Physicians dedicated to the health of America



71 1 72 1 73 1 74 1						70 1	69 1	68 1	67 1	66 1	65 1	64 1	63 1	62 1	61 1	60	59	58	Height (inches)	BMI		Figure
	15) 1	148 1	144 1	140 1	136 1	132 1	128 1	125 1	121 1	118 1	114 1	110 1	107 1	104 1	100 1	97 1	94 9	91 9		19		
	160 1	155 1	151 1	147 1	143 1	139 1	135 1	131	127 1	124 1	120 1	116 1:	113 1	109 1	106 1	102 1	99 1	96 1		20 2	Normal	2.2
	168 1	163 1	159 10	154 10	150 1	146 1!	142 1	138 1	134 1	130 1	126 1	122 1:	118 1	115 1	111 1	107 112	104 10	100 1		21 2	<u>a.</u>	Body
	176 1	171 1	166 1	162 1	157 1	153 1	149 1	144 1	140 1	136 1	132 1:	128 1	124 1:	120 1	116 1:		109 1	105 1		22 2		
	184 192	179 1	174 182	169 1	165 1	160 1	155 162	151 1	146 153	142 148	138 1	134 140	130 135	126 1	122 1:	118 1	114 1	110 1		23 2		Ma
	92 200	186 194	32 189	177 184	172 179	167 174	52 169	158 164	53 159	18 155	144 150	10 145	35 141	131 136	127 132	123 128	119 124	115 119		24 25		Mass Index Chart
	30x	)4 202	9 197	34 191	9 186	4 181	9 176	4 171	9 166	5 161	0 156	151	11 146	6 142	2 137	8 133	128	9 124		5 26	0	nde
0 7 10		2 210	7 204	1 199	6 193	1 188	6 182	1 177	6 172	1 167	6 162	1 157	6 152	2 147	7 143	3 138	8 133	4 129		6 27	Overweight	×
	6 224	0 218	4 212	9 206	3 200	8 195	2 189	7 184	2 178	7 173	2 168	7 163	2 158	7 153	3 148	8 143	3 138	9 134		7 28	ight	hai
	4 232	8 225	2 219	6 213	0 208	5 202	9 196	4 190	8 185	3 179	8 174	3 169	8 163	3 158	8 153	3 148	8 143	4 138		3 29		<del> </del>
	2 240	5 233	9 227	3 221	8 215	2 209	6 203	0 197	5 191	9 186	4 180	9 174	3 169	8 164	3 158	8 153	3 148	8 143		30		
	248	3 241	7 235	1 228	5 222	216	3 209	7 203	1 198	5 192	186	1 180	9 175	1 169	3 164	3 158	3 153	3 148		Ω		
	256	249	242	235	229	222	216	210	204	198	192	186	180	175	169	163	158	153		32		
	264	256	250	242	236	229	223	216	211	204	198	192	186	180	174	168	163	158		ಜ		
	272	264	257	250	243	236	230	223	217	210	204	197	191	186	180	174	168	162	Bod	34	Obese	
	279	272	265	258	250	243	236	230	223	216	210	204	197	191	185	179	173	167	ly wei	35	se	
	287	280	272	265	257	250	243	236	230	223	216	209	203	196	190	184	178	172	ght (	36		
	295	287	280	272	265	257	250	243	236	229	222	215	208	202	195	189	183	177	Body weight (pounds)	37		
	303	295	288	279	272	264	257	249	242	235	228	221	214	207	201	194	188	181	ds)	38		
	<u>ω</u>	303	295	287	279	271	263	256	249	241	234	227	220	213	206	199	193	186		39		
	319	311	302	294	286	278	270	262	255	247	240	232	225	218	211	204	198	191		40		
	327	319	310	302	293	285	277	269	261	253	246	238	231	224	217	209	203	196		41		
	335	326	318	309	301	292	284	276	268	260	252	244	237	229	222	215	208	201 :		42		
	343	334	325	316	308	299	291	282	274	266	258	250	242	235	227	220	212	205		43		
	351 3	342 3	333	324 3	315	306 3	297 3	289 2	280 2	272 2	264 2	256 2	248 2	240 2	232 2	225 2	217 2	210 2		44		
	359 3	350 3	340 3	331	322 3	313	304 3	295 3	287 2	278 2	270 2	262 2	254 2	246 2	238 2	230 2	222 2	215 2		45		
	367 3	358 3	348 3	338 3	329 3	320 3	311 3	302 3	293 2	284 2	276 2	267 2	259 2	251 2	243 2	235 2	227 2	220 2		46	Extre	
	375 3	365 3	355 3	346 3	338 3	327 3	318 3	308 3	299 3	291 2	282 2	273 2	265 2	256 2	248 2	240 2	232 2	224 2		47 ,	Extreme obesity	
	383 3	373 3	363 3	353 3	343 3	334 3	324 3	315 3	306 3	297 3	288 2	279 2	270 278	262 2	254 2	245 2	237 242	229 2		48 ′	esity	
	391 3	381 3	371 3	361 3	351 3	341 3	331 3	322 3	312 3	303 3	294 3	285 2		267 2	259 2	250 2		234 2		49 5		
	399 40	389 39	378 38	368 375	358 36	348 35	338 34	328 33	319 325	309 315	300 306	291 29	282 28	273 27	264 26	255 26	247 25	239 24		50 5		
	407 415	396 404	386 393	75 383	365 372	355 362	345 351	335 341	25 331	15 322	06 312	296 302	287 293	278 284	269 275	261 266	252 257	244 248		51 52		
	15 423	04 412	93 401	33 390	72 379	52 369	51 358	11 348	31 338	22 328	12 318	)2 308	93 299	34 289	75 280	56 271	57 262	48 253		2 53		
	3 431	2 420	)1 408	90 397	79 386	376	365	18 354	344	8 334	8 324	)8 314	99 304	39 295	30 285	11 276	52 267	3 258		3 54		
		0	$\infty$	7	9	9	Οi	4	4	4	4	4	4	ū	Ű	9	7	o		4		

