

ChooseRight

Section 2

StartRight Section 1 Review Quiz:

CLUE: Fill in the blanks below using vegetables, nutrition, changes, or fruits
- Answers are on page 32 -

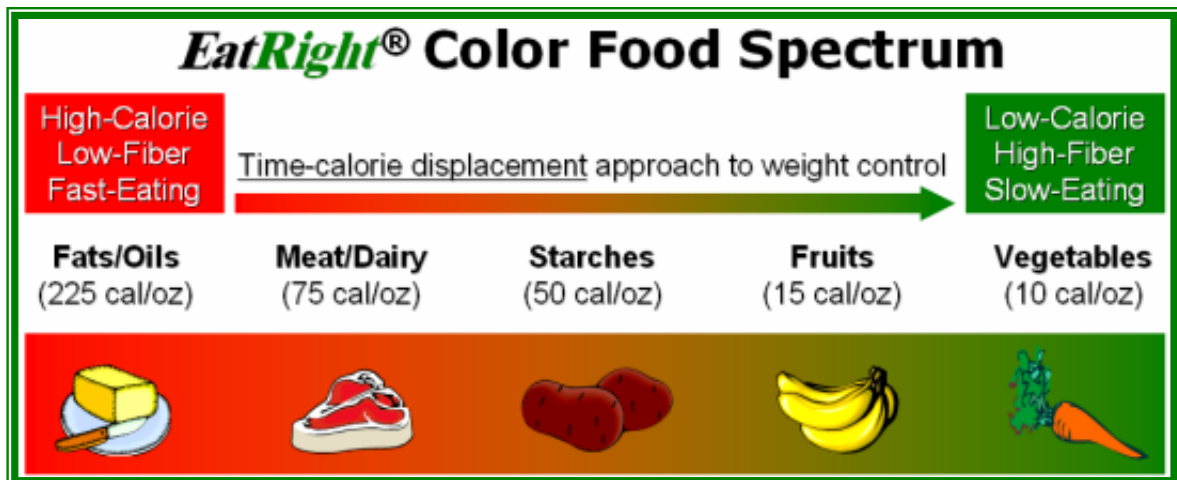
- EatRight is a healthy weight management program which is important because as an individual with spinal cord impairments you need good _____ to help reduce medical risks and improve your quality of life.
- You decided you are ready to begin to EatRight – which means you are willing to make some _____ in your lifestyle.
- You will use the Food Spectrum to help choose foods from 5 food groups: Fats, Starches, Meat/Dairy and most important _____ and _____.

Goals for Week 2:

- Understand the basic principles of the EatRight Weight Management Program.
- Begin learning what foods are included in the 5 groups on the EatRight Food Spectrum.
- Select a weight management program.
- Begin learning the differences between preferred foods and occasional foods.
- Understand portion sizes.
- Learn how to record activities in the EatRight Daily Food Journal.

Learning the Basics!

Last week you were introduced to the EatRight Food Spectrum. The basic focus of EatRight is to choose to eat more of the foods on the right side of the Food Spectrum and limit your foods on the left side.



The Food Spectrum is an effective weight loss tool because it emphasizes the 2 basic principles of EatRight.

- 1 **Caloric Density** is the ranking foods by calories per weight. The Food Spectrum shows that the vegetable group has the fewest calories per ounce (10 cal/oz). The fat/oil group has highest number of calories per ounce (225 cal/oz). Because people tend to eat about the same weight of food each day, it is healthier to eat more foods from the right side of the Food Spectrum because they have the fewest calories per weight.

Example:

There are about 100 calories in 2 apples and about 100 calories in a tablespoon of mayonnaise. If you weigh the foods using a scale, the apples clearly weigh more than the mayonnaise.

- 2 **Time-calorie Displacement** happens when you eat foods that take a longer time to eat and have the fewest number of calories. You can eat more foods from the right side of the Food Spectrum because they have more bulk, fewer calories and take longer to eat than foods from the left side of the Food Spectrum. Plus, foods from the right side of the Food Spectrum are higher in fiber when compared to foods from the left side of the Food Spectrum.

