

# activity & nutrition



**Adult**



## Health Care Provider **TOOLKIT**

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## How to Use This Tool Kit

The Health Care Work Group from the Missouri Council for Activity and Nutrition (MoCAN) developed this tool kit to provide you with all of the information you need to effectively assess and treat your overweight and obese adult patients. In addition, this kit offers pertinent information for providers to consider when discussing healthy lifestyles, including physical activity and healthy eating behaviors, with all patients.

The Health Care Work Group consists of leaders from Missouri health plans, academic medical centers, physician practices as well as other health care professionals, including advance practice nurses and dietitians. These professionals shared their daily experiences of working to address the growing obesity epidemic in their practices and communities to determine the materials presented within this tool kit.

The physician resources and patient handouts address assessing readiness to change, goal setting and diet and physical activity information. These handouts have been designed for you to copy and explain to your patients.

An evaluation form is also included in the tool kit. Your feedback is important for continuing our work to provide health care providers with effective tools for encouraging patients to adopt healthy behaviors. Instructions for completing and returning the evaluation can be found on the evaluation form.

Thank you for joining MoCAN's efforts to reverse obesity trends by utilizing these resources developed by health care providers for health care providers.

Additional materials can be downloaded on the Missouri Department of Health and Senior Services (DHSS) web site at: <http://www.dhss.mo.gov/Obesity/Publications.html>.



## Assessment and Treatment of Adult Overweight and Obesity

The United States is in the midst of an escalating epidemic of obesity. Over one-third of the adult population in the United States is currently obese and the prevalence of obesity is growing rapidly. Physicians can play a critical role in stemming this growing epidemic through their frequent patient contact and have unique opportunities to encourage physical activity, dietary and behavior changes. This tool kit proposes a model for the assessment and treatment of obesity in clinical practice, including assessment of risk factors for obesity, recommending lifestyle and behavior modifications, and instituting pharmacologic therapy or surgery when appropriate. Resources to help guide your patient in making these changes are also provided as handouts. By utilizing this tool kit, physicians can unite with other health care professionals in the fight to effectively help prevent and treat the chronic disease of obesity.



### Missouri Statistics

- 62% of Missouri adults are overweight or obese. (Centers for Disease Control and Prevention [CDC] Behavioral Risk Factor Surveillance System, 2004)
- 24% of non-Hispanic white adults and 39% of non-Hispanic black adults in Missouri are obese. (CDC BRFSS, 2004)
- Only 20.2% of adults eat 5 servings of fruits and vegetables daily.
- Only 45.1% of adults meet the CDC's physical activity recommendations.

### Causes of Overweight and Obesity

- Overweight and obesity result from an imbalance involving excessive calorie consumption and/or inadequate physical activity.
- Body weight is the result of a combination of behavioral, genetic, metabolic, environmental, cultural, and socioeconomic influences and is different for each individual.
- Behavioral and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment. (Department of Health and Human Services [DHHS]).

### Health Consequences of Obesity

According to the 2001 *U.S. Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, those who are overweight or obese are at a greater risk for the following health conditions:

#### *Premature Death:*

- Individuals who are obese have a 50 to 100% increased risk of premature death from all causes, compared to individuals with a healthy weight.
- An estimated 300,000 deaths per year may be attributable to obesity.
- The risk of death rises with increasing weight.

- Even moderate weight excess (10 to 20 pounds for a person of average height) increases the risk of death, particularly among adults aged 30 to 64 years.

*Heart Disease:*

- The incidence of heart disease is increased in persons who are overweight or obese.
- High blood pressure is twice as common in adults who are obese than in those who are at a healthy weight.
- Obesity is associated with elevated triglycerides and decreased HDL cholesterol.

*Diabetes:*

- A weight gain of 11 to 18 pounds increases a person’s risk of developing type 2 diabetes to twice that of individuals who have not gained weight.
- More than 80% of people with diabetes are overweight or obese.

*Cancer:*

- Overweight and obesity are associated with an increased risk for some types of cancer including endometrial (cancer of the lining of the uterus), colon, gallbladder, prostate, kidney and postmenopausal breast cancer.
- Women gaining more than 20 pounds from age 18 to midlife double their risk of postmenopausal breast cancer, compared to women whose weight remains stable.

*Breathing Problems:*

- Obesity is associated with a higher prevalence of asthma.

*Arthritis:*

- For every two-pound increase in weight, the risk of developing arthritis is increased by 9 to 13%.

*Reproductive Complications:*

- In addition to many other complications, women who are obese during pregnancy are more likely to have gestational diabetes and problems with labor and delivery.

**Benefits of Weight Loss**

- Weight loss, as modest as 5 to 10% of total body weight in a person who is overweight or obese, reduces the risk factors for some diseases, particularly heart disease.
- A person with a Body Mass Index (BMI) above the healthy weight range may benefit from weight loss, especially if he or she has other health risk factors, such as high blood pressure, high cholesterol, smoking, diabetes, a sedentary lifestyle, and a personal and/or family history of heart disease.
- Weight loss can result in lower blood pressure, lower blood sugar, and improved cholesterol levels.

**Obesity-Related Medical Conditions (American Obesity Association)**

The prevalence of various medical conditions increases with overweight and obesity for men and women as shown below.

Table 1. Prevalence of Medical Conditions by Body Mass Index (BMI) for Men				
Medical Condition	Body Mass Index			
	18.5 to 24.9	25 to 29.9	30 to 34.9	≥ 40
	Prevalence Ratio (%)			
Type 2 Diabetes	2.03	4.93	10.10	10.65
Coronary Heart Disease	8.84	9.60	16.01	13.97
High Blood Pressure	23.47	34.16	48.95	64.53
Osteoarthritis	2.59	4.55	4.66	10.04

Source: National Health and Nutrition Examination Survey (NHANES) III, 1988 - 1994.

Table 2. Prevalence of Medical Conditions by Body Mass Index (BMI) for Women				
Medical Condition	Body Mass Index			
	18.5 to 24.9	25 to 29.9	30 to 34.9	≥40
	Prevalence Ratio (%)			
Type 2 Diabetes	2.38	7.12	7.24	19.89
Coronary Heart Disease	6.87	11.13	12.56	19.22
High Blood Pressure	23.26	38.77	47.95	63.16
Osteoarthritis	5.22	8.51	9.94	17.19

Source: NHANES III, 1988 - 1994.

### Metabolic Syndrome

According to the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), metabolic syndrome is defined as having three or more of the traits shown below. Identification of metabolic syndrome requires even greater urgency for the treatment of overweight or obesity.

Risk factor	Defining level
<b>Abdominal obesity</b> <i>Men</i> <i>Women</i>	Waist circumference >40 in (>102 cm) >35 in (>88 cm)
<b>Triglycerides</b>	>150 mg/dL
<b>High-density lipoprotein (HDL) cholesterol</b> <i>Men</i> <i>Women</i>	<40 mg/dL <50 mg/dL
<b>Blood pressure</b>	≥130/≥85 mmHg
<b>Fasting glucose</b>	110-125 mg/dL (ATP III defines as ≥110)



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Its contents are solely the responsibility of the authors and do not represent the official views of CDC.

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# Framework for Implementing an Adult Weight Loss Program

*Indicated for BMI levels of 25.0 and over*

## Initial Visit:

- Determine BMI.
- Measure waist circumference.
- Determine risk status (blood pressure, triglyceride and cholesterol levels, blood sugar level).
- Assess nutrition and physical activity habits and readiness to change health behaviors.
- Determine if patient should be treated. If yes:
  - Identify patient's contributing factors (for example: depression, environmental influences on food choices and physical activity, such as access to healthy foods and a safe place to engage in physical activity, family dynamics and support systems).
  - Assist patient in setting goals for making health behavior changes related to eating and/or physical activity utilizing patient-centered counseling techniques.
  - Prescribe weight loss medication, if indicated. A referral to a licensed psychologist and/or licensed registered dietitian may also be helpful to assist with behavior changes before medication is considered.

## First Four Months:

- Weekly communication for the following purposes:
  - Weight monitoring.
  - Problem resolution, if indicated (medicine, diet or physical activity).
  - Group meetings on exercise, nutrition and behavior change.

## Second Four Months:

- Biweekly meetings for the following purposes:
  - Weight monitoring.
  - Group meetings on exercise, nutrition and behavior change.
  - Problem resolution, if indicated (medicine, diet or physical activity).
  - If after six months, patient has not made or been able to maintain any behavior changes related to eating, consider pharmacotherapy. A referral to a licensed psychologist and/or licensed registered dietitian may also be helpful to assist with behavior changes before medication is considered.

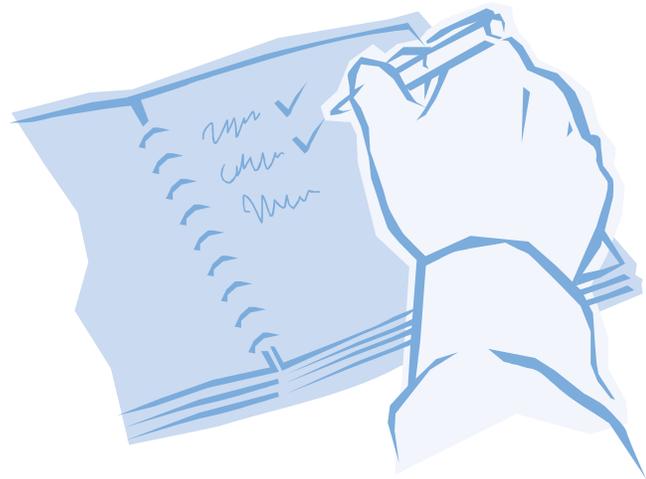
## Follow-up Visits:

- Six months after initial visit:**
  - Weight monitoring.
  - Problem-resolution, if indicated (medicine, dietary or physical activity).
  - Monthly group meetings for next six months on exercise, nutrition and behavior change topics.
- One year after initial visit:**
  - Weight monitoring.
  - Problem resolution, if indicated (medicine, dietary or physical activity).
  - Corrective actions, as needed (medication, re-education, etc.).
  - If no or limited weight loss has occurred by the end of one year, consider surgery.
  - Referral to local support groups for continued weight maintenance.
- Continued follow-up at annual visits:**
  - The amount of follow-up provided will depend on your patient's needs (recommendation should be based on what the patient has done previously - were they not ready for change, but now they are? Did they participate in a program, but regained weight? Did they agree to make behavior changes but did not follow through?).
  - Weight monitoring.
  - Problem resolution, if indicated (medicine, dietary and/or physical activity).



*do it for yourself . . .*

## Physician Resources



## Assessment and Treatment of Adult Overweight and Obesity

### Step 1. Measure Height, Weight & Waist Circumference

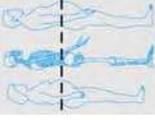
#### How to measure waist circumference:

Locate the upper hip bone and the top of the right iliac crest. Place a measuring tape in a horizontal lane around the abdomen at the level of the iliac crest. Before reading the tape measure, ensure that the tape is snug, but does not compress the skin, and is parallel to the floor. The measurement is made at the end of a normal expiration.

\*High-Risk Waist Circumference:

**Men:** >40 in (>102 cm)

**Women:** >35 in (>88 cm)



### Step 2. Determine Body Mass Index (BMI)

#### Use BMI Chart or one of the formulas below:

BMI = weight (kg)/height squared (meters)

If pounds and inches are used:

BMI = [weight (lbs) x 703]/height squared (inches)

Class	BMI
Underweight	<18.5
Normal Weight	18.5-24.9
Overweight	25-29.9
Obesity (Class I)	30-34.9
Obesity (Class II)	35-39.9
Extreme Obesity (Class III)	≥40

### Step 3. Assess risk or existence of comorbid conditions

Patients can be classified as being at high absolute risk for obesity-related disorders if they have three or more of the multiple risk factors listed below:

- Cigarette Smoking
- Hypertension
- Family history of premature CHD
- High LDL cholesterol (≥ 160 mg/dL)
- Low HDL cholesterol (< 35 mg/dL)
- Impaired fasting glucose (110-125 mg/dL)

### Step 4. Assess Readiness to Change: Handout A

- Ask your patient to fill out Handout A to determine readiness to make healthy changes.
- A patient that is not ready to make changes may still benefit from a discussion about the importance of weight loss and the health risks associated with overweight and obesity.

### Step 5. Determine Treatment

Treatment	BMI Category			
	25-26.9	27-29.9	30-34.9	35-39.9
Diet, physical activity & behavior change	+	+	+	≥40
Pharmaco-therapy			With comorbidities	+
Surgery			With comorbidities	+

### Step 6. Set Goals

- Set reasonable weight goals that are a high priority for the patient and involve small changes.
- Involve a variety of health care professionals when possible (e.g., Registered Dietitian or Behaviorist).

Reducing weight by 5% - 10% can decrease chronic disease risk factors. Weight loss should not exceed 1-2 lbs/week and should be based on a calorie deficit of 500 - 1,000 kcal/day.

### Step 7. Recommend Treatment Options

- Tailor treatment to individual needs of patient.

### Step 7a. Prescribe Dietary Therapy:

*Handouts B, C, D, E*

- Reduce calories by 500 to 1,000 calories/day from the current level and have patient keep food diary.
- Recommend eating a variety of nutrient-dense foods from the basic food groups and limit intake of saturated and trans fats, added sugars, salt, and alcohol.

### Step 7b. Recommend Physical Activity Guidelines:

*Handouts F, G*

- Previously sedentary people should start with short sessions (5-10 minutes) of physical activity and gradually build up to the desired level of activity.
- **To reduce chronic disease risk:** Be physically active for at least 30 minutes on most or all days of the week.
- **To lose weight:** Be physically active for 60 to 90 minutes a day.

### Step 7c. Suggest Behavior Therapy:

*Handouts H, I, J, K, L*

- Address the patient's barriers about ability to make and maintain needed changes.
- Recommend specific lifestyle changes.
- Create a plan to promote weight loss or prevent further weight gain.

### Step 7d. Consider Additional Treatment Options (if needed)

#### Pharmacotherapy

- Medications should only be considered if lifestyle changes do not induce weight loss after 6 months.
- Weight loss drugs (FDA approved) may be used as part of a weight loss program for patients:
  - With a BMI >=30 with no accompanying obesity-related risk factors or diseases OR
  - With a BMI >=27 with accompanying obesity-related risk factors or diseases.

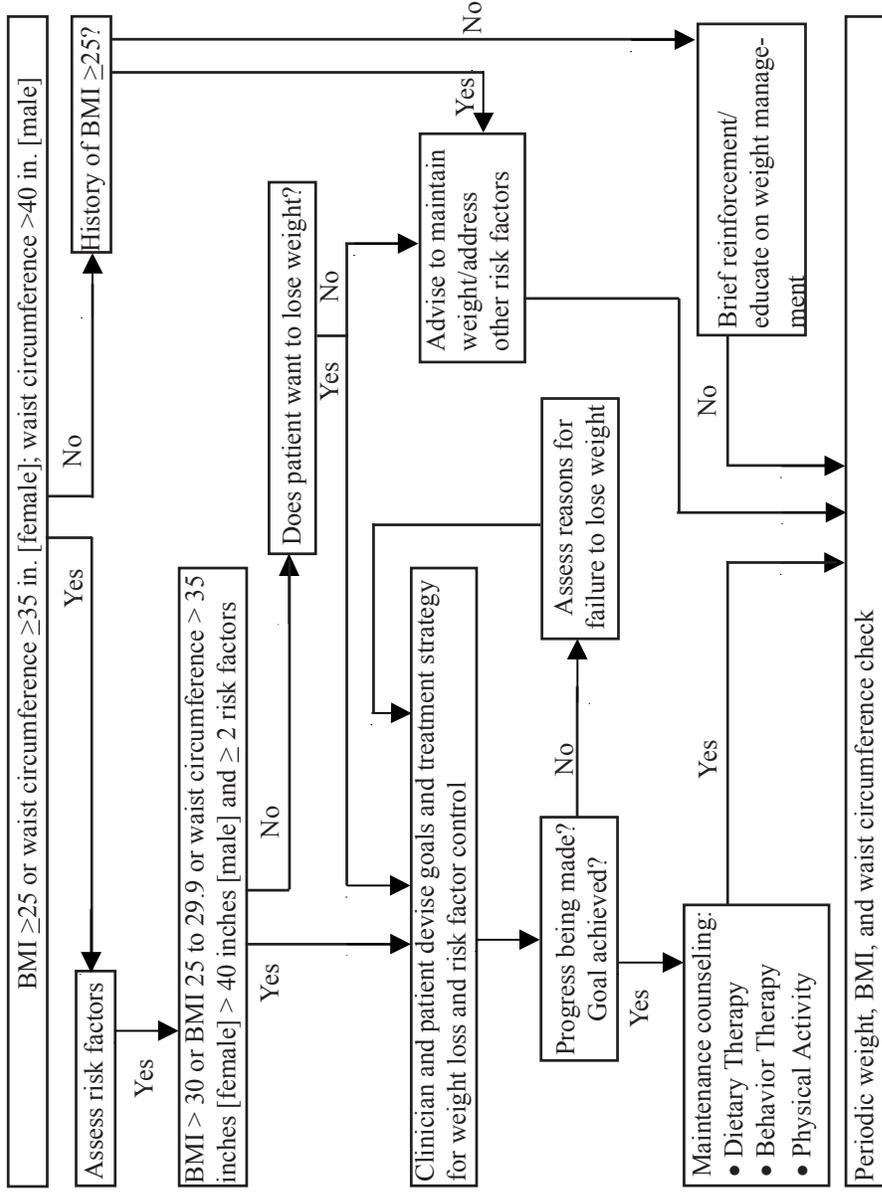
## Surgery

- Weight loss surgery is a possible option in patients who encompass the following:
  - Clinically severe obesity (i.e., persons with a BMI  $\geq 40$  or with a BMI  $\geq 35$  with comorbid conditions).
  - Less invasive methods have failed.
  - At high risk for obesity-related morbidity and mortality (NHLBI).

## Step 8. Continue Monitoring and Follow-up

- Conduct periodic weight, BMI, and waist circumference checks.

## Algorithm of Assessment and Treatment



Source:

Adapted from Kushner, RF, Roadmaps for Clinical Practice: Case Studies in Disease Prevention and Health Promotion-Assessment and Management of Adult Obesity: A Primer for Physicians. Chicago, Ill: American Medical Association; 2003.



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**Body Mass Index Table**

Height (inches)	Normal										Overweight										Obese										Extreme Obesity									
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54				
<b>BMI</b>	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54				
<b>58</b>	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258				
<b>59</b>	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267				
<b>60</b>	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276				
<b>61</b>	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285				
<b>62</b>	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295				
<b>63</b>	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304				
<b>64</b>	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314				
<b>65</b>	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324				
<b>66</b>	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334				
<b>67</b>	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344				
<b>68</b>	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354				
<b>69</b>	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365				
<b>70</b>	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376				
<b>71</b>	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386				
<b>72</b>	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397				
<b>73</b>	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408				
<b>74</b>	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420				
<b>75</b>	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431				
<b>76</b>	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443				

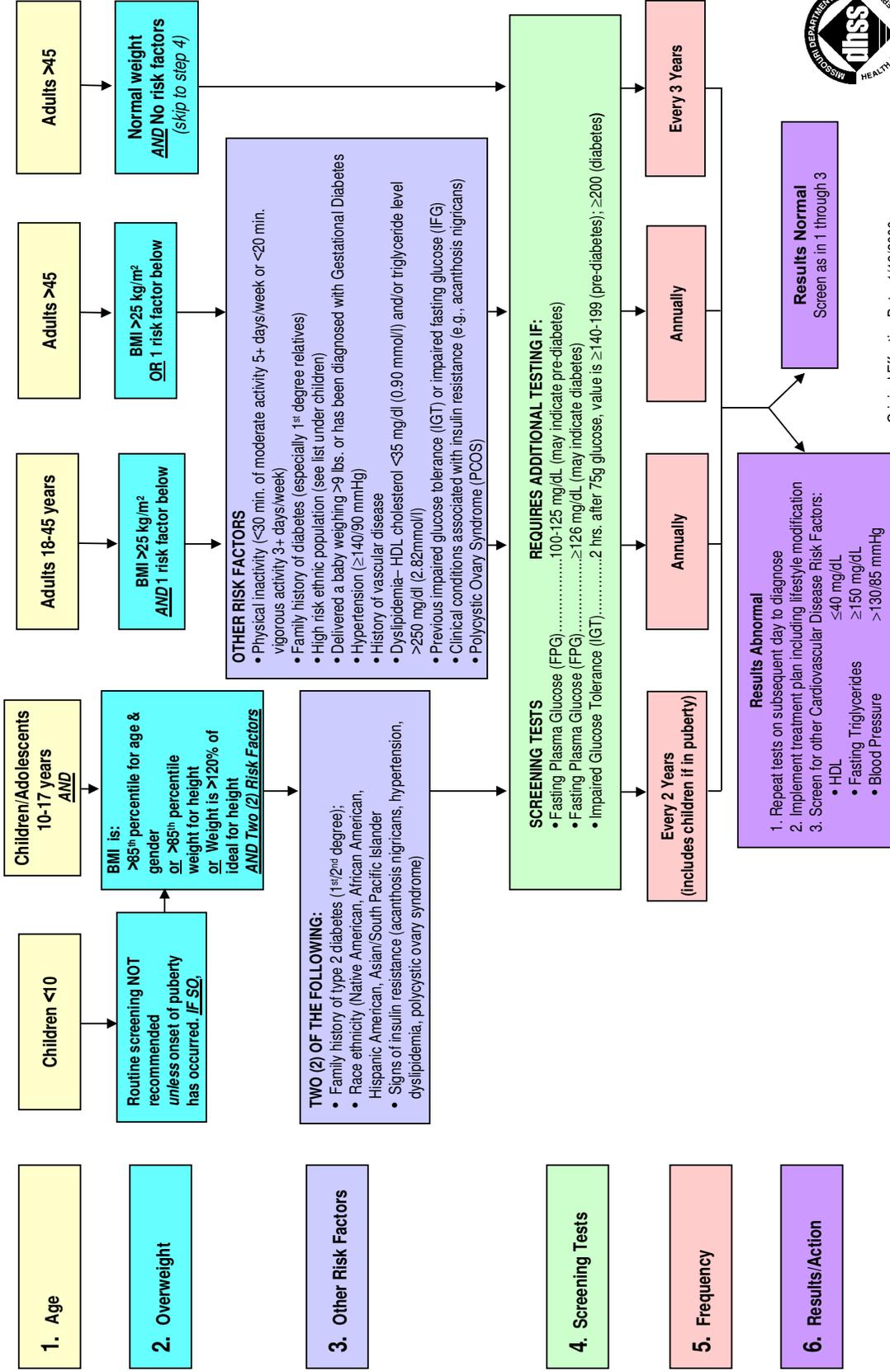
Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.*

**BMI Calculator:** [www.cdc.gov/nccdphp/dpna/bmi](http://www.cdc.gov/nccdphp/dpna/bmi)

# State of Missouri Consensus Screening Guidelines for Pre-diabetes and Diabetes in a Medical Setting

Developed by the Diabetes Screening Guidelines Work Group and supported by the Missouri Association of Health Plans Education and Research Foundation and the Missouri Department of Health and Senior Services

**Consensus Panel Recommendations:** Although the entire Missouri population is at risk for diabetes, current evidence is insufficient to recommend for or against routinely screening asymptomatic individuals for type 2 diabetes, impaired glucose tolerance, or impaired fasting glucose. The purpose of screening is to identify persons previously not diagnosed with pre-diabetes or diabetes. To effectively utilize resources, screening efforts should be directed to individuals exhibiting risks for diabetes as outlined below. Additional research is needed to determine effective approaches for screening in venues outside the medical setting.



## Communication Guidelines to Promote Health Behavior Change

### Ask permission

Would you be willing to spend a few minutes discussing your weight?  
 Would you like to talk about different ways to exercise and eat?

### Share BMI

Your BMI falls within the \_\_\_\_\_ category.  
 The target BMI for someone your height is \_\_\_\_\_.  
 Ask for the patient's interpretation: "What does this mean to you?"  
 Add your own interpretation or advice as needed after eliciting the patient's response.

### Offer options

There are a number of ways to achieve a healthy weight.

- Exercise and be physically active.
- Cut back on TV and computer time.
- Eat at least 5 servings of fruits and vegetables each day.
- Cut down on soda, juice, other sugary drinks and alcoholic beverages.

Is there any one of these you'd like to discuss further today? Or perhaps you have another idea that I didn't mention?

### Assess readiness

On a scale of 0 to 10, how ready are you to consider \_\_\_\_\_ [option chosen above]

<b>Not Ready</b>	<b>Ready</b>
0 1 2 3 4 5 6 7 8 9 10	

Straight question: *Why a 5?*  
 Backward question: *Why a 5 and not a 3?*  
 Forward question: *What would it take to move you from a 5 to a 7?*

### Explore ambivalence

Step 1: Ask a pair of questions to help the patient explore the pros and cons of the issue.

- ❖ *What are the things you think are important or that you like about \_\_\_\_\_?*
- ❖ *What are the problems, or things, you don't like about \_\_\_\_\_?*

Step 2: Summarize ambivalence

- ❖ Ask: *Did I get it right?*

### Tailor the intervention

State of Readiness	Key Questions
<b>NOT READY 0-3</b> Raise Awareness Elicit Change Talk Advise and Encourage	<i>Would you be interested in knowing more about reaching a healthy weight?                      How can I help?</i>
<b>UNSURE 4-6</b> Evaluate Awareness Elicit Change Talk Advise and Encourage	<i>Where does that leave you now?                      What do you see as the next steps?                      What are you thinking/feeling at this point?                      Where does _____ fit into your future?</i>
<b>READY 7-10</b> Strengthen Commitment Elicit Change Talk Facilitate Action Planning	<i>Why is this important to you now?                      What are your ideas for making this work?                      What might get in the way? How can you deal with that?                      How might you reward yourself along the way?</i>

### Close

Summarize.  
 Show appreciation. Acknowledge willingness to discuss change.  
 Offer advice, emphasize choice, establish realistic goals, and express confidence.  
 Confirm next steps and arrange for follow-up.

Source: Adapted from the Adolescent Provider Tool Kit, Adolescent Health Working Group, 2004.

## Applying the Stages of Change Model to Assess Readiness

Stage	Characteristic	Patient verbal cue	Appropriate intervention	Sample dialogue
<b>Precontemplation</b>	Unaware of problem no interest in change	“I’m not interested in weight loss. It’s not a problem.”	Provide information about health risks and benefits of weight loss	“Would you like to read information about the health aspects of aging?”
<b>Contemplation</b>	Aware of problem beginning to think of changing	“I know I need to lose weight, but with all that’s going on in my life right now, I’m not sure I can.”	Help resolve ambivalence and discuss barriers	“Let’s look at the benefits of weight loss, as well as what you may need to change.”
<b>Preparation</b>	Realizes benefits of making changes and thinking about how to change	“I have to lose weight and I’m planning to do that.”	Teach behavior modification; provide education	“Let’s take a closer look at how you can reduce some of the calories you eat and how to increase your activity during the day.”
<b>Action</b>	Actively taking steps toward change	“I’m doing my best. This is harder than I thought.”	Provide support and guidance, with a focus on the long term	“It’s terrific that you’re working so hard. What problems have you had so far? How have you solved them?”
<b>Maintenance</b>	Initial treatment goals	“I’ve learned a lot through this process.”	Relapse control	“What situations continue to tempt you to overeat? What can be helpful for the next time you face such a situation?”

Adapted from Prochaaska JO, DiClemente CC. Toward a comprehensive model of change. In: Miller WR, ed. *Treating Addictive Behaviors*. New York, NY: Plenum; 1986:3-27

Source: Kushner, R.F.

## Patient Readiness Checklist

This checklist includes a list of more detailed questions that correspond with the National Heart, Lung, and Blood Institute and North American Association for the Study of Obesity Practical Guidelines for evaluating readiness. They can be used to more thoroughly assess patients' readiness and to evaluate for other medical conditions.

### Motivation/support

- How important is it that you lose weight at this time?
- Have you tried to lose weight before?
  - What factors have led to your success and what has made weight loss difficult? (For example, cost, peer pressure, family, etc.)
- Who of your family and friends is supportive of your decision to begin a weight loss program?
- What do you consider the benefits of weight loss?
- What would you have to give up in order to lose weight?

### Stressful life events

- Are there events in your life right now that might make losing weight especially difficult? (For example, work responsibilities, family commitments?)

### Psychiatric issues

- What is your mood like most of the time? Do you feel you have the needed energy to lose weight? Do you feel that you eat what most people would consider a large amount of food in a short period of time? Do you feel out of control during this time?
- Do you ever forcibly vomit, use laxatives, or engage in excessive physical activity as a means of controlling weight?

### Time availability/constraints

- How much time are you able to devote to physical activity on a weekly basis?
- Do you believe that you can make time to record your caloric intake?

### Weight-loss goals/expectations

- How much weight do you expect to lose?
- How fast do you expect to lose weight?

Source: Kushner, R.F.

## Tips for Nutrition Counseling

Educational efforts should pay particular attention to the following topics:

- Energy value of different foods.
- Food composition: fats, carbohydrates (including dietary fiber), and proteins.
- Evaluation of nutrition labels to determine caloric content and food composition.
- New habits of purchasing—give preference to low-calorie foods.
- Food preparation: avoid adding high-calorie ingredients during cooking (e.g., fats and oils).
- Avoiding over consumption of high-calorie foods (both high-fat and high-carbohydrate foods).
- Adequate water intake (at least eight, 8 oz. glasses per day).
- Reduction of portion sizes.
- Limiting alcohol consumption.

### What diet should I recommend?

Aim for a slow, steady weight loss in your patients by decreasing calorie consumption, maintaining adequate nutrient intake, and increasing physical activity. Consider the following options to determine calorie needs to support weight loss.

- To lose weight, in general, diets containing 1,000 to 1,200 kcal/day should be selected for most women; diets between 1,200 kcal/day and 1,600 kcal/day should be chosen for men and may be appropriate for women who weigh 165 pounds or more, or who exercise regularly. If the patient can stick with the 1,600 kcal/day diet but does not lose weight you may want to try the 1,200 kcal/day diet. If a patient on either diet is hungry, you may want to increase the kcals/day by 100 to 200.
- Go to [www.mypyramid.gov](http://www.mypyramid.gov) and enter patient's information (age, sex, weight, height and physical activity level) to receive a customized food guide and recommended calorie level for weight maintenance. These amounts can then be modified by a reduction of approximately 500 calories a day for weight loss. The MyPyramid food plans are based on average calorie needs for groups of people and may not exactly match your patient's calorie needs. Monitor weight and recommend adjustments in the calorie level as needed.
- If patient is not losing weight through calorie reduction, consider resting metabolic rate (RMR) testing to more specifically determine patient's calorie needs.
- If possible, refer patient to a Licensed Registered Dietitian for an in-depth dietary assessment.
- Recommend your patient keep a Daily Food and Activity Diary (Patient Handout M) and weigh/measure food portions for increased accuracy of calorie intake. Awareness is an important part of making lasting changes for healthy living. Keeping a diary will increase awareness of what they eat, why they eat (such as hunger levels or eating triggers) and physical activity patterns.



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## Patient Handouts



## Are You Ready and Motivated to Lose Weight?

Answer these quick questions to assess how ready you are to achieve a healthier weight.

**1. Is there a reason you are seeking treatment at this time?**

---

**2. What are your goals about weight control and management?**

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**3. Your level of interest in losing weight is:** (circle the number that indicates your level of interest)

*Not Interested*   1   2   3   4   5   *Very Interested*

**4. Are you ready for lifestyle changes to be a part of your weight control program?**

*Not Ready*   1   2   3   4   5   *Very Ready*

**5. How much support can your family provide?**

*No Support*   1   2   3   4   5   *Much Support*

**6. How much support can your friends provide?**

*No Support*   1   2   3   4   5   *Much Support*

**7. What is the hardest part about managing your weight?**

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**8. What do you believe will be of most help to assist you in losing weight?**

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**9. How confident are you that you can lose weight at this time?**

*Not Confident*   1   2   3   4   5   *Very Confident*

*Source: Adapted from Kushner, R.F.*



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## Food Weight-Loss Tips

### 1. Establish regular meal times.

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.

### 2. Read food labels when buying 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. To find out the average amount of calories you should be consuming every day, go to [www.mypyramid.gov](http://www.mypyramid.gov).

### 4. 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 to 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.

### 8. 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.

Source: Adapted from the American Medical Association: Roadmaps for Clinical Practice Series.



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## The Nutrition Facts Label - An Overview

When you're at the grocery store it's hard to take the extra minute to look at the food labels of the items you're buying. But reading the label is really the only way to know for sure what you're eating. This cheat sheet will make the process a little easier.

In the following Nutrition Facts label, certain sections have been colored to help you focus on the areas that will be explained in detail. You will not see these colors on the food labels on products you purchase.

Check the serving size, particularly how many servings there are in the container. If there are 2 and you eat the whole container, you're eating double the calories that are on the label!

Try to minimize saturated and trans fat. These are both bad fats that clog arteries.

Get enough fiber, vitamins A and C, calcium and iron.

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
<b>Calories</b> 250	Calories from Fat 110
% Daily Value*	
<b>Total Fat</b> 12 g	18%
<i>Saturated Fat</i> 3 g	15%
<i>Trans Fat</i> 3 g	
<b>Cholesterol</b> 30 mg	10%
<b>Sodium</b> 470 mg	20%
Total Carbohydrate 31 g	10%
Dietary Fiber 0g	0%
Sugars 5 g	
<b>Protein</b> 5 g	
Vitamin A 4%	
Vitamin C 2%	
Calcium 20%	
Iron 4%	
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

This list gives percentages that are based on recommended daily allowances based on a 2,000 calorie per day diet. However many people's calorie needs may be significantly less than 2,000.

For example, a label may show that a serving of food provides 30% of the daily recommended amount of fiber. This means you may need another 70% to meet the recommended goal. Remember this is just an estimate, but it serves as a good guide.

The less cholesterol and sodium you eat, the better. The latest recommendation for sodium is less than 2,300 mg per day for adults.

Try to keep sugars low. More sugar means more calories.

Source: Adapted from [healthiergenerations.org](http://healthiergenerations.org) and <http://www.cfsan.fda.gov/~dms/foodlab.html>

## Tips for Dining Out

The new National Heart, Lung, and Blood Institute Obesity Guidelines say that whether or not you're trying to lose weight, you can eat healthy when dining out, if you know how.

So, if you're treating yourself to a meal out, here are some tips to help make it a dining experience that is both tasty and good for you.

### ASK!

#### Will the restaurant:

- Serve fat free (skim) milk rather than whole milk or cream?
- Trim visible fat from poultry or meat?
- Leave all butter, gravy or sauces off a dish?
- Serve salad dressing on the side?
- Accommodate special requests?
- Use less cooking oil when cooking?
- Provide a take-out box when your meal arrives? Put half the dinner away immediately, even before your fork hits the plate.

### ACT!

#### Select foods which are:

- Steamed
- Garden fresh
- Broiled
- Baked
- Roasted
- Poached
- Lightly sautéed or stir-fried



### DO YOUR HOMEWORK!

- If possible, obtain nutritional information of menu items at the restaurant you will be dining at before you leave for your meal. Try [www.calorieking.com](http://www.calorieking.com) or the restaurant's web site.

Source: Adapted from The National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.



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## Grocery Shopping Guide

The new National Heart, Lung, and Blood Institute Obesity Guidelines say that you can reduce the time you spend cooking healthy by using a shopping list and keeping a well-stocked kitchen. Read the labels as you shop and pay attention to serving size and servings per container. Compare the total calories in similar products and choose the lowest calorie ones. So, shop for quick low fat food items and fill your kitchen cupboards with a supply of lower calorie basics like the following:

### Low Fat Dairy

- Fat free or low fat milk, yogurt, cheese, and cottage cheese

### Whole Grain Carbohydrates

- Whole grain sandwich breads, bagels, pita bread, English muffins
- Soft corn tortillas, low fat flour tortillas
- Low fat, low sodium crackers
- Whole grain cereal, dry or cooked
- Brown rice or whole wheat pasta

### Meat/Poultry/Seafood

- White meat chicken or turkey (remove skin)
- Fish and shellfish (not battered)
- Beef: round, sirloin, chuck arm, loin and extra lean ground beef
- Pork: leg, shoulder, tenderloin
- Dry beans and peas
- Eggs/egg substitutes

### Fruits and Vegetables

- Fresh, frozen, canned fruits in water, juice or light syrup
- Fresh, frozen, or no salt added canned vegetables (rinse regular canned vegetables to reduce sodium)

### Fats and Oils

- Monounsaturated fats
  - Olive Oil
  - Canola Oil
- Light or diet margarine
- Low fat or nonfat salad dressings

### Condiments

- Mustard and catsup
- Low sugar jam or jelly
- Herbs and spices
- Salsa

### Beverages

- Water or sugar-free flavored water
- Milk - fat free or low fat
- 100% juice
- Diet soda
- Tea and coffee

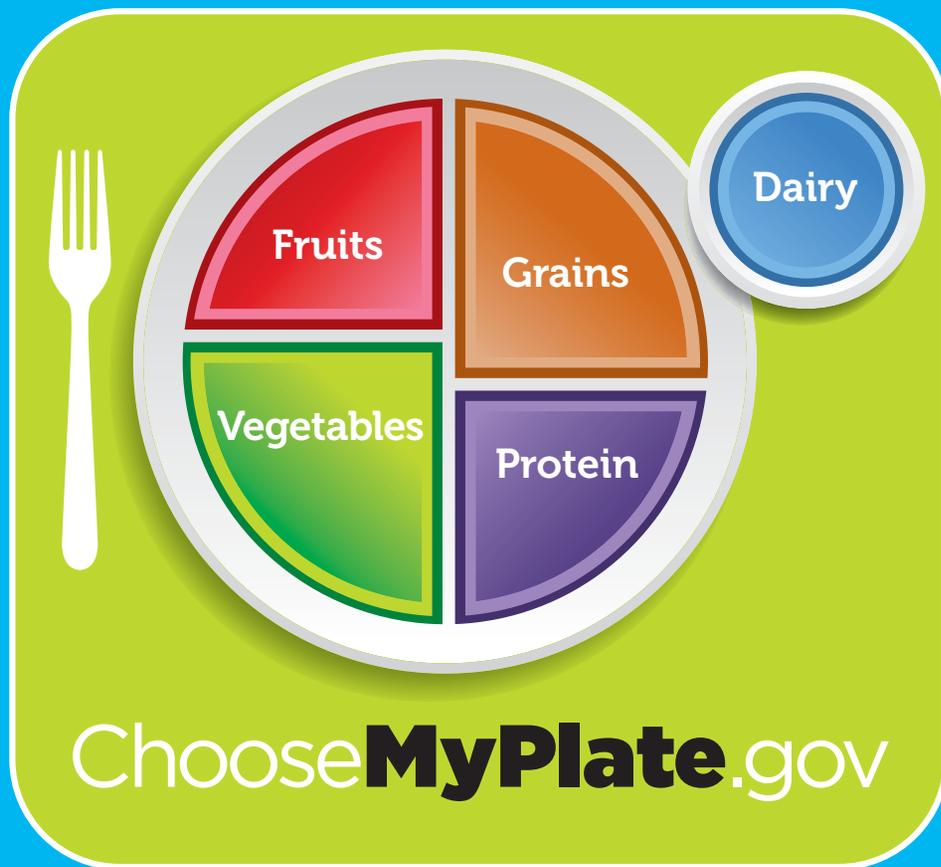


Source: Adapted from The National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.



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# What's on your plate?



**Before you eat, think about what and how much food goes on your plate or in your cup or bowl.** Over the day, include foods from all food groups: vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods.



**Make half your plate fruits and vegetables.**



**Make at least half your grains whole.**



**Switch to skim or 1% milk.**



**Vary your protein food choices.**

Vegetables	Fruits	Grains	Dairy	Protein Foods
<p>Eat more red, orange, and dark-green veggies like tomatoes, sweet potatoes, and broccoli in main dishes.</p> <p>Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish.</p> <p>Fresh, frozen, and canned vegetables all count. Choose “reduced sodium” or “no-salt-added” canned veggies.</p>	<p>Use fruits as snacks, salads, and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes.</p> <p>Buy fruits that are dried, frozen, and canned (in water or 100% juice), as well as fresh fruits.</p> <p>Select 100% fruit juice when choosing juices.</p>	<p>Substitute whole-grain choices for refined-grain breads, bagels, rolls, breakfast cereals, crackers, rice, and pasta.</p> <p>Check the ingredients list on product labels for the words “whole” or “whole grain” before the grain ingredient name.</p> <p>Choose products that name a whole grain first on the ingredients list.</p>	<p>Choose skim (fat-free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.</p> <p>Top fruit salads and baked potatoes with low-fat yogurt.</p> <p>If you are lactose intolerant, try lactose-free milk or fortified soymilk (soy beverage).</p>	<p>Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry, and eggs.</p> <p>Twice a week, make seafood the protein on your plate.</p> <p>Choose lean meats and ground beef that are at least 90% lean.</p> <p>Trim or drain fat from meat and remove skin from poultry to cut fat and calories.</p>

**For a 2,000-calorie daily food plan, you need the amounts below from each food group.**

To find amounts personalized for you, go to [ChooseMyPlate.gov](http://ChooseMyPlate.gov).

Eat 2½ cups every day	Eat 2 cups every day	Eat 6 ounces every day	Get 3 cups every day	Eat 5½ ounces every day
<p><b>What counts as a cup?</b> 1 cup of raw or cooked vegetables or vegetable juice; 2 cups of leafy salad greens</p>	<p><b>What counts as a cup?</b> 1 cup of raw or cooked fruit or 100% fruit juice; ½ cup dried fruit</p>	<p><b>What counts as an ounce?</b> 1 slice of bread; ½ cup of cooked rice, cereal, or pasta; 1 ounce of ready-to-eat cereal</p>	<p><b>What counts as a cup?</b> 1 cup of milk, yogurt, or fortified soymilk; 1½ ounces natural or 2 ounces processed cheese</p>	<p><b>What counts as an ounce?</b> 1 ounce of lean meat, poultry, or fish; 1 egg; 1 Tbsp peanut butter; ½ ounce nuts or seeds; ¼ cup beans or peas</p>

## Cut back on sodium and empty calories from solid fats and added sugars



Look out for salt (sodium) in foods you buy. Compare sodium in foods and choose those with a lower number.

Drink water instead of sugary drinks. Eat sugary desserts less often.

Make foods that are high in solid fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not every day foods.

Limit empty calories to less than 260 per day, based on a 2,000 calorie diet.

## Be physically active your way

Pick activities you like and do each for at least 10 minutes at a time. Every bit adds up, and health benefits increase as you spend more time being active.

**Children and adolescents:** get 60 minutes or more a day.

**Adults:** get 2 hours and 30 minutes or more a week of activity that requires moderate effort, such as brisk walking.



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## Making Physical Activity Part of Your Life: Tips for Being More Active

*There are 1,440 minutes in every day...schedule 30 of them for physical activity.*

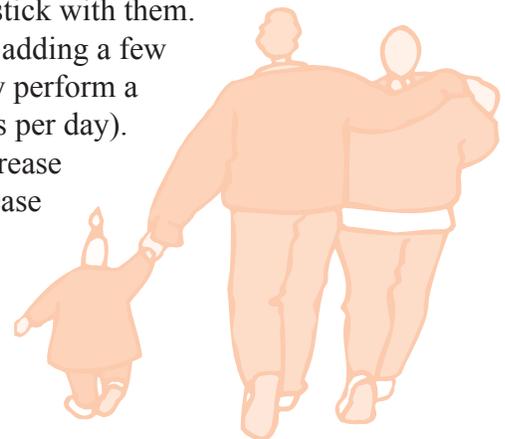
Adults need recess too! With a little creativity and planning, even the person with the busiest schedule can make room for physical activity. For many folks, before or after work or meals is often an available time to cycle, walk, or play. Think about your weekly or daily schedule and look for or make opportunities to be more active. Every little bit helps. Consider the following suggestions:

- Walk, cycle, jog, skate, etc., to work, school, the store, or place of worship.
- Park the car farther away from your destination.
- Get on or off the bus several blocks away.
- Take the stairs instead of the elevator or escalator.
- Play with children or pets. Everybody wins. If you find it too difficult to be active after work, try before work.
- Take fitness breaks-walking or doing desk exercises-instead of taking cigarette or coffee breaks.
- Perform gardening or home repair activities.
- Avoid labor-saving devices-turn off the self-propel option on your lawn mower or vacuum cleaner.
- Use leg power-take small trips on foot to get your body moving.
- Exercise while watching TV (for example, use hand weights, stationary bicycle/treadmill/ stairclimber, or stretch).
- Dance to music.
- Keep a pair of comfortable walking or running shoes in your car and office. You'll be ready for activity wherever you go!
- Make a Saturday morning walk a group habit.
- Walk while doing errands.

### Tips for People Who Have Been Inactive for a While

Use a sensible approach by starting out slowly.

- Begin by choosing moderate-intensity activities you enjoy the most. By choosing activities you enjoy, you'll be more likely to stick with them.
- Gradually build up the time spent doing the activity by adding a few minutes every few days or so until you can comfortably perform a minimum recommended amount of activity (30 minutes per day). As the minimum amount becomes easier, gradually increase either the length of time performing an activity or increase the intensity of the activity, or both.
- Vary your activities, both for interest and to broaden the range of benefits.
- Explore new physical activities.
- Reward and acknowledge your efforts.



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## Overcoming Barriers to Physical Activity

*“If you can find a path with no obstacles, it probably doesn’t lead anywhere.” —Anonymous*

Given the health benefits of regular physical activity, we might have to ask why two out of three (60%) Americans are not active at recommended levels. There are barriers that keep Americans from being, or becoming, regularly physically active. Understanding common barriers to physical activity and creating strategies to overcome them may help you make physical activity part of your daily life.

### Suggestions for Overcoming Physical Activity Barriers

#### Lack of Time

- Identify available time slots. Monitor your daily activities for one week. Identify at least three 30-minute time slots you could use for physical activity.
- Add physical activity to your daily routine. For example, walk or ride your bike to work or shopping, organize school activities around physical activity, walk the dog, exercise while you watch TV, park farther away from your destination, etc.
- Make time for physical activity. For example, walk, jog, or swim during your lunch hour, or take fitness breaks instead of coffee breaks.
- Select activities requiring minimal time, such as walking, jogging, or stairclimbing.

#### Social Influence

- Explain your interest in physical activity to friends and family. Ask them to support your efforts.
- Invite friends and family members to exercise with you. Plan social activities involving exercise.

#### Lack of Energy

- Develop new friendships with physically active people. Join a group, such as the YMCA or a hiking club.
- Schedule physical activity for times in the day or week when you feel energetic.

#### Lack of Motivation

- Convince yourself that if you give it a chance, physical activity will increase your energy level; then, try it.
- Plan ahead. Make physical activity a regular part of your daily or weekly schedule and write it on your calendar.

#### Fear of Injury

- Invite a friend to exercise with you on a regular basis and write it on both your calendars.
- Join an exercise group or class.
- Learn how to warm up and cool down to prevent injury.

#### Lack of Skill

- Learn how to exercise appropriately considering your age, fitness level, skill level, and health status.
- Choose activities involving minimum risk. Select activities requiring no new skills, such as walking, climbing stairs, or jogging.
- Exercise with friends who are at the same skill level as you are.
- Find a friend who is willing to teach you some new skills.
- Take a class to develop new skills.

## Suggestions for Overcoming Physical Activity Barriers (continued)

- |                           |   |
|---------------------------|---|
| <b>Lack of Resources</b>  | <ul style="list-style-type: none"><li>■ Select activities that require minimal facilities or equipment, such as walking, jogging, jumping rope, or calisthenics.</li><li>■ Identify inexpensive, convenient resources available in your community (community education programs, park and recreation programs, worksite programs, etc.).</li></ul>  |
| <b>Weather Conditions</b> | <ul style="list-style-type: none"><li>■ Develop a set of regular activities that are always available regardless of weather (indoor cycling, aerobic dance, indoor swimming, calisthenics, stair climbing, rope skipping, mall walking, dancing, gymnasium games, etc.)</li><li>■ Look on outdoor activities that depend on weather conditions (cross-country skiing, outdoor swimming, outdoor tennis, etc.) as “bonuses”-extra activities possible when weather and circumstances permit.</li></ul>   |
| <b>Travel</b>             | <ul style="list-style-type: none"><li>■ Put a jump rope in your suitcase and jump rope.</li><li>■ Walk the halls and climb the stairs in hotels.</li><li>■ Stay in places with swimming pools or exercise facilities.</li><li>■ Join the YMCA or YWCA (ask about reciprocal membership agreement).</li><li>■ Visit the local shopping mall and walk for half an hour or more.</li></ul>   |
| <b>Family Obligations</b> | <ul style="list-style-type: none"><li>■ Bring a small tape recorder and your favorite aerobic exercise tape.</li><li>■ Trade babysitting time with a friend, neighbor, or family member who also has small children.</li><li>■ Exercise with the kids-go for a walk together, play tag or other running games, get an aerobic dance or exercise tape for kids (there are several on the market) and exercise together. You can spend time together and still get your exercise.</li><li>■ Hire a babysitter and look at the cost as a worthwhile investment in your physical and mental health.</li><li>■ Jump rope, do calisthenics, ride a stationary bicycle, or use other home gymnasium equipment while the kids are busy playing or sleeping.</li><li>■ Try to exercise when the kids are not around (e.g., during school hours or their nap time).</li></ul> |
| <b>Retirement Years</b>   | <ul style="list-style-type: none"><li>■ Encourage exercise facilities to provide child care services.</li><li>■ Look upon your retirement as an opportunity to become more active instead of less. Spend more time gardening, walking the dog, and playing with your grandchildren. Children with short legs and grandparents with slower gaits are often great walking partners.</li><li>■ Learn a new skill you’ve always been interested in, such as ballroom dancing, square dancing, or swimming.</li><li>■ Now that you have the time, make regular physical activity a part of every day. Go for a walk every morning or every evening before dinner. Treat yourself to an exercycle and ride every day while reading a favorite book or magazine.</li></ul>   |

Source: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion.

## Tips to Make Small Changes - That Add Up to Big Success

1. Walk to work.
2. Use fat free milk instead of whole milk.
3. Do sit-ups in front of the TV.
4. Walk during lunch hour.
5. Drink water before a meal.
6. Eat leaner red meat and poultry.
7. Eat half your dessert.
8. Walk instead of driving whenever you can.
9. Take family walk after dinner.
10. Skate to work instead of driving.
11. Avoid food portions larger than your fist.
12. Mow lawn with push mower.
13. Increase the fiber in your diet.
14. Walk to your place of worship instead of driving.
15. Walk kids to school.
16. Get a dog and walk it.
17. Join an exercise group.
18. Drink diet soda.
19. Replace Sunday drive with Sunday walk.
20. Do yard work.
21. Eat off smaller plates.
22. Get off a stop early and walk.
23. Don't eat late at night.
24. Skip seconds.
25. Work around the house.
26. Skip buffets.
27. Grill, steam or bake instead of frying.
28. Bicycle to the store instead of driving.
29. Take dog to the park.
30. Ask your doctor about taking a multi-vitamin.
31. Go for a half-hour walk instead of watching TV.
32. Use vegetable oils over solid fats.
33. More carrots, less cake.
34. Fetch the newspaper yourself.
35. Sit up straight at work.
36. Wash the car by hand.
37. Don't skip meals.
38. Eat more celery sticks.
39. Run when running errands.
40. Pace the sidelines at kids' athletic games.
41. Take wheels off luggage.
42. Choose an activity that fits into your daily life.
43. Try your burger with just lettuce, tomato, and onion.
44. Ask a friend to exercise with you.
45. Make time in your day for physical activity.
46. Exercise with a video if the weather is bad.
47. Bike to the barbershop or beauty salon instead of driving.
48. Keep to a regular eating schedule.
49. If you find it difficult to be active after work, try it before work.
50. Take a walk or do desk exercises instead of a cigarette or coffee break.
51. Perform gardening or home repair activities.
52. Avoid laborsaving devices.
53. Take small trips on foot to get your body moving.
54. Play with your kids 30 minutes a day.
55. Dance to music.
56. Keep a pair of comfortable walking or running shoes in your car and office.
57. Make a Saturday morning walk a group habit.
58. Walk briskly in the mall.
59. Choose activities you enjoy and you'll be more likely to stick with them.
60. Stretch before bed to give you more energy when you wake.
61. Take the long way to the water cooler.
62. Explore new physical activities.
63. Vary your activities, for interest and to broaden the range of benefits.
64. Reward and acknowledge your efforts.
65. Choose fruit for dessert.
66. Consume alcoholic beverages in moderation, if at all.
67. Take stairs instead of the escalator.
68. Conduct an inventory of your meal/snack and physical activity patterns.
69. Share an entree with a friend.
70. Grill fruits or vegetables.
71. Eat before grocery shopping.
72. Choose a checkout line without a candy display.
73. Make a grocery list before you shop.

## Tips to Make Small Changes -That Add Up to Big Success (continued)

74. Buy 100% fruit juices over soda and sugary drinks.
75. Stay active in winter. Play with your kids.
76. Flavor foods with herbs, spices, and other low fat seasonings.
77. Remove skin from poultry before cooking to lower fat content.
78. Eat before you get too hungry.
79. Eat breakfast every day.
80. Stop eating when you are full.
81. Snack on fruits and vegetables.
82. Top your favorite cereal with apples or bananas.
83. Try brown rice or whole-wheat pasta.
84. Include several servings of whole grain food daily.
85. When eating out, choose a small or medium portion.
86. If main dishes are too big, choose an appetizer or a side dish instead.
87. Ask for salad dressing “on the side”.
88. Park farther from destination and walk.
89. Try a green salad instead of fries.
90. Bake or broil fish.
91. Walk instead of sitting around.
92. Eat sweet foods in small amounts.
93. Take your dog on longer walks.
94. Drink lots of water.
95. Cut back on added fats or oils in cooking or spreads.
96. Buy a set of hand weights and play a round of Simon Says with your kids - you do it with the weights, they do without.
97. Walk to a co-worker’s desk instead of emailing or calling them.
98. Carry your groceries instead of pushing a cart.
99. Use a snow shovel instead of a snow blower.
100. Cut high-calorie foods like cheese and chocolate into smaller pieces and only eat a few pieces.
101. Use nonfat or low-fat sour cream, mayo, sauces, dressings, and other condiments.
102. Replace sugar sweetened beverages with water and add a twist of lemon or lime.
103. Replace high-saturated fat/high calorie seasonings with herbs grown in a small herb garden in your kitchen window.
104. Refrigerate prepared soups before you eat them. As the soup cools, the fat will rise to the top. Skim it off the surface for reduced fat content.
105. When eating out, ask your server to put half your entrée in a to-go bag.
106. Substitute vegetables for other ingredients in your sandwich.
107. Every time you eat a meal, sit down, chew slowly, and pay attention to flavors and textures.
108. Try a new fruit or vegetable (ever had jicama, plantain, bok choy, starfruit or papaya?)
109. Make up a batch of brownies with applesauce instead of oil or shortening.
110. Instead of eating out, bring a healthy, low calorie lunch to work.
111. Ask your sweetie to bring you fruit or flowers instead of chocolate.
112. Speak up for the salad bar when your co-workers are picking a restaurant for lunch, and remember calories count, so pay attention to how much and what you eat.
113. When walking, go up the hills instead of around them.
114. Walk briskly through the mall and shop ‘til you drop ... pounds.
115. Clean your closet and donate clothes that are too big.
116. Take your body measurements to gauge progress.

*For more information, visit  
<http://www.smallstep.gov>*



*do it for yourself . . .*

## Developing Your Success Plan!

### ■ There are several steps in developing a workable plan for weight management

- 1<sup>st</sup> set realistic goals
- 2<sup>nd</sup> develop a plan to meet goals
- 3<sup>rd</sup> record behavior to see if goals are met
- 4<sup>th</sup> reward yourself for meeting goals

### ■ Realistic goals

- Can be achieved without making drastic changes
- Can be described as lifestyle behavior changes for healthy living
- Can make you feel good when you meet them

### ■ Characteristics of realistic goals

Realistic goals are . . . . . easily understood  
 measurable  
 behavior-related  
 achievable



### ■ It is important to have time frames set for achieving goals

#### - Long-term goals

Set your sights on what you can achieve in 1-3 years

Example: Your long-term goal may be to lose 5% - 10% of your body weight.

#### - Short-term goals

Behaviors and weight don't change overnight, so setting goals for three months is a good idea.

Example: Your short-term goal may be to eat 5 servings of fruits and vegetables each day or to increase physical activity to at least 30 minutes on most days per week.

#### - Weekly goals

Weekly goals are your small steps taken toward your short-term goal.

Example: Your weekly goals may be to take the stairs at work 3 days this week or to eat a piece of fruit with breakfast and lunch every day.



*do it for yourself . . .*

## Goal Worksheet

**What do you want to achieve in the next 7 days?**

### Healthy Eating:

What do you need to do to achieve it? \_\_\_\_\_

What roadblocks do you need to address?  
\_\_\_\_\_

How can you overcome the roadblocks? \_\_\_\_\_

### Physical Activity:

What do you need to do to achieve it?  
\_\_\_\_\_

What roadblocks do you need to address? \_\_\_\_\_

How can you overcome the roadblocks? \_\_\_\_\_

### Changing Environment:

What do you need to do to achieve it? \_\_\_\_\_

What roadblocks do you need to address? \_\_\_\_\_

Behavior Record for 7 Days – Place a / in the boxes for the days you meet a goal.							
Recording Behavior	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Healthy Eating Goal							
Physical Activity Goal							
Environment Goal							

### How Will You Reward Yourself?

Name 3 things that you value and could use as rewards for meeting your goal at the end of the week:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



# personal pledge

**Instructions:** Before completing the personal pledge to better health, think about the 1-2 goal(s) you wish to achieve to become healthier and the reward(s) you will give yourself when you are successful.

I, \_\_\_\_\_, pledge to [write goal(s)]

1) \_\_\_\_\_

2) \_\_\_\_\_

for the next 3 weeks. I will reward myself with

\_\_\_\_\_  
\_\_\_\_\_

when I have made this a habit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Record your goals in the Goal Log for each week on the reverse side of this personal pledge to better health.**



*do it for yourself . . .*

# goal log

In the calendar, ✓ off each day that you meet your goal(s). Good luck!

GOAL 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
week 1							
week 2							
week 3							

GOAL 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
week 1							
week 2							
week 3							

...time for reward!

activity  
&  
nutrition

## Daily Food and Activity Diary

Research has shown that keeping a food and activity diary is an important tool for losing weight and keeping it off. Diaries can help target areas for improvement. To find out the food and activity behaviors to focus on, keep a diary before making any changes in your meals and activities. Discuss your diary and make a nutrition and activity plan with your health care professional.

### INSTRUCTIONS

#### 1. Fill out the following sections of your diary.

##### Time:

Write the time of day you ate the food.

##### Food/Drink:

Describe the type of food or drink you consumed. Be as specific as you can. Include sauces and gravies. Don't forget to write down "extras," such as soda pop, salad dressing, mayonnaise, butter, sour cream, sugar and ketchup.

##### Amount:

In this space note the amount of the item you ate or drank (not how much was served). Use measuring cups and spoons to describe most foods (examples: 1 cup Cheerios, ½ cup 2% milk) or use size or shape to describe foods that don't fit into a cup or spoon (examples: 8 inch corn tortilla, 3 x 3 x 1 inch chocolate cake with frosting, 1 medium chicken breast).

##### Where:

Write what room or part of the house you were in when you ate. If you ate in a restaurant, fast-food chain or your car, write that location down.

##### Mood:

How were you feeling while you were eating (for example, sad, happy, depressed)?

##### Hunger Scale:

Rate how hungry you were before you began eating using the hunger scale.

### HUNGER SCALE

Empty Starving Hunger Pains Hunger Slight Hunger Neutral Contented Slightly Full Full Overfed Nausea

0 1 2 3 4 5 6 7 8 9 10

##### Activity:

Write down all your activities in the day, including day-to-day activities such as a 15-minute walk to work, or 30 minutes spent vacuuming, as well as more formal exercise (e.g, 50-minute aerobics class).

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## 2. Advice for keeping a Food Diary.

**Write down everything** you eat and drink. A piece of candy, a handful of pretzels or a can of soda pop may not seem like much at the time, but over a week these calories add up!

**Tell the truth.** There's nothing to be gained by trying to look good on these forms. Your health care provider can help you only if you record what you really eat.

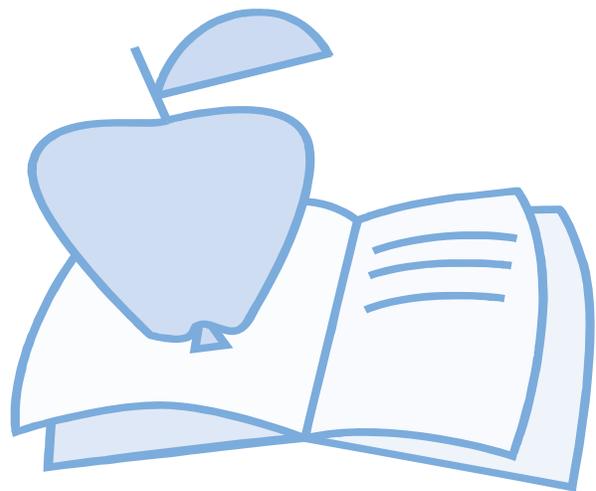
**Do it now.** Don't depend on your memory at the end of the day. Record your eating as you go.

**Remember the little things** like butter, margarine, jelly, sugar, sauces, gravies, salad dressings, etc.

**Remember to include snacks and beverages** while cooking, between meals and before bed.

**Note what is in a mixed food.** (Example: stew [1/4 cup meat, 1/4 cup potatoes, 1/4 cup carrots, 1/4 cup gravy])

**Describe how a food was prepared.** (Example: 1 chicken breast fried with PAM spray)



*do it for yourself . . .*



# Daily Food and Activity Diary

Name \_\_\_\_\_ Date \_\_\_\_\_

Time	Food/Drink	Amount	Where	Mood	Hunger Rating
<b>Activity:</b>					

## Resources

### Web Sites

American Academy of Family Physicians (AAFP)

*Practical Advice for Family Physicians to Help Overweight Patients (2003)*

[http://www.aafp.org/PreBuilt/afpmonograph\\_obesity.pdf](http://www.aafp.org/PreBuilt/afpmonograph_obesity.pdf)

American College of Preventive Medicine (ACPM)

*Weight Management Counseling of Overweight Adults (2001)*

[www.acpm.org/polstmt\\_weight.pdf](http://www.acpm.org/polstmt_weight.pdf)

American Medical Association

*Assessment and Management of Adult Obesity: A Primer for Physicians.*

[www.ama-assn.org/ama/pub/category/10931.html](http://www.ama-assn.org/ama/pub/category/10931.html)

National Heart, Lung, and Blood Institute (NHLBI)

*Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults (1998)*

[www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)

NHLBI's Obesity Education Initiative provides the *Clinical Guidelines on Overweight and Obesity in Adults* to physicians in a free interactive program for use on handheld electronic devices. This electronic resource allows physicians to generate individualized assessment and treatment recommendations at the point of care.

<http://hin.nhlbi.nih.gov/obgdpalm.htm>

Health Information Center

This center presents a wealth of information on the prevention and treatment of heart, lung, and blood diseases. Patient educational materials and publications intended for health professionals are available on many topics including cholesterol, high blood pressure, heart disease, exercise, and obesity. Clinical practice guidelines on high blood cholesterol, high blood pressure, and obesity are also made available.

[www.nhlbi.nih.gov/health/infoctr/index.htm](http://www.nhlbi.nih.gov/health/infoctr/index.htm)

Aim for a Healthy Weight

This Web site offers information for both health professionals and the general public. The educational materials for health care professionals include clinical guidelines for obesity, a BMI calculator and table, and access to continuing medical education courses.

[www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/index.html](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.html)

North American Association for the Study of Obesity (NAASO) and the National Heart, Lung, and Blood Institute (NHLBI)

*The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults (2000)*

[www.nhlbi.nih.gov/guidelines/obesity/practgde.htm](http://www.nhlbi.nih.gov/guidelines/obesity/practgde.htm)

America on the Move (AOTM)

Partnership to Promote Healthy Eating and Active Living

The AOTM program is accessible to all Americans through an interactive Web site, which offers several tools for participants to track their steps and progress.

[www.AmericaOnTheMove.org](http://www.AmericaOnTheMove.org)

Fruits & Veggies - More Matters

National Cancer Institute (NCI), Produce for Better Health Foundation

The national program is designed to encourage Americans to eat more servings of fruits and vegetables every day. The program provides consumers with practical and easy ways to incorporate more fruits and vegetables into their daily eating patterns. For health care professionals, it offers promotional and educational materials as well as information and access to additional resources.

<http://www.fruitsandveggiesmorematters.org>

Steps to a HealthierUS

U.S. Department of Health and Human Services (DHHS)

*Steps to a HealthierUS* is an initiative from DHHS that encourages physical activity, a nutritious diet, healthy choices, and preventive screenings.

[www.healthierUS.gov](http://www.healthierUS.gov)



Center for Nutrition Policy and Promotion  
U.S. Department of Agriculture (USDA)

This Web site translates nutrition research into publications and reports for use by physicians, and also into brochures and information for the general public. The new personalized food guide pyramid, dietary guidelines, and recipes are among the resources available.  
[www.usda.gov/cnpp](http://www.usda.gov/cnpp)

Division of Nutrition, Physical Activity, and Obesity

Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)  
The CDC developed this site to address the role of nutrition and physical activity in living a healthy lifestyle and reducing chronic illnesses. It serves as a resource for guidelines, fact sheets, and other types of publications on topics related to nutrition and physical activity. In addition, a section designed specifically for health professionals offers access to data and statistics, programs, and recommendations.

[www.cdc.gov/nccdphp/dnpa](http://www.cdc.gov/nccdphp/dnpa)

Food and Nutrition Information Center  
USDA Agricultural Research Service (ARS)

The ARS collects and disseminates information on food and human nutrition. It contains dietary guidelines, the food guide pyramid, links to various databases, additional resources, and much more.

[www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)

Mayo Clinic

The Mayo Clinic Web site contains up-to-date information, programs, and interactive tools that include health management programs, health decision guides, a personal health scorecard, and various health centers that address food and nutrition, fitness and sports medicine, women's health, men's health, and more.

[www.mayoclinic.com](http://www.mayoclinic.com)

Weight Control Information Network

National Institute of Diabetes and Digestive and Kidney Diseases

The network disseminates science-based information on obesity, weight control, and nutrition to health care professionals and the general consumer. It also offers various types of statistics, publications, and videotapes on clinical weight loss and control.

<http://win.niddk.nih.gov/index.htm>

Nutrition.gov

This national resource provides access to all on-line federal government information about nutrition, healthy eating, physical activity, and food safety.

[www.nutrition.gov](http://www.nutrition.gov)

American Heart Association

The American Heart Association is committed to reducing disability and death from cardiovascular diseases and stroke. Its comprehensive Web site presents detailed information on topics regarding heart disease and health, as well as numerous health tools such as the cardiovascular disease risk assessment tool, exercise diary, and the body mass index Web calculator for use by the general consumer. Health care professionals can retrieve scientific publications, statistics, patient information sheets, treatment decision tools, guidelines, and performance measures.

[www.americanheart.org](http://www.americanheart.org)

Calorieking.com

This site provides information and tools to control weight and lead a healthy lifestyle. An on-line food and exercise diary, and meal plans are available, as is a food and diet diary for computers and handheld devices.

[www.calorieking.com/handheld/](http://www.calorieking.com/handheld/)

American Dietetic Association

This is the nation's largest organization of food and nutrition professionals and it serves the public by promoting optimal nutrition, health, and well-being. The Web site provides resources and information on food and nutrition, as well as a referral service that links consumers with registered dietetic professionals. Additionally, its professional reference publications section offers patient educational materials and books for physicians.

[www.eatright.org](http://www.eatright.org)

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Its contents are solely the responsibility of the authors and do not represent the official views of CDC.

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Weight Management Counseling of Overweight Adults. United States Preventive Services Task Force – Independent Expert Panel. National Guideline Clearinghouse. Available at <http://www.guideline.gov>.

The Center for Nutrition Policy and Promotion, an organization of the U.S. Department of Agriculture. <http://www.mypyramid.gov>.

Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Division of Nutrition, Physical Activity, and Obesity.

Alliance for a Healthier Generation. William J. Clinton Foundation/American Heart Association. <http://www.healthiergeneration.org>.

Food and Drug Administration/Center for Food Safety & Applied Nutrition. <http://www.cfsan.fda.gov/~dms/foodlab.html>.

U.S. Department of Health & Human Services. <http://www.smallstep.gov>.

The National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). The National Heart, Lung, and Blood Institute (NHLBI) launched the National Cholesterol Education Program (NCEP).



FAX BACK Number: 573-522-2856

## Adult Tool Kit Evaluation Form

This tool kit was designed to assist doctors and other health care professionals to screen for and treat adult overweight and obesity. MoCAN would like the packet to be as useful as possible, and your feedback is essential to that effort. If you have questions about the tool kit or evaluation form, please contact the Bureau of Health Promotion at 573-522-2820.

Please check the appropriate column to answer the question asked:

Tool Kit Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Did the "How to Use this Tool Kit" page engage you enough to review the contents of the packet?					
Did the introductory page provide enough information on the need for the tool kit?					
Was it easy to determine the use of each item in the tool kit?					
Was the pocket guide helpful?					
Will you continue to use the following items in the tool kit? If your answer is "strongly agree" or "agree," please check which items you will continue to use in your day-to-day practice: <b>Physician Resources</b> <input type="checkbox"/> Pocket Guide—Assessment and Treatment of Overweight and Obesity <input type="checkbox"/> BMI Chart <input type="checkbox"/> Diabetes Management Guidelines <input type="checkbox"/> Missouri Consensus Screening Guidelines <input type="checkbox"/> Communication Guideline to Promote Health Behavior Change <input type="checkbox"/> Applying the Stages of Change Model to Assess Readiness <input type="checkbox"/> Patient Readiness Checklist <input type="checkbox"/> Tips for Nutrition Counseling <b>Patient Handouts</b> <input type="checkbox"/> Are You Ready and Motivated to Lose Weight? <input type="checkbox"/> Food Weight-Loss Tips <input type="checkbox"/> Nutrition Facts Label <input type="checkbox"/> Tips for Dining Out <input type="checkbox"/> Grocery Shopping Guide <input type="checkbox"/> MyPyramid <input type="checkbox"/> Making Physical Activity Part of Your Life <input type="checkbox"/> Overcoming Barriers to Physical Activity <input type="checkbox"/> Tips to Make Small Changes <input type="checkbox"/> Developing Your Success Plan! <input type="checkbox"/> Goal Worksheet <input type="checkbox"/> Personal Pledge to Better Health <input type="checkbox"/> Daily Food and Activity Diary					

See back for additional questions.

Is there anything needed missing from the tool kit?

\_\_\_\_\_ No          \_\_\_\_\_ Yes          \_\_\_\_\_ If “yes”, what is missing? \_\_\_\_\_

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What other changes would you make in the tool kit to make it more useful in day-to-day practice?

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Other comments? \_\_\_\_\_

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May we contact you regarding any questions we might have on your responses? If yes, please complete the following:

Name (please print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please return your feedback form to Bureau of Health Promotion, Missouri Department of Health and Senior Services, 573-522-2856 (fax number).



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