Source: The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. National Heart, Lung, and Blood Institute and North American Association for the Study of Obesity. Bethesda, Md: National Institutes of Health; 2000. NIH Publication number 00-4084, October 2000.

Physicians dedicated to the health of America

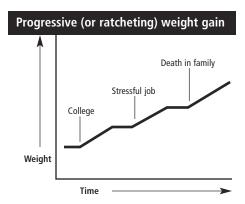


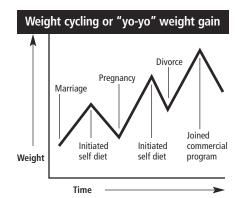
Figure 2.10

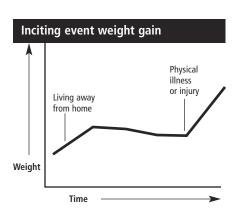
# **Graphing Your Weight Gain**

Patient name	Date
Reviewed by	Date

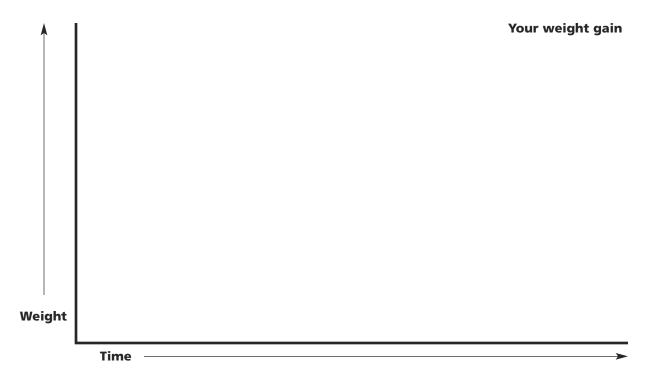
People gain weight in different ways — some gain in a progressive upward fashion, others gain in an up and down cyclical fashion, and others after a long period of controlled weight see their weight climb steadily after one inciting event. Commonly, though, most people can relate their changes in weight to different life events. See the examples below.







Please graph your own weight gain. Fill in the life events that you relate to your weight. Take note of your pattern so you can better understand your weight gain, that is, how you got to where you are at today. Thank you for taking the time to complete this chart.



Copyright © 2003 by Robert F. Kushner, MD and Nancy Kushner, MSN, RN. From Dr. Kushner's Personality Type Diet by RF. Kushner and N. Kushner. Reprinted by permission of St. Martin's Press, LLC.