Example:

The video compares a tablespoon of mayonnaise with a cooked 3 ounce chicken breast. The mayonnaise is in the Fats/Oils group on the Food Spectrum, the chicken is in the Meat and Dairy group. Both have about 100 calories, but the chicken has a little more bulk and takes longer to eat than the mayonnaise. Now compare the mayonnaise, chicken and a potato, which in the Starch group. Each has about 100 calories, but it takes a little longer to eat the potato than the chicken. Two apples have about 100 calories, but the fruit will take even longer to eat than the potato. Five cups of salad contain roughly 100 calories, but the vegetables take the longest to eat of any of the foods.



As you can see, it is easier to fill up on foods from the green side of the Food Spectrum without overloading on the calories. Although you may still need one pound of food with each meal to make you feel full, fruits and vegetables give you greater nutritional value for your overall good health - while having fewer calories - to help you lose weight.

As a person with spinal cord impairment, you need a balance of nutrients from foods along the entire Food Spectrum to maintain your overall health. For example, protein is important for skin care; fiber is important to bowel management. Too much or too little protein, fiber and other vital

nutrients can contribute to problems. One key to actually losing weight is watching what and how much you eat, which is the strength of time-calorie displacement principal.

Your Weight Management Program!



Choose and follow a **Weight Management Program**. Eat**Right** recommends Program A for most women with spinal cord impairment who want to lose weight. Men with smaller body frames may also lose weight following Program A. However, most men with spinal cord impairment should begin by following Program B to lose weight. Men and women who are physically active should also start with Program B regardless of body size. If you are not sure as to which program is right for you, you can ask your doctor.

You have 2 choices:

- 1 **Program A** limits calorie intake to about 1500 per day; or
- 2 **Program B** limits calorie intake to about 1800 per day.

Weight Management Programs Guides >

The table outlines the daily number of suggested calories and servings for each of the 5 food groups. Total servings for the day in each group include all meals and snacks. Snacks can be chosen from any of the food groups.

| Food Groups | Program A 1500 calories/day | Program B 1800 calories/day |
|-------------|--------------------------------|--------------------------------|
| Fats/Oils | 4 | 5 |
| Meat/Dairy | 4 | 5 |
| Starch | 6 | 8 |
| Fruit | 4 | 5 |
| Vegetable | 5 | 6 |

Program A Example: possible distribution of servings for meals and snacks for 1 day.

| | Breakfast | Lunch | Dinner | Snack | Totals |
|------------|-----------|-------|--------|-------|--------|
| Fats/Oils | 2 | 1 | 1 | | 4 |
| Meat/Dairy | 1 | 1 | 2 | | 4 |
| Starch | 2 | 2 | 1 | 1 | 6 |
| Fruit | 2 | 2 | 0 | | 4 |
| Vegetable | 0 | 1 | 2 | 2 | 5 |

Program B Example: possible distribution of servings for meals and snacks for 1 day.

| | Breakfast | Lunch | Dinner | Snack | Totals |
|------------|-----------|-------|--------|-------|--------|
| Fats/Oils | 2 | 2 | 1 | | 5 |
| Meat/Dairy | 2 | 1 | 2 | | 5 |
| Starch | 2 | 2 | 2 | 2 | 8 |
| Fruit | 0 | 1 | 1 | 3 | 5 |
| Vegetable | 1 | 2 | 2 | 1 | 6 |

3 Keys to Success

Once you have chosen Weight Management Program A or B, you have to make food choices from the 5 food groups listed on the Food Spectrum. Before you make your choices, you need to know the 3 keys to success.

1 Serving Sizes

No matter which Weight Management Program you follow, you will need to pay close attention to proper portion sizes for all foods. If you have a food scale or measuring cups and spoons, it is recommended to use them to measure portion sizes. Later on in Section 2 you will be provided a listing of foods for each of the 5 food groups on the Food Spectrum.

The lists also include the proper serving sizes for the foods. Once you can easily judge proper portion sizes, you may not need to use measuring tools.

