

# *EatRight*®

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*Home-Based Weight Management Program  
for Individuals with Spinal Cord Impairments*





This workbook is based on the EatRight Weight Management Program developed by the University of Alabama at Birmingham Department of Nutrition Sciences and adapted for individuals with spinal cord impairments with permission by the University of Alabama at Birmingham Department of Physical Medicine and Rehabilitation.

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**NOTICE:** This weight management program is designed for individuals with spinal cord impairments, which includes persons with spinal cord injury, dysfunction and disease. EatRight is a 12 week program. This workbook and video guide you through the weekly lessons. For best possible results, all participants should only review 1 video section and workbook section per week – beginning with section 1 – and only proceed at the rate of 1 section per week.

The information contained in this workbook is not intended nor implied to be a substitute for professional medical advice. Always ask your physician or other qualified health professional about any matter concerning your individual health. Always seek the advice of your physician prior to starting or changing any medical treatment. Nothing contained in this workbook is intended for medical diagnoses or treatment purposes.

# *StartRight*

## Section

# 1

Effective weight management is the foundation for improved health, but a healthy lifestyle is more than weight control. A healthy lifestyle takes a desire to improve your body and mind through a change in food choices, eating habits, physical activity, behaviors and attitude.

## Improving Health!

As a person with spinal cord injury impairment (SCI), you can benefit in many ways from a healthy weight management program. You can lower your risk for premature death and the development of some forms of cancer, heart disease, high blood pressure, diabetes, respiratory illness, pressure sores, urinary tract infection and urinary stones. You can help decrease feelings of anxiety, loneliness and stress while improving muscle strength, endurance, self image, and your ability to fall asleep and to sleep well. Plus, you can help better manage your muscle spasms, chronic pain and bowel program. All of these benefits can help you live a longer, healthier life and improve your ability to accomplish every day tasks.

However, you have to be careful to follow a weight management program that is best for you. Your body's metabolism is probably slower than most people. The food energy you need will therefore be less, which means you probably need fewer calories. Calories that are not burned are stored in the form of fat. This fact is one reason many people with spinal cord impairment have more fat in the torso or abdominal areas.

Most programs are not designed for people with spinal cord impairment. Your nutritional needs and ability to exercise are not necessarily the same as people in the general population. If you do not get the proper nutrition, you are putting yourself at higher risk for skin problems, urinary tract infections, and irregularities in your bowel management. If you do not exercise properly, you can add unwanted stress or strain to your muscles and joints, which can cause chronic pain.

## What is EatRight?

EatRight is one of the longest running and most successful weight-control programs in the country. It was developed in 1976 by a team of physicians, dietitians and psychologists at the University of Alabama at Birmingham. EatRight is safe, nutritionally sound, and proven to work while meeting all of the guidelines for professional weight control programs established by the National Institutes of Health Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults.

EatRight nutrition and health experts continually monitor the goals and content of this program, so you can achieve a healthier lifestyle by incorporating nutrition, exercise, and management

skills into your everyday life. This program will teach you to manage your environment by setting up reasonable, achievable and hopefully, permanent lifestyle choices.


In 2003, the University of Alabama at Birmingham completed a four year study of a modified version of the EatRight program for people with spinal cord impairment who were overweight or obese. This new program incorporates the proven concepts of the original EatRight program with the unique diet, lifestyle and exercise demands of individuals with spinal cord impairment. The result is a safe and effective weight management program that offers the benefits you need to help you reduce medical risks and improve your quality of life.




## A 12 Week Program!

This is the *EatRight Home-Based Weight Management Program for Individuals with Spinal Cord Impairments*, which includes persons with spinal cord injury, dysfunction and disease. This comprehensive video and workbook series is designed to give you the tools to achieve a healthy lifestyle that you can maintain throughout life.