Physicians dedicated to the health of America



Figure 3.3

# **Weight Loss Questionnaire** Please complete this questionnaire, which will help you and How much support can your family provide? your physician develop the best management plan for you. No support 1 2 3 4 5 Much support Is there a reason you are seeking treatment at this time? 6. How much support can your friends provide? What are your goals about weight control and No support 1 2 3 4 5 Much support management? \_ What is the hardest part about managing your weight? 3. Your level of interest in losing weight is: Not interested Very interested What do you believe will be of most help to assist you in losing weight? Are you ready for lifestyle changes to be a part of your weight control program? 9. How confident are you that you can lose weight at this time? Not ready Very ready Not confident Very confident Weight history 10. As best as you can recall, what was your body weight at each of the following time points (if they apply)? Grade school \_\_\_\_\_ High school \_\_\_\_\_ College \_\_\_\_ Ages 20-29 \_\_\_\_ 30-39 \_\_\_\_ 40-49 \_\_\_ 50-59 \_\_\_\_ 11. What has been your lowest body weight as an adult?\_\_\_\_\_ What has been your heaviest body weight as an adult? \_\_\_\_\_ 12. At what age did you start trying to lose weight?\_\_\_\_\_ 13. Please check all previous programs you have tried in order to lose weight. Include dates and your length of participation. Weight (lost or gained) Length of participation Program • TOPS Weight Watchers • Overeaters Anonymous • Liquid diets (eg, Optifast) • Diet pills: Meridia, Xenical • Diet pills: phen-fen, Redux, • NutriSystem / Jenny Craig • OTC diet pills Obesity Surgery • Registered Dietitian Other 14. Have you maintained any weight loss for up to 1 year on any of these programs? Yes $\square$ No $\square$ 15. What did you learn from these programs regarding your weight? 16. What did not work about these programs? \_\_\_\_\_ 17. Have you been involved in physical activity programs to help with weight loss? Yes $\square$ No $\square$

Adapted with permission from the Wellness Institute, Northwestern Memorial Hospital.

Which ones or in what way?

Physicians dedicated to the health of America



Figure 4.1

# **Eating Pattern Questionnaire**

Name	Date
Please answer the following questions and check the appropriate boxes that most closely describe your eating patterns.	<ul><li>6. How many times each day do you have the following food items?</li><li>a. Starch (bread, bagel, roll, cereal, pasta, noodles,</li></ul>
1. Do you follow a special diet?  ☐ No ☐ Diabetic ☐ Low sodium ☐ Low fat ☐ Kosher ☐ Vegetarian ☐ Other	rice, potato)  Never Less than 1 1-2 3-5 6-8 9-11  b. Fruit  Never Less than 1 1-2 3-5 6-8 9-11
Give examples of what guidelines or diets, if any, you follow:	c. Vegetables  □ Never □ Less than 1 □ 1-2 □ 3-5 □ 6-8 □ 9-11  d. Dairy (milk, yogurt)
2. Which meals do you regularly eat?  □ Breakfast □ Lunch □ Brunch □ Dinner	<ul> <li>□ Never □ Less than 1 □ 1-2 □ 3-5 □ 6-8 □ 9-11</li> <li>e. Meat, fish, poultry, eggs, cheese</li> </ul>
3. When do you snack?  ☐ Morning ☐ Afternoon ☐ Evening ☐ Late night ☐ Throughout the day	<ul> <li>f. Fat (butter, margarine, mayonnaise, oil, salad dressing, sour cream, cream cheese)</li> <li>□ Never □ Less than 1 □ 1-2 □ 3-5 □ 6-8 □ 9-11</li> </ul>
What are your favorite snack foods?	Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9-11
4. Do you eat out or order food in?  ☐ Yes ☐ No  How often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other  What kind of restaurant(s)/eating facilities?	☐ Water times or glasses per day (8 oz) ☐ Coffee times or cups per day ☐ Tea times or cups per day
What kinds of cuisine?	8. Would you like to change your eating habits?  ☐ Yes ☐ No  Which habits would you like to begin to change?
5. How is your food usually prepared? (check all that apply)  ☐ Baked ☐ Broiled ☐ Boiled ☐ Fried ☐ Steamed ☐ Poached ☐ Other	

<u>...i.....i.</u>

Physicians dedicated to the health of America



Sunday

Time

Amount

Food selection

Monday

Figure 4.2

# Food and Activity Diary

and review it with you health care provider at your next visit. and when. Be sure to record the following information each day tool to help you keep track of what you are eating and doing utilize a Food and Activity Diary. This sample log is a good As part of your dietary management plan, you may want to