Definitions

| | | |
|-------------|---|-------|
| Teaspoon | = | tsp |
| Tablespoon | = | Tbsp |
| Fluid Ounce | = | Fl oz |
| Ounce | = | oz |
| Cup | = | C |
| Pint | = | pt |
| Quart | = | qt |
| Gallon | = | gal |
| Pound | = | lb |
| Peck | = | pk |
| Slice | = | sl |

Helpful hints for maintaining approximate portion sizes:

- ✓ 3 ounces of cooked meat, fish or poultry is about the size of a deck of cards or the palm of your hand.
- ✓ A medium peach or orange is about the size of a tennis ball.
- ✓ A ½ cup serving of just about anything is the size of a tennis ball.
- ✓ A 1 cup serving is the size of your fist.
- ✓ An ounce of cheese is the size of your thumb.
- ✓ A teaspoon of mayonnaise or margarine is about the size of a quarter or the tip of your thumb.

Measurement Conversions

| | |
|--|---|
| 3 tsp = 1 Tbsp | 2 pts = 32 oz = 1 qt* |
| 1/8 C = 1 oz = 2 Tbsp | 4 qts = 128 oz = 1 gal* |
| ¼ C = 2 oz = 4 Tbsp | 8 qts = 1 peck ** |
| ½ C = 4 oz = 8 Tbsp | 16 oz = 1 lb ** |
| 1 C = 8 oz = 16 Tbsp | Pinch = 1/8 tsp |
| 2 C = 16 oz = 1 pint* | 1 lemon = 3 Tbsp juice |
| 1 oz cheese = ¼ C shredded | * liquid measure |
| A coffee measure is 2 Tablespoons or 4 ounces. This can be useful when measuring salad dressing, mayonnaise, peanut butter, nuts etc. | ** dry/solid measure all other equivalents are for both liquid & solid |

2 Number of Servings

National surveys show that fewer than 15% of Americans eat the recommended daily servings of fruits and vegetables needed for good health. Many health and nutrition experts believe adults should eat 8 to 10 servings of fruit and vegetables each day. The National Cancer Institute, the Department of Health and Human Services, American Dietetic Association and the Center for Disease Control all support “5 to 9 a Day” plans for eating fruits and vegetables.

Eat**Right** does not limit the number of servings of vegetables and fruits you can eat*. The more vegetables and fruits you eat, the fewer high-calorie foods you will want and eat. In addition you will get more water, fiber, vitamins, minerals, antioxidants, and phytochemicals, which are all beneficial for good health.

- Fruits and Vegetables have a minimum number of servings to eat each day. If you follow Program A, you should eat at least 4 servings of fruit and 5 servings of vegetables each day. If you follow Program B, you should eat at least 5 servings of fruit and 6 servings of vegetables each day. You may eat additional servings if you wish*.
- Meat/Dairy and Starch groups have a specific number of servings per day to eat. Eat **exactly** this number. If you follow Program A, you should eat 4 servings of Meat/Dairy and 6 servings of Starches each day. If you follow Program B, you should eat 5 servings of Meat/Dairy and 8 servings of Starches each day.
- The Fat group has a maximum number of servings per day. If you follow Program A, you should eat no more than 4 servings of Fats/Oils each day. If you follow Program B, you should eat no more than 5 servings of Fats/Oils each day.

**If you have diabetes you should be advised by your doctor on all of your eating habits.*

3 Preferred vs Occasional Foods

Later on in Section 2 you will be provided with listings of **Preferred** and **Occasional** foods for each of the 5 food groups on the Food Spectrum.

- **Preferred** foods generally offer the best nutritional value within each food group.
- **Occasional** foods allow for added choices within a food group, but these foods should be limited to 1 serving in each food group per day because **Occasional** foods tend to be refined or processed, which results in fewer of the original nutrients. **Occasional** foods also tend to be higher in calories, sugars, and/or sodium than preferred foods.

Example: Fruit juices are part of the Fruit Group, but *whole fruit is preferred over fruit juice* because the whole fruit is higher in fiber and other nutrients. The whole fruit also has fewer calories per ounce (caloric density) and takes longer to eat (time-calorie displacement) than fruit juice.



