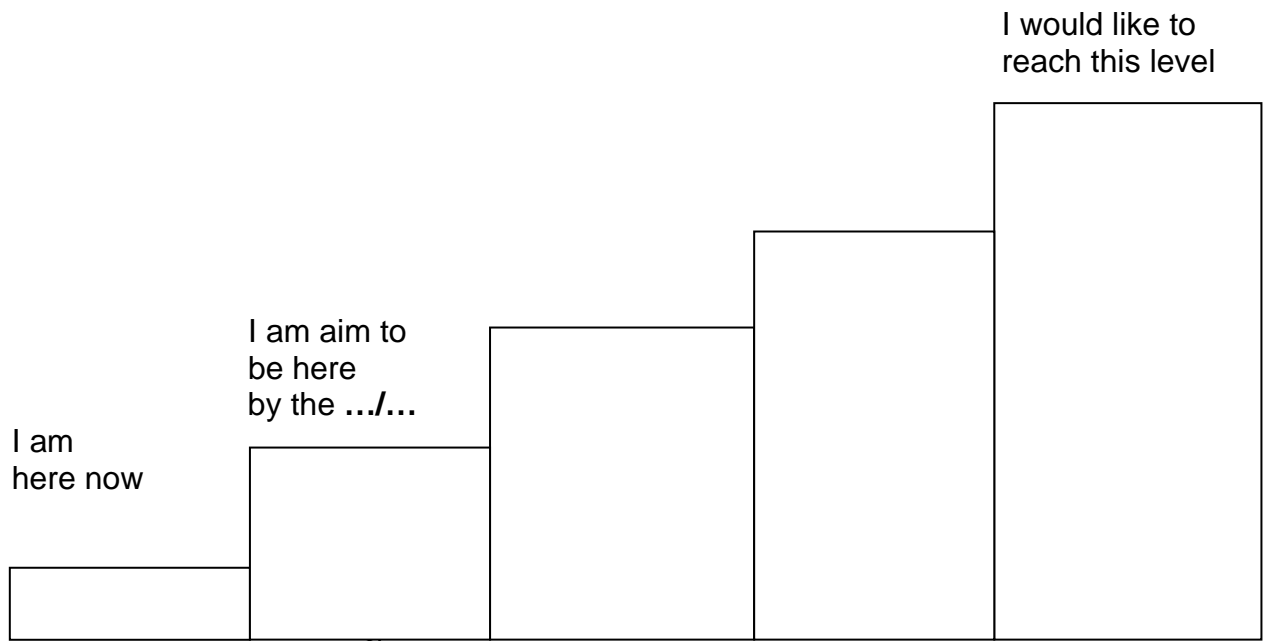
Label:

Very good
Good
Not so good
Bad



**“More of”**

Label:



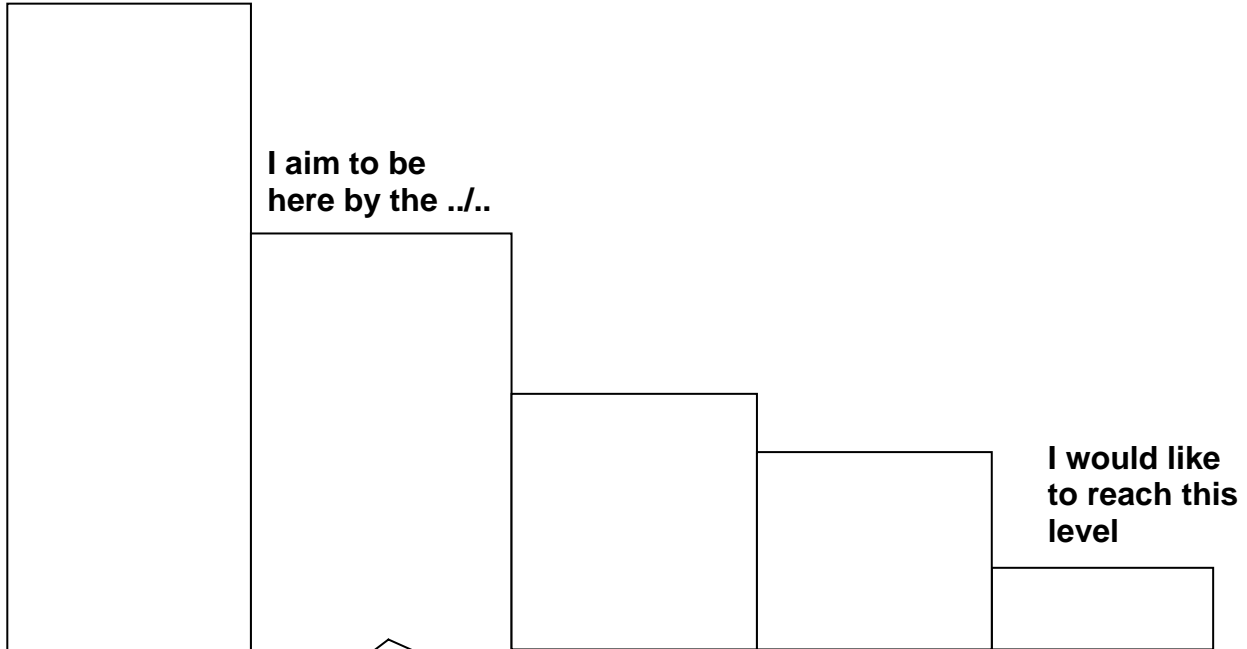
This makes it easier

This makes it more difficult

**“Less of”**

Label:

**I am here now**



This makes it easier

This makes it more difficult

### Mapping behaviour

