

Inventory of How Dieting Has Interfered with Your Life

Beyond the financial investment, the pursuit of dieting comes at a high cost. Dieting harms your social emotional and physical wellbeing. In the exercise below you will find a list of consequences that result from dieting. Check all that apply to you. Each column has a space at the bottom to add consequences not listed.

Physical Symptoms	<input type="checkbox"/> Weight gain <input type="checkbox"/> Blunted metabolism <input type="checkbox"/> Excessive cravings for carbs <input type="checkbox"/> Blood sugar swings <input type="checkbox"/> Disconnected from hunger cues	<input type="checkbox"/> Disconnected from satiety cues <input type="checkbox"/> Chronically tired, even when sleeping well <input type="checkbox"/> Hair loss (more than usual) <input type="checkbox"/> If female, missed or inconsistent menses <input type="checkbox"/> Physical numbness <input type="checkbox"/> Other:
Social Symptoms	<input type="checkbox"/> I eat differently when others are present <input type="checkbox"/> I compare my food to what other people are eating, in quantity and type of food. <input type="checkbox"/> I worry about what people think about my eating. <input type="checkbox"/> I worry about what people think about my body. <input type="checkbox"/> I try to eat the same type of food that others are eating.	<input type="checkbox"/> I cancel social events because of the food or meals served. <input type="checkbox"/> I avoid eating in social situations. <input type="checkbox"/> My behavior and beliefs about my eating and body have interfered with relationships. <input type="checkbox"/> Other:
Psychological Symptoms	<input type="checkbox"/> I worry about my eating. <input type="checkbox"/> I have strict rules about eating. <input type="checkbox"/> I count calories, carbs, or other factors about food. <input type="checkbox"/> I think of food as “good” or “bad”. <input type="checkbox"/> I feel guilty if I eat a “bad” food. <input type="checkbox"/> I have mood swings. <input type="checkbox"/> I am afraid of feeling hungry.	<input type="checkbox"/> I am afraid of feeling too full. <input type="checkbox"/> I don’t trust my body., <input type="checkbox"/> I am afraid that if I start eating “forbidden” foods, I will not stop eating. <input type="checkbox"/> I fantasize about food. <input type="checkbox"/> I am preoccupied by thoughts about what I eat and don’t eat. <input type="checkbox"/> Other:
Behavioural Symptoms	<input type="checkbox"/> If I break a food rule, I eat even more of it. <input type="checkbox"/> If I eat too much, I make up for it by skipping the next meal or eating less food at the next meal, even if I am hungry. <input type="checkbox"/> I eat more food when I am stressed. <input type="checkbox"/> I exercise only to burn calories or lose weight.	<input type="checkbox"/> I talk a lot of dieting, weight and food. <input type="checkbox"/> When I’m on vacation, I ignore my food rules and eat more than I need, no matter how full I feel. <input type="checkbox"/> I engage in binge eating. <input type="checkbox"/> I avoid physical intimacy <input type="checkbox"/> Other:

Diet History Worksheet

Using the table below, reflect on your dieting history. Think about how old you were when you tried your first diet. What was your reason for dieting at that time? What different types of diets have you tried over the years? How long did you stay on the diet? Was there re-bound weight gain? Use the “other” row to add any additional notes.

Age				
Reason for starting the diet				
Type of diet				
How long did you stay on the diet?				
Did you lose weight?				
If you lost weight, how long did you keep it off?				
Did you regain the weight?				
Did you regain more than you lost?				
Other				

SELF-REFLECTION EXERCISE

Using the information from the 2 previous activities (Inventory of How Dieting Has Interfered with Your Life and the Diet History worksheet), reflect on the following questions.

1. Why did you start dieting? Did you feel pressure to lose weight from family, a friend or a physician?

2. Compared to when you first started dieting, do you now find it more difficult to stay on a diet- both mentally and physically?

3. How often in the past did you say a diet worked because you had temporary weight loss? When you review your diet history, was the weight loss ever sustained permanently or did it gradually come back?

4. How has dieting affected your social life?

5. How has dieting affected your eating behaviour?

6. How has dieting affected your mind and mood?

7. What physical consequences have you experienced from dieting?

8. What thoughts may you be holding on to that could be fuelling a fantasy of going on one last diet?

9. Given the impact dieting has had on your weight, eating behaviour, social life, and mental state, what would be some reasons for you to let go of dieting once and for all?

10 Have you put some aspects of your life on hold until you lose weight? (such as pursuing jobs, relationships, or activities?)

If yes, what would you need in order to explore your desired pursuits in your “*here and now*” body?

Note that holding on to the fantasy of weight loss will keep you stuck in the diet mentality, even if don't plan to go on another diet.