5 Food Groups

| Vegetables | Program A | Program B |
|--|-----------|-----------|
| Minimum Servings | 5 | 6 |
| 1 Serving = 10 - 25 calories, about 5 grams of carbohydrates and 2 grams of protein (see Nutrition Facts Labels for fiber content) | | |

-The **Preferred** list includes fresh, frozen and no-salt-added canned vegetables.

-The **Occasional** list includes regular canned vegetables, vegetable juices and pickled vegetables because they are high in sodium (salt).

Preferred Serving Size

| | |
|--|------------------------------|
| Artichoke | 1 medium |
| Asparagus | ½ cup |
| Bamboo shoots..... | ½ cup |
| Beans, green, wax, Italian..... | ½ cup |
| Bean sprouts..... | 1 cup |
| Beets | ½ cup or 1 medium |
| Broccoli..... | 1 cup raw or ½ cup cooked |
| Brussels sprouts | ½ cup |
| Cabbage | 1 cup raw or ½ cup cooked |
| Carrots..... | 1 cup raw or ½ cup cooked |
| Cauliflower | 1 cup raw or ½ cup cooked |
| Celery..... | 1 cup raw or 6 5-inch sticks |
| Cucumber..... | 1 |
| Eggplant..... | ½ cup |
| Garlic | as desired |
| Greens, collards, kale, turnip, mustard..... | ½ cup |
| Kohlrabi..... | ½ cup |
| Leeks..... | ½ cup |
| Lettuce | ¼ head |
| Mushrooms | 1 cup |
| Okra | 6 pods or ½ cup |
| Onions..... | ½ cup |
| Parsley..... | as desired |
| Pea pods..... | ½ cup |
| Peppers (all varieties) | 1 |
| Radishes..... | 10 |
| Rutabagas..... | ½ cup cooked |
| Salad greens, lettuce, romaine, spinach | 1 cup |

| | |
|----------------------|---------------------------|
| Scallions..... | ½ cup |
| Spinach | 1 cup raw or ½ cup cooked |
| Squash, summer..... | ¾ cup cooked |
| Tomatoes..... | 1 small |
| Turnips..... | ½ cup cooked |
| Water chestnuts..... | ½ cup |
| Watercress..... | as desired |
| Zucchini | ¾ cup cooked |

Occasional Serving Size

(Limit to one serving per day)

| | |
|------------------------------|---------|
| Canned vegetables | ½ cup |
| Pickle, dill..... | 1 large |
| Sauerkraut..... | ½ cup |
| Spaghetti sauce, canned..... | ½ cup |
| Tomato juice | ½ cup |
| Tomato paste..... | 2 Tbsp |
| Vegetable juice | ½ cup |
| Vegetables, pickled..... | ½ cup |



| Fruits | Program A | Program B |
|--|-----------|-----------|
| Minimum Servings | 4 | 5 |
| 1 Serving = 15-60 calories and about 15 grams of carbohydrates | | |

- **Preferred** fruits are fresh and unsweetened frozen fruits.

- **Occasional** fruits are juices, canned and dried fruits.

| Preferred | Serving Size |
|------------------------------|--------------------------|
| Apple, unpeeled, small | 1 |
| Apricots, fresh..... | 4 |
| Banana, small..... | 1 |
| Blackberries | ¾ cup |
| Blueberries | ¾ cup |
| Cantaloupe, small | 1/3 melon, 1 C. cubes |
| Cherries, sweet, fresh..... | 12 |
| Figs, fresh | 2 medium |
| Grapefruit, large..... | ½ |
| Grapes | 15 |
| Honeydew melon | 1 slice or 1 cup cubes |
| Kiwifruit | 1 |
| Mango, small | ½ fruit |
| Nectarine, small | 1 |
| Orange, small..... | 1 |
| Papaya..... | ½ fruit or 1 cup cubes |
| Peach, medium, fresh..... | 1 |
| Pear, small, fresh..... | 1 |
| Pineapple, fresh..... | ¾ cup |
| Plums, small..... | 2 |
| Raspberries | 1 cup |
| Strawberries | 1 ¼ cup whole berries |
| Tangerines, small..... | 2 |
| Ugli fruit, large | ½ |
| Watermelon..... | 1 slice or 1 ¼ cup cubes |

| Occasional | Serving Size |
|---------------------------------------|--------------|
| <i>(Limit to one serving per day)</i> | |
| Applesauce, unsweetened | ½ cup |
| Apples, dried..... | 4 rings |
| Apricots, canned | ½ cup |
| Apricots, dried | 8 halves |
| Cherries, canned | ½ cup |
| Dates | 3 |
| Figs, dried | 2 |
| Fruit cocktail..... | ½ cup |
| Fruit juices | |
| apple juice, grapefruit, orange | ½ cup |
| grape, pineapple, prune..... | 1/3 cup |
| cranberry juice cocktail..... | 1/3 cup |
| reduced-calorie | 1 cup |
| fruit juice blends, 100% juice | 1/3 cup |
| Frozen fruit juice bar | 1 |
| Grapefruit sections, canned | ¾ cup |
| Mandarin oranges, canned | ¾ cup |
| Peaches, canned | ½ cup |
| Pears, canned | ½ cup |
| Pineapple, canned | ½ cup |
| Plums, canned | 2 |
| Prunes, dried | 3 |
| Raisins..... | 2 Tbsp |

NOTE: *If you have diabetes you should be advised by your doctor on all of your eating habits.*

| Starches | Program A | Program B |
|---|-----------|-----------|
| Exact Servings | 6 | 8 |
| 1 Serving = 80 - 100 calories, about 15 grams of carbohydrates, and about 3 grams of protein (fiber content varies greatly- see Nutrition Facts Labels for fiber content) | | |

- **Preferred** starches include some vegetables and whole grain breads, cereals, pasta, rice, and noodles.

- **Occasional** starches include beans, crackers and non wheat breads, cereals, and pasta.

Starches are your main source for carbohydrates, and most starches are low in fat. Whole grain foods such as beans, peas, and soy are rich with fiber and are a great source of other health-enhancing compounds as well:

- ✓ Antioxidants which protect against heart disease and cancer
- ✓ Resistant starch and inulins which may play a complementary role to fiber in the prevention of some bowel diseases, reduction of blood cholesterol levels, and control of blood glucose
- ✓ Phytoestrogens which may protect against some forms of cancer

The National Cancer Institute recommends between *20-35 grams of fiber* each day for good health. However, most people only eat about half that recommended amount.

| <u>Preferred</u> | <u>Serving Size</u> |
|--|----------------------------|
| Bagel, whole grain (2 oz)..... | 1/2 |
| Bread, whole grain, regular | 1 slice |
| Bread, whole grain, low cal | 2 slices |
| Cereal - | |
| dry, whole grain, unsweetened | 1/2 cup |
| <i>cooked</i> , whole grain, unsweetened | 1/2 cup |
| barley, buckwheat, bulgur, or couscous..... | 1/2 cup |
| cream of wheat, farina, oatmeal, soy grits, whole heart grits, millet | 1/2 cup |
| English muffin, whole grain | 1 |
| Pasta, whole grain..... | 1/2 cup |
| Pita, whole grain, 6-inches across..... | 1/2 |
| Popcorn, plain, popped, no fat | 3 C |
| Rice, brown, cooked | 1/2 cup |
| Rice cakes, whole grain | 2 |
| Vegetables | |
| dried peas & beans, cooked | 1/2 cup |
| corn, on cob | 1 medium ear |
| corn, kernels..... | 1/2 cup |
| mixed vegetables | 1 cup |
| peas, English..... | 1/2 cup |
| potato, with skin..... | 1 small |
| potato, sweet (yam), plain..... | 1/2 cup |
| pumpkin | 3/4 cup |
| squash- winter, butternut, acorn..... | 1 C |
| Wheat germ..... | 4 tablespoons |

| <u>Occasional</u> | <u>Serving Size</u> |
|---|----------------------------|
| <i>(Limit to one serving per day)</i> | |
| Baked beans | 1/3 cup |
| Biscuit, low-fat, 2 1/2 in across | 1 |
| Bread, white..... | 1 slice |
| Bread, sticks, crisp, 4-inches long | 2 |
| Bun, hot dog or hamburger..... | 1/2 |
| Cornbread, low-fat, 2-inch cube | 1 |
| Cereal, dry, unsweetened..... | 3/4 cup |
| Cereal, cooked, unsweetened..... | 1/2 cup |
| grits, white rice | 1/2 cup |
| Crackers/snacks | |
| animal | 8 |
| Graham | 3 squares |
| melba toast | 6 slices |
| oyster | 24 |
| pretzels..... | 3/4 oz |
| saltine | 4 |
| saltine, fat-free | 6 |
| chips-baked, low-fat, fat-free..... | 3/4 oz |
| CROUTONS, fat-free..... | 1 ounce (15 small) |
| Granola, low-fat..... | 1/4 cup |
| Muffin, small | 1/2 |
| Pancake, 4-inches across | 1 |
| Pasta, regular, cooked | 1/2 cup |
| Potatoes, mashed..... | 1/2 cup |
| Roll, plain, small..... | 1 |
| Taco shell..... | 1 |
| Tortilla, corn or flour | 1 small |
| Waffle, low-fat, 4-inch square..... | 1 |

| Meats/Dairies | Program A | Program B |
|---|-----------|-----------|
| Maximum Servings | 4 | 5 |
| 1 Serving = 75 - 120 calories, about 17 grams of protein, and 0 – 6 grams of fat. Dairy foods may also contain about 12 grams of carbohydrates. | | |

- **Preferred** meats/dairies include fish, skinless poultry, lean meats, and low-fat dairy and soy products.
- **Occasional** foods are veal, peanut butter, regular eggs, cheese and milk.

If you dislike fat-free milk, try switching from whole milk to 2%, then gradually down to 1% or fat-free. There are other options if you are a vegetarian or want to limit meats, but you still need a quality source for protein. You will need to substitute at least a cup of beans, peas or lentils for one serving of meat to help make up for the loss of protein. You might also consider low fat dairy products and eggs for added protein intake.

| <u>Preferred</u> | <u>Serving Size</u> |
|--|---------------------|
| Beans, lentils, peas, cooked | 1/3 cup |
| Beef, lean cuts (90% fat-free by weight or higher) | |
| flank, round, sirloin, tenderloin | 2 oz |
| ground round or sirloin | 2 oz |
| Cheese, low-fat or fat-free (less than 3 grams/serving) | 3 oz |
| reduced-fat | 2 oz |
| grated Parmesan | 4 Tbsp |
| fat-free or low-fat cottage | 3/4 cup |
| ricotta | 3/4 cup |
| fat-free cream cheese | 4 oz |
| soy cheese | 3 oz |
| Egg whites | 4 large |
| Egg substitute, plain | 1 cup |
| Fish, fresh or frozen, cooked | 3 oz |
| Fish, canned, salmon | 3 oz |
| sardines | 4 medium |
| tuna, in water | 3 oz |
| Shellfish, | |
| clams | 15 |
| crab, lobster, scallops, imitation shellfish | 3 oz |
| oysters | 12 medium |
| shrimp | 15 medium |
| Game (wild) | |
| buffalo, pheasant, ostrich, venison, rabbit | 3 oz |
| Pork, lean cuts, loin | 2 oz |
| (90% fat-free by weight or higher) | |

| | |
|---|---------|
| Poultry, skinned (90% fat-free by weight or higher) | |
| chicken or turkey | 3 oz |
| (white meat, no skin) | |
| Cornish hen (no skin) | 3 oz |
| chicken, turkey | 2 oz |
| (dark meat, no skin) | |
| domestic duck or goose, well-drained of fat, no skin | 2 oz |
| ground turkey breast | 3 oz |
| regular ground turkey | 2 oz |
| Milk, buttermilk, fat-free | 1 cup |
| fat-free or 1% | 1 cup |
| evaporated, canned, fat-free | 1/2 cup |
| lactose reduced, fat-free | 1 cup |
| yogurt, fat-free, plain | 1 cup |
| light, fruit or flavored | 1 cup |
| Soy milk | 1 cup |
| Tofu | 1/2 cup |
| Textured soy protein (TVP/TSP) | 1 cup |

| <u>Occasional</u> | <u>Serving Size</u> |
|---------------------------------------|---------------------|
| <i>(Limit to one serving per day)</i> | |
| Cheese, regular | 1 ounce |
| Egg, large | 1 |
| Lamb, roast, chop, leg | 2 oz |
| Peanut butter, natural | 2 Tbsp |
| (counts as 1 Meat/Dairy & 2 Fats) | |
| Processed meats | 3 oz |
| (97% fat-free by weight or higher) | |
| Hot dogs | 2 oz |
| (1 gram or less fat per ounce) | |
| Veal, chop, roast | 2 oz |

| Fats/Oils | Program A | Program B |
|--|-----------|-----------|
| Maximum Servings | 4 | 5 |
| 1 Serving = 45 - 50 calories and 5 grams of fat. | | |

- **Preferred** fats are monounsaturated and polyunsaturated (specifically omega-3) fats.
- **Occasional** fats are saturated and trans (“hydrogenated”) fats.

Your body needs fats/oils because they help your body absorb and transport vitamins (A, D, E, and K); fats/oils help build brain and nerve tissue; and they help in forming body cells. Fat also helps make food taste and smell good. However, you should be very careful to limit your intake of fats/oils because diets high in fats/oils contribute to many chronic health problems.

Although all fats/oils are high in calories, some types of fat are healthier than others. As you will learn more about in later weeks, monounsaturated and the omega-3 type of polyunsaturated fats are “heart-healthy.” On the other hand, saturated and trans fats are unhealthy.

- Trans-fat may not be listed on the *Nutrition Facts* label
- Trans-fat are present in products using the terms “hydrogenated,” “fully-hydrogenated,” “partially-hydrogenated” in the product’s Ingredients List.



| <u>Preferred Fats</u> | <u>Serving Size</u> |
|---|---------------------|
| Avocado | 1/8 medium |
| Mayonnaise, regular | 1 tsp |
| light | 1 Tbsp |
| Nuts, unsalted | 1 Tbsp |
| almonds | 6 nut |
| Brazil | 2 nuts |
| cashews | 6 nuts |
| peanuts | 10 nuts |
| pecans | 4 halves |
| walnuts | 4 halves |
| Oil, canola, olive, peanut, soybean | 1 tsp |
| Olives, ripe (black) | 8 large |
| Salad dressing, regular | 1 Tbsp |
| reduced-fat | 2 Tbsp |
| fat-free | 3 Tbsp |
| Peanut butter, natural | 2 tsp |
| Seeds, unsalted, pumpkin | 1 Tbsp |
| sesame, sunflower | 1 Tbsp |
| Tahini paste | 2 tsp |

| <u>Occasional Fats</u> | <u>Serving Size</u> |
|---------------------------------------|----------------------|
| <i>(Limit to one serving per day)</i> | |
| Alcohol | See Chart on page 29 |
| Bacon, cooked | 1 slice |

| | |
|-------------------------------------|-----------------|
| Bacon, grease | 1 tsp |
| Butter, stick | 1 tsp |
| whipped | 2 tsp |
| light | 1 Tbsp |
| Chitterlings, boiled | 2 Tbsp |
| Coconut, sweetened, shredded | 2 Tbsp |
| Cracklings | 1 tsp |
| Cream, half & half | 2 Tbsp |
| sour, regular | 2 Tbsp |
| sour, reduced-fat | 3 Tbsp |
| whipping | 1 Tbsp |
| nondairy | 1 Tbsp |
| Cream cheese, regular | 1 Tbsp (1/2 oz) |
| light | 2 Tbsp (1 oz) |
| Fatback or salt pork | Tbsp |
| Gravy | 2 Tbsp |
| Lard | 1 tsp |
| Margarine, | |
| regular stick, tub or squeeze | 1 tsp |
| light | 1 Tbsp |
| Oil, vegetable | 1 tsp |
| Olives, green, stuffed | 10 large |
| Sausage | 1 Tbsp |
| Shortening | 1 tsp |