- 1. Date, time, and place of your meals, snacks, or nibbles.
- 2. Describe the foods eaten and estimate the portion size.
- in ounces (3 oz. is approximately equal to the size of a deck of cards) Meat, poultry, fish, and cheese are best described
- Vegetables and cut fruit are best described in relation to cups (1 cup is approximately the size of a woman's fist) Beverages are best described in terms of fluid ounces
- (1 cup = 8 fluid ounces)
- 3. Rate your hunger before eating:

0 = Not hungry and uninterested in eating 1 = Not hungry but could still be interested

- 3 = Mild to moderately hungry
- 4 = Moderately to extremely hungry
- 4. List, describe, and estimate the time spent on any physical activity performed throughout the day. Be specific.
- 5. Remember to also record the following:
- · All condiments (1 t. butter, 1 T. mayonnaise,
- Combination foods by breaking them down (eg, 2 c. noodles, 1/2 c. marinara sauce)
- How food is prepared (home, restaurant, fast food baked, broiled, fried, etc.)
- Type of activity (10 minutes per circle) Laundry, cleaning house 1 large 3 oz. 2 oz. Amount 1 large 8 oz. 1 slice lettuce yogurt, custard style banana root beer tomato Food selection American cheese • • • Hunger rating

Adapted with permission from the Wellness Institute, Northwestern Memorial Hospital

0000000000

ater							oe of													 	ne
. (8 fluid 02							of activity (10														Amount
ner circle)							minutes per circle)														Food selection
	000	000	000	000	000	000		 				 									Hunger rating

00	Wate	000	000	000	000	000	000	Type
000000000	Vater (8 fluid oz per circle)	000	000	000	000	000	000	of activity (10 minutes per circle)
000000000	Water (8 fluid oz per circle							Type of activity (10 minute

This project was funded by the American Medical Association and The Robert Wood Johnson Foundation. • November 2003

							de)														
	000	000	000	000	000	000		 		 	 	 	 	 		 	 	 	 	 	Hunger
Wate							Type													ı	Time
Water (8 fluid oz per circle)							of activity (	 	Amount												
per circle)							Type of activity (10 minutes per circle)														Food selection
	000	000	000	000	000	000		 											 		rating

SEE:03-0107:4M:11/03

Ŏ

Figure 4.2 Food and Activity Log (front)

Enlarge the activity log 127% from letter (8 1/2" x 11") to legal size (8 1/2" x 14") on a copy machine. You may make copies of this sheet to record information weekly.

					x 11") to legal size (8 1/2" x 14") heet to record information weekly.	Enlarge the activity log 127% from letter (8 1/2" $\times$ 11") to legal size (8 1/2" $\times$ 14") on a copy machine. You may make copies of this sheet to record information weekly.	
					3	Figure 4.2 Food and Activity Log (back)	7
ur weight	Water (8 fluid oz per circle) Record your weight	0	Water (8 fluid oz per circle)		Water (8 fluid oz per circle)	Water (8 fluid oz per circle)	<u></u>
000	-			000			
0 0				0 0 0		0000	
000				000		000	
0 0		0000		0 0 0		0000	
	Type of activity (10 minutes per circle)		Type of activity (10 minutes per circle)		Type of activity (10 minutes per circle)	Type of activity (10 minutes per circle)	Тур
							1
					-		
							<b> </b>
Hunger	e Amount Food selection	Hunger Tating Time	Time Amount Food selection	Hunger	Time Amount Food selection	Time Amount Food selection rating	Į m
	//_Saturday		Friday		/Thursday	/Wednesday	

Physicians dedicated to the health of America



Figure 4.4

# **Food Weight Loss Tips**

- Establish regular meal times. Try not to skip any
  meals because skipping meals leads to overeating later in
  the day. If you don't have time for a full meal, try to eat a
  healthy snack or meal replacement bar instead.
- Read food labels when you are purchasing food items. Pay attention to the portion size, the number of calories in each portion, and the amount of saturated fat in each portion. This can help you make the healthiest food choices.
- 3. Make small substitutions in your diet to cut calories. For example, drink water, diet soda, or unsweetened iced tea instead of high-calorie drinks. Choose low-calorie and low-fat versions of salad dressing, cheese, sour cream, and mayonnaise. Go easy on fried foods bake, broil, poach, or grill your food instead.
- Identify "guilty pleasures" such as ice cream, cookies, or potato chips. Continue to enjoy them by trying the low-calorie versions or eating less of the regular versions.
- 5. **Pre-portion your servings to control the amount.** For example, scoop your ice cream in a bowl instead of eating it out of the carton. Bag potato chips or cookies into single-serving sized containers or zip-lock bags. Eat the serving size only when you have a craving. Remember to pass on seconds.

- 6. **Control calories when dining out.** At fast-food restaurants, "down-size" food and drinks instead of "super-sizing" them. Check favorite fast food restaurant Web sites for nutrition information to select the healthiest options.
- 7. Share an entrée with a friend at sit-down restaurants. However, order a personal salad or side of vegetables. Ask restaurants to: "Please hold the cheese," "Leave the sauce on the side," "Use low-fat salad dressing," and "Please substitute vegetables for French fries." As always, try to avoid fried dishes.
- Pre-plan meals and snacks, and make certain to have the food on hand. This makes it easier to resist trips to the vending machine and unhealthy, unplanned snacking.
- 9. **Avoid places and situations that trigger eating.** For example, if walking past the donut shop causes donut

cravings, try changing your route. Replace the candy on your desk with fruit or avoid walking near the office candy bowl. Avoid eating while watching television, reading, or driving. Many people do not recall what they've eaten while doing other things.

10. Try substituting other activities for eating.

For example, take a walk, talk to a friend, or listen to music. These activities avoid the extra calories and can be more satisfying than eating.

Copyright © 2003 by Robert F. Kushner, MD and Nancy Kushner, MSN, RN. From: Dr. Kushner's Personality Type Diet by R.F. Kushner and N. Kushner. Adapted by permission of St. Martin's Press, LLC.

Physicians dedicated to the health of America



Figure 4.9

# **Learning about Serving Sizes**

### **Starch** 1 serving = 80 calories

1 Slice Whole Grain Bread

1/3 c. Cooked Pasta

1/3 c. Cooked Rice

1/4 Whole Wheat Bagel

1/2 English Muffin/Bun/Pita

1 Tortilla (7 inch)

1/2 c. Cooked Cereal

3/4 c. Cold Cereal

1/4 Lg. Potato

1/2 c. Sweet Potato

3 c. Popcorn, Unbuttered

1/2 c. Corn/Peas

6 Crackers (saltine type)

#### **Fruit** 1 serving = 60 calories

1 small Fruit (orange, apple, etc.)

1/2 c. Cut Fruit

1/2 c. Fruit Juice

1/4 c. Dried Fruit

### **Vegetable** 1 serving = 25 calories

1 c. Raw

1/2 c. Cooked

1/2 c. Tomato or Vegetable Juice

#### **Protein** 1 serving = 35-100 calories

1 oz. Cooked Meat, Poultry or Fish

1/2 c. Beans, Peas, Lentils

1 Egg or 2 Egg Whites

1/4 c. Egg Substitute

1 oz. Low Fat Cheese

1/4 c. Low Fat Cottage Cheese

1/2 c. Tofu

1 oz. Water Packed Salmon or Tuna

1 T. Peanut Butter (all nut butters)

#### **Dairy Protein** 1 serving = 90-120 calories

1 c. Low Fat or Nonfat Milk

1 c. Low Fat Yogurt

1 c. Nonfat or Low Fat Buttermilk

1 c. Nonfat or Low Fat Soy Milk (calcium enriched)

# **Fat** 1 serving = 45 calories

1 tsp. Oil, Butter, or Margarine

1 T. Regular Salad Dressing

2 T. Low Fat Salad Dressing

3 T. Low Fat Sour Cream

1.5 T. Low Fat Cream Cheese

2 T. Avocado

8 Olives

6 Nuts

1 T. Seeds

1 slice Bacon

#### Recommendations for a well-balanced diet

A healthy diet is *low in calories* and has a *good balance* between the different food groups. Follow these recommendations to help balance your diet.

- Eat at least five to nine servings of fruits and vegetables per day.
- Eat 25 to 30 grams of fiber per day (from fruits, vegetables, beans, whole grain breads, pastas, and cereals).
- Choose whole grains instead of refined, processed carbohydrates.
- Drink at least 64 ounces of water each day.
- Eat at least two servings of low-fat dairy each day (low-fat milk, cheese, etc).
- Choose more low-fat sources of protein (such as skinless chicken, turkey, and soy products) while choosing leaner cuts of beef and pork.
- Eat fish at least two times per week.
- Limit sodium intake to 2,400 milligrams per day or less.