

LivingAfterWLS

Quarterly Personal Self-Assessment: Am I Living after WLS?

Date: _____

State of Emotion: _____

Weight: _____

State of Health: _____

One sentence personal assessment:

What was my original goal when I had WLS?

Have I met my goal? Has that goal changed?

How am I succeeding?

How can I improve?

What barriers are preventing me from accomplishing my objective?

P=Personal, L=Lifestyle (circle one)

A=Accept, C=Correct (circle one)

P/L A/C _____

P/L A/C _____

P/L A/C _____

P/L A/C _____

P/L A/C _____

P/L A/C _____

Based on the assessment above I will:

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The specific tools/methods I will use for my success are:

Will I enlist the help of others? Who/What:

My next appointment for self assessment is: _____

(Hint: Write this in your date book so you don't forget your commitment.)

I see myself on that date:

In solemn contract with myself I hereby agree to honor these commitments:

Signature

Date

My personal thought space: