

A PERSONAL WELLNESS REFLECTION



The Weight-Loss Resistance Assessment

28 simple questions. Four areas of your health. A clearer place to begin.

If weight loss feels harder than it used to, you deserve more than another round of guesswork.

This short self-assessment explores the concerns you may be noticing in your hormones, metabolism, overall health, and mindset. There are no right or wrong answers. Simply check YES or NO for each statement.

YOUR NAME _____

DATE _____

HORMONE ASSESSMENT

Hormone Assessment

Think about your experience over the past several months. Check one answer for each statement.

- 01 No matter what I try—diet, exercise, even peptides—I can't lose the weight I want to lose. ☐ YES ☐ NO
-
- 02 I've gained weight around my waist or belly that I never struggled with before. ☐ YES ☐ NO
-
- 03 I frequently wake during the night or wake up feeling like I didn't get enough sleep. ☐ YES ☐ NO
-
- 04 I feel more anxious, worried, irritable, or emotionally overwhelmed than I used to. ☐ YES ☐ NO
-
- 05 My moods can change quickly, and sometimes I don't feel like the woman I used to be. ☐ YES ☐ NO
-
- 06 My interest in intimacy has noticeably declined from what it once was. ☐ YES ☐ NO
-
- 07 I have less motivation to go out, socialize, or do things I used to look forward to. ☐ YES ☐ NO
-

MY YES ANSWERS IN THIS SECTION: _____ / 7

METABOLIC ASSESSMENT

Metabolic Assessment

Think about your experience over the past several months. Check one answer for each statement.

01 Since menopause, I've gained more weight than I thought I ever would. ☐ YES ☐ NO

02 I feel bloated and sloshy, and it's affecting my self-confidence. ☐ YES ☐ NO

03 I've lost muscle tone and my skin is starting to sag. ☐ YES ☐ NO

04 I can eat less than I used to and continue to gain more weight. ☐ YES ☐ NO

05 I exercise more and my weight still increases. ☐ YES ☐ NO

06 Foods I used to eat to lose weight, like salads, no longer work. ☐ YES ☐ NO

07 I'm starting to think that nothing will work now that I am "this age." ☐ YES ☐ NO

MY YES ANSWERS IN THIS SECTION: _____ / 7

HEALTH ASSESSMENT

Health Assessment

Think about your experience over the past several months. Check one answer for each statement.

01 I suffer from abdominal discomfort more than I used to. ☐ YES ☐ NO

02 My bowel movements are not as regular as they used to be. ☐ YES ☐ NO

03 Alcohol affects me differently than it used to. ☐ YES ☐ NO

04 I experience brain fog or forget things more often. ☐ YES ☐ NO

05 I have less energy than I used to. ☐ YES ☐ NO

06 I have more aches and pains than ever. ☐ YES ☐ NO

07 I am starting to worry about my cholesterol and/or diabetes. ☐ YES ☐ NO

MY YES ANSWERS IN THIS SECTION: _____ / 7

MINDSET ASSESSMENT

Mindset Assessment

These questions explore beliefs, not diagnoses. A YES means the belief is worth discussing.

- | | | | |
|-------|---|------------------------------|-----------------------------|
| 01 | Do you believe that if you cut your calories enough, the weight will come off? | ☐ YES | ☐ NO |
| <hr/> | | | |
| 02 | Do you believe that you need to exercise more to lose your postmenopause weight? | ☐ YES | ☐ NO |
| <hr/> | | | |
| 03 | Do you believe that fat is what is causing fat to accumulate in your belly area? | ☐ YES | ☐ NO |
| <hr/> | | | |
| 04 | Do you believe that you need to fast for longer periods of time to lose weight at this age? | ☐ YES | ☐ NO |
| <hr/> | | | |
| 05 | Do you believe that if you eat sugar-free or gluten-free, you should lose weight faster? | ☐ YES | ☐ NO |
| <hr/> | | | |
| 06 | Do you believe that certain supplements will accelerate weight loss? | ☐ YES | ☐ NO |
| <hr/> | | | |
| 07 | Do you believe that having a lack of discipline is the reason you can't lose weight? | ☐ YES | ☐ NO |
| <hr/> | | | |

MY YES ANSWERS IN THIS SECTION: _____ / 7

YOUR RESULTS

Your Personal Results

Count the YES answers in each section. Each YES is one point.

Hormone	_____ / 7
Metabolic	_____ / 7
Health	_____ / 7
Mindset	_____ / 7

TOTAL YES ANSWERS	_____ / 28
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What might your score mean?

- 0-2 YES Few concerns identified.
- 3-5 YES Some concerns worth exploring.
- 6-28 YES Multiple concerns; a personal review may be helpful.

These are informal coaching categories, not medically validated cutoffs or a diagnosis. A low score does not rule out a health issue. Any persistent or concerning symptoms deserve appropriate medical attention.

YOUR NEXT STEP

You Don't Need Another Guess.

You need a better understanding of what may be standing in your way.

If you checked YES to several statements, consider discussing your answers with someone who understands the challenges of weight-loss resistance. Your results can be a starting point for a thoughtful conversation, not a verdict about your health.

YOUR INVITATION

Schedule a Free 15-Minute Assessment Conversation

We'll talk through your answers, your goals, and whether a personalized HOPE Protocol coaching plan could be a good fit.

BOOK YOUR FREE 15-MINUTE ASSESSMENT CALL

Click here to choose a time that works for you.

After 46 years in practice and helping more than 10,000 people, we now dedicate our lives to helping women and men weigh less, age less, and live younger, longer.

DOC MAC & VICKY

WEIGH LESS • AGE LESS | LIVE YOUNGER, LONGER