

# What's Stopping YOU From LOSING WEIGHT?

## Take the **FREE** *LifeSlim* Questionnaire

The **LifeSlim Questionnaire** is designed to help you find out what's stopping YOU from losing weight and keeping it off.

The questions listed on the following pages are divided into categories to help identify YOUR likely individual cause(s). These categories/causes are considered by many weight-loss experts to be the most common reasons why people find it difficult to lose weight.

Complete the questionnaire by marking the YES or NO box for EVERY question and then refer to the **LifeSlim Scoresheet** on page 4, to help you score and interpret your results.

\*\* The **LifeSlim Questionnaire** is not designed to diagnose medical or health conditions. This needs to be done by a qualified health professional.

*MultiSlim*  
The Multi-Action Weight Loss System

YES NO

### Slow Metabolism

1. Do you feel that you eat less than others but seem to put on weight easily?
2. Do you drink less than 8-10 glasses of water a day?
3. Do you believe that you have less muscle mass than most people your age?
4. Are you over 40 years of age?
5. Do you suffer from a thyroid condition?
6. Do you skip meals (including breakfast) or go longer than 3 hours between meals?
7. Do you suffer from high levels of stress?
8. Do you exercise less than 3 times a week?
9. Are you seated for most of the day?
10. You don't eat all of the following foods every day: fruit, vegetables, lean meat, good oils (unsaturated fats).

YES NO

### Low Energy

1. Do you find yourself easily drained at the end of the day?
2. Do you find that your energy levels impact on your ability to complete every day tasks?
3. Is lack of energy a common excuse for not exercising?
4. You don't take a multivitamin every day.
5. Do you eat more than 4 serves of any of these foods each day: bread, pasta, fruit juice, cakes, biscuits, sweets and lollies?
6. Are you physically drained after exercise?
7. Do you need to take a stimulant in the morning (e.g., coffee) to get you going?
8. Do you regularly complain about feeling tired?
9. Do you wake up feeling as though you need more sleep?
10. You don't eat all of the following foods every day: fruit, vegetables, lean meat, good oils (unsaturated fats).

YES NO

### Sluggish Thyroid

1. Do you feel tired all the time?
2. Do you suffer from poor memory and concentration?
3. Do you consume a high intake of soy products and foods?
4. Do you suffer from constipation?
5. Have you experienced weight gain over the last 1-2 years?
6. Do you suffer from regular headaches?
7. Do you suffer from depression or mood swings?
8. You don't eat all of the following foods every day: fruit, vegetables, lean meat, good oils (unsaturated fats).
9. Do you have a low sex drive?
10. You regularly eat one or more of the following foods every day: broccoli, cauliflower, cabbage, brussel sprouts, turnips, spinach, radish, and horseradish.

YES NO

### Diet & Nutrient Deficiencies

1. Do you eat less than 2 serves of fruit and 3 serves of vegetables a day?
2. Do you eat less than 3 meals a day?
3. Do you skip meals including breakfast?

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you eat <u>less</u> than 1,000 calories (4,200 kilojoules) a day?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you eat <u>less</u> than 4 serves of protein a day (e.g., beef, chicken, fish, legumes etc)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. You <u>don't</u> take a multivitamin every day.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you eat a diet low in fibre?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you always on a diet?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you consume a diet high in saturated fat?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you regularly complain about feeling tired?   |

YES NO

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### Food Cravings

- Do you eat even when you are not hungry?
- Do you snack between meals?
- Do you regularly eat after dinner?
- Do you have midnight snacks more than once a week?
- Do you regularly crave sweets?
- Do you eat chocolate or sweets every day?
- Do you eat when you are bored?
- Do you believe your emotions have a major impact on your eating?
- Do you only eat a few types of food every day?
- Do you constantly think about food throughout the day?

YES NO

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### Unstable Blood Sugar

- Do you often feel lethargic an hour after eating?
- Do you feel you need to consume sugary foods to boost your energy levels?
- Do you regularly eat high GI (glycaemic index) foods?
- You don't regularly consume meals that contain a combination of protein, carbohydrate and fat.
- Do you skip meals or go for more than 3 hours without eating food?
- Do you suffer from regular headaches?
- Do you suffer from sleep problems?
- Do your concentration levels regularly waver?
- Do you suffer from mood swings?
- Are you overweight or do you hold a lot of fat around your abdomen?

YES NO

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### Insulin Resistance

- Do you exercise less than 3 times a week?
- Do you suffer from high levels of stress?
- Is there a history of diabetes in your family?
- Are you over 40 years of age?
- Do you suffer from high blood pressure?
- Have you struggled to lose weight in the past despite intense efforts?
- Do you regularly feel tired?
- Do you often feel like your mind is in a 'fog'?
- Do you regularly feel agitated and jittery?
- Are you overweight or do you hold a lot of fat around your abdomen?

# LifeSlim

## Scoring & Interpretation Sheet

The **LifeSlim Questionnaire** can help you identify what may be stopping YOU from losing weight.

Often people try to lose weight by only targeting one or two causes, but for most people their causes are numerous. This results in their weight loss effort being only moderately effective or futile, at worst.

Although the **LifeSlim Questionnaire** is not designed to assess for medical conditions, it can provide you with useful information about why YOU may be struggling to lose weight and keep it off. By identifying the relevant cause(s), YOU can modify your weight loss efforts by targeting the causes that are specific to you.

The **LifeSlim Questionnaire** can be scored by simply adding the 'YES' responses in each category and entering the number in the relevant box below. To find out what cause(s) might be a problem for you refer to the cut-off scores outlined opposite. Obviously the higher the number the more likely this cause is stopping you from losing weight.

**Slow Metabolism**

A score between 0-2 indicates that this cause is unlikely to be stopping you from losing weight.

**Low Energy**

**Sluggish Thyroid**

A score between 3-5 indicates that this cause may be a mild problem for you. Some attention at reducing the impact of this cause is likely required.

**Diet & Nutrient Deficiencies**

**Food Cravings**

**Unstable Blood Sugar**

A score of greater than 5 indicates that this cause is likely having a significant impact on your weight loss efforts. It is important that you direct your attention at modifying this cause.

**Insulin Resistance**

To find out how you can overcome some of **YOUR** specific barriers to weight loss refer to the **MultiSlim Weight-Loss Guide** or **MultiSlim Weight-Loss Pack** (*available from health food stores & pharmacies*).

Visit [www.multislim.com.au](http://www.multislim.com.au) for more information about how you can "LEAVE NOTHING TO CHANCE" in your weight-loss efforts or contact Body Concepts Group Pty Ltd on FreeCall 1800 425 289.