EatRight is a 12 week program. Each week you will learn a different topic. The workbook and video guide you through the weekly lessons. For best possible results, all participants should only review 1 video and workbook section per week – beginning with section 1 – and only proceed at the rate of 1 section per week. During the 12 weeks you are encouraged to review previous lessons often, but do not skip ahead in your workbook. Take one week at a time and review each section in succession.



“” is the symbol used to let you know to take action. For Example, each week you are to:

-  Watch the weekly video section;
-  Review the workbook section that matches the weekly video section; and
-  Complete the Action Plan for that week.

As you learn different weight management skills from week to week, you can incorporate that knowledge into your daily life. After the conclusion of the 12 week program, you will be ready to continue following the EatRight program as a part of your new lifestyle and continue your goals for weight management.

This workbook is your source for additional weight control information. You will find helpful hints to improve your results.

## Are You Ready to Lose Weight?

To be successful in any weight management program you need to approach it with a willingness to change your lifestyle. The American Dietetic Association has developed a Weight Loss

Readiness Test. This test will help you recognize reasons for wanting to lose weight and what it takes to be successful. Remember - successful *weight management to improve overall health for adults requires a lifelong commitment to healthful lifestyle behaviors emphasizing sustainable and enjoyable eating practices and daily physical activity.*\*

(\*Position Statement of the American Dietetic Association, Weight Management. J Am Diet Assoc. 2002; 102:1145-1155)



**Take the Weight Loss Readiness Test** found at the end of this section. After answering the questions, score your test. If your score is 4 or below, now may not be a good time for you to participate in a weight loss program. A score of 8 or higher indicates you probably need to lose weight now and are ready to make the commitment. Read through the Interpretation of Quiz Answers. These “pointers” help you get a realistic sense of what it takes to make a weight management program work for you. They will give you an understanding of the types of goals you will be working towards in the EatRight Weight Management Program.

## Talk to your Doctor!



**Talk to your doctor** before you participate in the EatRight program. This is essential for anyone changing or modifying their diet or exercise regimens. Although this program is designed for people with spinal cord impairment, you may have individual health concerns and your doctor is the person who can let you know any particular issues that you may have related to diet and exercise. In addition you may have other medical concerns, such as diabetes, that need strict monitoring when making changes in your diet. Your doctor can make suggestions on managing your unique concerns.



Later in the EatRight program you will be looking at numbers, such as weight, blood pressure, cholesterol and body composition. On your next visit to the doctor, and depending on what tests your doctor orders, ask for and write down your weight, blood pressure and cholesterol levels. Or you may ask your doctor for these test results from your last annual physical exam.



**Complete the Personal Progress Sheet.** This sheet is the starting point for tracking your health changes. Fill in the numbers that you know as you begin the program. These numbers will serve as a baseline for you to check your progress during the program and provide important feedback on your progress. Knowing your beginning numbers also can help you set realistic goals. You will be asked to check these measurements again at Week 6 and Week 12, so make sure you keep your information to review later. Remember, even small improvements can often have a big impact on your overall health and daily quality of life.

It is very important that you find out how much you weigh. If your doctor’s office does not have an accessible scale you can ask if they can suggest a clinic or hospital that would have one that you can use. Once you know your weight, write it down. Your waist size is also a good way to

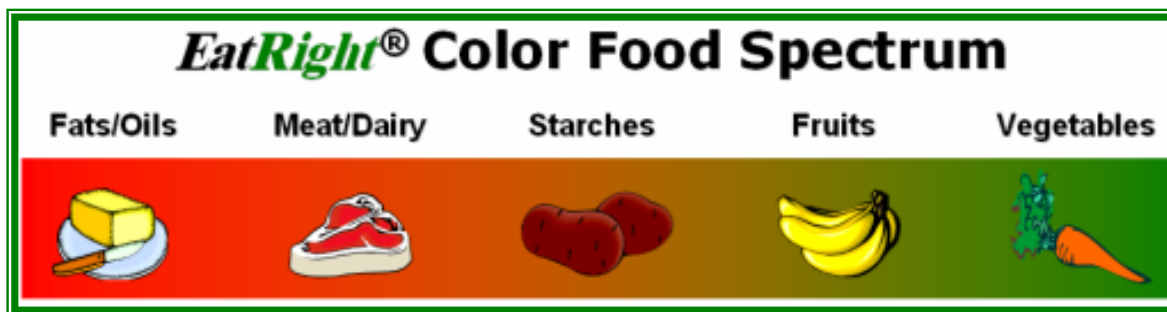
measure your progress. To take your waist measurement, wrap a tape measure around your waist or use a string and then measure the length of string needed to go around your waist.

You will learn more about your health in the coming weeks. In the meantime, ask your doctor to give you your blood pressure and cholesterol levels, and ask your doctor to determine your Body Mass Index. If you are extremely obese, your doctor may want to do a complete body composition test. Again, you will learn more about this information later.

You should contact your doctor immediately for advice on treatment anytime you experience health problems while participating in a diet and exercise program.

## Getting Started!

The name “*EatRight*” comes from the basic principle that you will follow as you use the program. You eat more food from the “right” of the **Color Food Spectrum** and less from the “left” side.



The *EatRight* **Food Spectrum** classifies foods into five food groups. Fats/Oils are on the left side of the Food Spectrum. As you move to the right the groups are Meat/Dairy, then Starches, Fruits and finally Vegetables. The foods on the far left side of the food spectrum are high in calories, low in fiber and take less time to eat. The foods on the far right side are low in calories, high in fiber and take longer to eat.

*EatRight* emphasizes eating more from the right side of the **Food Spectrum**. Instead of counting calories and grams of this or that, you will use the **Food Spectrum** to help make your food selections each day.

During Week 1 we want you to begin paying attention to your eating habits. The *EatRight* program uses a Daily Food Journal where you record information about what you eat and your daily routine.



**Keep a Daily Food Journal** and record information about what you eat and your daily routine. To make this easier for you, you will find daily food journal forms at the end of this section. At the end of each day, write down:

- what you had to eat;
- what food group;



- the amount or portion size of what you ate;
- your mood while eating; and
- the time of day you ate.

Be as descriptive as possible. Was the food grilled or fried? Did you add sauce, butter, sugar or ketchup? What was your mood when you ate? Were you happy, sad, angry, or afraid? Did you eat alone or with others? Where did you eat? At home, in the car, at work, at a ballgame?

You will learn more about the Daily Food Journal next week. For now, you can simply focus on recording what you eat. You might also try to **eat at least one extra fruit and one extra serving of whole grains and vegetables each day**. For example, you might eat an apple instead of potato chips as a snack, and you might eat a salad before a meal instead of dessert afterwards. If you have problems, you can review the [Sample Daily Food Journal](#) found at the end of this Section.

## Web Links

At the end of each weekly Section, you will find a list of related web sites for information discussed in this week's lesson. If a web address changes or you cannot find a listed web site, open your web browser to your favorite search engine to locate the current web address.

☆ [www.uab.edu/eatright](http://www.uab.edu/eatright) (EatRight Weight Management Program of the University of Alabama at Birmingham Department of Nutrition Sciences)

☆ [www.eatright.org](http://www.eatright.org) (American Dietetic Association)

☆ [www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm) (The Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults)

# Action Plan

## StartRight

### Section 1



**Complete the weekly “Action Plan.”** This is a list of your assignments for the week based on what you learn in the Workbook and on the Video. It is your check list to stay on track with the Program. Check off your accomplishments as you complete them!

- Complete the Weight Loss Readiness Quiz. Read the pointers on being ready to begin a weight management program.
- Talk to your Doctor and get permission to begin the EatRight program.
- Write down your beginning numbers on your Personal Progress Sheet in the front of this section.
- Eat more foods from the right side of the Food Spectrum.
- Complete a Daily Food Journal page for each day of the week.
- Review information in StartRight.

# Weight Loss Readiness

Your attitude about weight loss affects your ability to succeed. Take this Readiness Quiz to learn if you need to make any attitude adjustments before you begin!



Mark an X after each item - either True or False.

Be honest! It is important that these answers reflect the way you really are, not how you would like to be.

	True	False	Points
1. I have thought a lot about my eating habits and physical activities to pinpoint what I need to change.			
2. I have accepted the idea that I need to make permanent, not temporary, changes in my eating and activities to be successful.			
3. I will only feel successful if I lose a lot of weight.			
4. I accept the idea that it is best if I lose weight slowly.			
5. I am thinking of losing weight now because I really want to, not because someone else thinks I should.			
6. I think losing weight will solve other problems in my life.			
7. I am willing and able to increase my regular physical activity.			
8. I can lose weight successfully if I have no "slip-ups."			
9. I am ready to commit some time and effort each week to organizing and planning my food and activity programs.			
10. Once I lose some initial weight, I usually lose the motivation to keep going until I reach my goal.			
11. I want to start a weight loss program, even though my life is unusually stressful right now.			
<b>Totals</b>			

To score the quiz, look at your answers next to items 1, 2, 4, 5, 7, and 9. Score "1" if you answered "true" and "0" if you answered "false."

For items 3, 6, 8, 10, and 11, score "0" for each true answer and "1" for each false answer. To get your total score add the scores of all questions. (No one score indicates for sure whether you are ready or not to start losing weight.)

## **Weight Loss Readiness Quiz – Scoring Results**

Remember, the higher your total score, the more characteristics you have that contribute to success. As a rough guide, consider the following recommendations:

- If you scored 8 or higher, you probably have good reasons for wanting to lose weight now and a good understanding of the steps needed to succeed. Still, you might want to learn more about the areas where you scored a "0" (see interpretation of quiz items).
- If you scored 5 to 7, you may need to reevaluate your reasons for losing weight and the methods you would use to do so. To get a start, read the advice given for those quiz items where you received a score of "0" in the interpretation of quiz items.

### **Interpretation of Quiz Answers**

Your answers to the quiz can clue you in to potential stumbling blocks to your weight loss success. Any item score of "0" indicates a misconception about weight loss, or a potential problem area. While no individual item score of "0" is important enough to scuttle your weight loss plans, we suggest that you consider the meaning of those items so you can best prepare yourself for the challenges ahead.

1. It has been said that you cannot change what you do not understand. You might benefit from keeping records for a week to help pinpoint when, what, why, and how much you eat. This tool also is useful in identifying obstacles to regular physical activity.
2. Making drastic changes or highly restrictive changes in your eating habits may allow you to lose weight in the short run, but be too hard to live with permanently. Similarly, your program of regular physical activity should be one you can sustain. Both your food plan and activity program should be healthful and enjoyable.
3. Most people have fantasies of reaching a weight considerably lower than they can realistically maintain. Rethink your meaning of "success." A successful, realistic weight loss is one that can be comfortably maintained through sensible eating and regular activity. Take your body type into consideration. Then, set smaller, achievable goals. Your first goal may be to lose a small amount of weight while you learn eating habits and activity patterns to help you maintain it.
4. If you equate success with fast weight loss, you will have problems maintaining your weight. This "quick fix" attitude can backfire when you face the challenges of weight maintenance. It is best, and healthiest, to lose weight slowly, while learning the strategies that allow you to keep the weight off permanently.
5. The desire for commitment to weight loss must come from you. People who lose and maintain weight successfully take responsibility for their own desires and decide the best way to achieve them. Once this step is taken, friends and family are an important source of support and motivation.

- 6.** While being overweight may contribute to a number of social problems, it is rarely the single cause. Anticipating that all your problems will be solved through weight loss is unrealistic and may set you up for disappointment. Instead, realize that successful weight loss will make you feel more self-confident and empowered, and that the skills you develop to deal with your weight can be applied to other areas of your life.
  
- 7.** Studies have shown that people who develop the habit of regular, moderate physical activity are most successful at maintaining their weight. Exercise does not have to be strenuous to be effective for weight control. Any moderate, physical activity that you enjoy and will do regularly counts. Just get moving!
  
- 8.** While most people do not expect perfection of themselves in everyday life, many feel they must stick to a weight loss program perfectly. This is unrealistic. Rather than expecting it and viewing lapses as catastrophes, recognize them as valuable opportunities to identify problem triggers and develop strategies for the future.
  
- 9.** Successful weight loss is not possible without taking the time to think about yourself, assess your problem areas, and develop strategies to deal with them. Success takes time! You must commit to planning and organizing your weight loss.
  
- 10.** Do not ignore your concerns about "going the distance" because they may indicate a potential problem. Think about past efforts and why they failed. Pinpoint any reasons, and work on developing motivational strategies to get you over these hurdles. Take your effort one day at a time: a plateau of weight maintenance within an ongoing weight loss program is perfectly OK.
  
- 11.** Weight loss itself is a source of stress, so if you are already under stress, it may be difficult to successfully implement a weight loss program at this time. Try to resolve other stress sources in your life before you begin a weight loss effort.

Source: Weight Loss Readiness Quiz is reprinted with permission from the National Center for Nutrition and Dietetics of the American Dietetic Association.

# Personal Progress Sheet



Complete as much of the information that you know during each of the weeks listed below.

Be sure to at least record your weight and waist measurement for Week 1.

DATE	WEEK 1	WEEK 6	WEEK 12	GOALS: Changes to Make (increase or decrease)
Weight				
Waist Measurement				
Body Mass Index (BMI)				
Blood Pressure				
Total Cholesterol				
LDL Cholesterol				
HDL Cholesterol				
Triglycerides				
% Body Fat				

## Sample Daily Food Journal

This is a sample of how to complete your EatRight Daily Food Journal. The serving size amount and the checked food groups are not accurate to EatRight standards but only a sample of how a person might complete the form

### Day 1 Monday

TIME	FOODS YOU ATE	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>								
7am	Cereal	1 Cup			x			
	Milk	½ Cup		x				
	Orange Juice	1 Glass				x		
	Cream & Sugar	1 tsp	x					
	Coffee	1 Cup						
<b>SNACKS</b>								
10am	Cookies	2	xx					
<b>LUNCH</b>								
noon	Ham Sandwich	1		x	xx			
	Apple	1				x		
	Granola bar	1 bar			x			
	Mayo	1 tsp	x					
<b>SNACKS</b>								
3pm	Pretzels	handful			x			
<b>DINNER</b>								
6pm	Fried chicken strips	6		xx				
	Baked potato	1			x			
	Corn	1 cup					x	
	Green beans	½ cup					x	
	Bread w butter	2 slices	x		xx			
	Sour cream	1 tsp	x					
Check 1 box for every 8 oz. of water you drink per day. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>My Totals</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>2</b>	<b>2</b>	
<b>Daily Physical Activities:</b>								

# Daily Food Journal

Fill in what you eat during the day. Include time you ate, the food and approximate amount; and which of the 5 Food Groups you think it belongs. Also note your mood when you ate. At end of day count the number of foods in each food group and record in Total boxes.

**Day 1** \_\_\_\_\_

TIME	FOODS YOU ATE	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>								
<b>SNACKS</b>								
<b>LUNCH</b>								
<b>SNACKS</b>								
<b>DINNER</b>								
Check 1 box for every 8 oz. of water you drink per day. □□□□□□□□□□	<b>My Totals</b>							
<b>Daily Physical Activities:</b>								

Daily Tip:  
Discuss with your doctor any medications you take and if they might interfere with your weight management program.



# Daily Food Journal

Fill in what you eat during the day. Include time you ate, the food and approximate amount; and which of the 5 Food Groups you think it belongs. Also note your mood when you ate. At end of day count the number of foods in each food group and record in Total boxes.

**Day 2** \_\_\_\_\_

TIME	FOODS YOU ATE	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>								
<b>SNACKS</b>								
<b>LUNCH</b>								
<b>SNACKS</b>								
<b>DINNER</b>								
Check 1 box for every 8 oz. of water you drink per day. □□□□□□□□□□		<b>My Totals</b>						
<b>Daily Physical Activities:</b>								

Daily Tip:

Increase your fluid intake (if needed) to at least 8 (8 oz) glasses of water a day.

## Daily Food Journal

Fill in what you eat during the day. Include time you ate, the food and approximate amount; and which of the 5 Food Groups you think it belongs. Also note your mood when you ate. At end of day count the number of foods in each food group and record in Total boxes.

**Day 3** \_\_\_\_\_

TIME	FOODS YOU ATE	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>								
<b>SNACKS</b>								
<b>LUNCH</b>								
<b>SNACKS</b>								
<b>DINNER</b>								
Check 1 box for every 8 oz. of water you drink per day. □□□□□□□□□□	<b>My Totals</b>							
<b>Daily Physical Activities:</b>								

Daily Tip:  
The commitment to weight loss must come from you, however family and friends can be a source of support.

# Daily Food Journal

Fill in what you eat during the day. Include time you ate, the food and approximate amount; and which of the 5 Food Groups you think it belongs. Also note your mood when you ate. At end of day count the number of foods in each food group and record in Total boxes.

**Day 4** \_\_\_\_\_

TIME	FOODS YOU ATE	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>								
<b>SNACKS</b>								
<b>LUNCH</b>								
<b>SNACKS</b>								
<b>DINNER</b>								
Check 1 box for every 8 oz. of water you drink per day. □□□□□□□□□□		<b>My Totals</b>						
<b>Daily Physical Activities:</b>								

Daily Tip:  
Add an extra fruit or vegetable to your meals today.

# Daily Food Journal

Fill in what you eat during the day. Include time you ate, the food and approximate amount; and which of the 5 Food Groups you think it belongs. Also note your mood when you ate. At end of day count the number of foods in each food group and record in Total boxes.

**Day 5** \_\_\_\_\_

TIME	FOODS YOU ATE	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>								
<b>SNACKS</b>								
<b>LUNCH</b>								
<b>SNACKS</b>								
<b>DINNER</b>								
Check 1 box for every 8 oz. of water you drink per day. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>My Totals</b>							
<b>Daily Physical Activities:</b>								

Daily Tip:  
 Make improved health and feeling better a priority in your weight management program.

## Daily Food Journal

Fill in what you eat during the day. Include time you ate, the food and approximate amount; and which of the 5 Food Groups you think it belongs. Also note your mood when you ate. At end of day count the number of foods in each food group and record in Total boxes.

**Day 6** \_\_\_\_\_

TIME	FOODS YOU ATE	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>								
<b>SNACKS</b>								
<b>LUNCH</b>								
<b>SNACKS</b>								
<b>DINNER</b>								
Check 1 box for every 8 oz. of water you drink per day. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>My Totals</b>							
<b>Daily Physical Activities:</b>								

Daily Tip:  
 If eating breakfast is not a routine for you, make an effort to begin your day with breakfast.

## Daily Food Journal

Fill in what you eat during the day. Include time you ate, the food and approximate amount; and which of the 5 Food Groups you think it belongs. Also note your mood when you ate. At end of day count the number of foods in each food group and record in Total boxes.

**Day 7** \_\_\_\_\_

TIME	FOODS YOU ATE	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>								
<b>SNACKS</b>								
<b>LUNCH</b>								
<b>SNACKS</b>								
<b>DINNER</b>								
Check 1 box for every 8 oz. of water you drink per day. □□□□□□□□□□	<b>My Totals</b>							
<b>Daily Physical Activities:</b>								

Daily Tip:  
A weight management program is about making small, gradual changes in your daily food selections and activities.