Beverages

Your beverage choice can be as important to weight loss as your food choices. Soft drinks, alcoholic beverages, teas, and coffees may be considered “diet,” “light,” or “low calorie” drinks but still contain caffeine, sugars and/or fats. In fact, alcoholic beverages are considered **Occasional** fat servings as part of your Weight Management Program.

| Beverage | Serving Size | Calories | Count as |
|--------------------------|--------------|----------|-------------------|
| Water | 8 oz | 0 | - |
| Regular Soft Drink | 12 oz | 110-160 | 2 starch servings |
| Diet Soft Drink | 12 oz | 0-5 | - |
| Tea/Coffee (unsweetened) | 8 oz | 2-10 | - |
| Liquor | 1½ oz | 100 | 2 fat servings |
| Regular beer | 12 oz | 145 | 3 fat servings |
| Light beer | 12 oz | 100 | 2 fat servings |
| Table wine | 5 oz | 100 | 2 fat servings |
| Sweet wine | 2 oz | 90 | 2 fat servings |

As a person with spinal cord impairment, your preferred drink should be water unless you have to limit your fluid intake due to a medical condition such as congestive heart failure. It is recommended that you have at least 64 ounces per day. Water has no calories and will help you reduce your risk for developing urinary tract infections, bladder and kidney stone, and pressure sores. Drinks with alcohol, sugar, and caffeine have a slight dehydrating effect on the body, so they actually increase your risk for developing medical problems.

You may want to drink most of your liquids in the morning and afternoon to help minimize concerns with bladder management during the evening and at night. If you are physically active, you will need to drink more water or other sports drinks.

Special Occasion Foods

EatRight acknowledges that there are times when you want to treat yourself to snacks, sweets and other foods that do not necessarily fall into a particular food group. When the moment is right, it is alright to treat yourself as long as you set limits. You should **limit your treats to 2 treats per week**, and you should **limit each treat to no more than 200 calories**.

Helpful hints for eating Special Occasion foods:

- ✓ Usually, low-fat, low sugar and fat-free snacks have fewer calories per serving.
- ✓ Review the *Nutrition Facts* label carefully for the number of calories per serving size.
- ✓ If you do not have a *Nutrition Facts* label, you should eat a small serving size.

Some Special Occasion Foods

(Limit to two servings per week)

| | | | |
|-----------------------|---------|-----------------------------------|--------|
| Cake | 1/12 | Pie | 1/8 |
| Chips | 1 oz | Granola bar, low-fat, small | 1 |
| Cookies | 2 | Hot cocoa mix | 1 cup |
| Doughnut | 1 | Ice cream, fat-free | ½ cup |
| Fudgesicle | 1 | Popsicle | 1 |
| Gelatin dessert | 2/3 cup | Pudding, fat-free | ½ cup |
| Gingersnaps | 4 | Syrup, jam, jelly, honey | 2 Tbsp |
| | | Yogurt, frozen fat-free | ½ cup |
| | | Vanilla wafers | 4 |

Keeping a Journal

Babies naturally eat when they are hungry and stop eating when they are full. As babies grow into adults, however, they learn to ignore or distort their feelings of hunger and fullness. While your body will reliably tell you when it is hungry or full, it is your mind that distorts the information. If your mind does not listen to your body, you may continue eating after you feel full or not eat when you are hungry. When you follow your body's signals, it is easier to follow a healthy diet and lose weight.

A **Daily Food Journal** is a great tool for helping you develop healthier eating habits that are in tune with your physical needs. Too many times people fail to lose weight because they think their Weight Management Program is not working. However, most failures are a result of failing to properly follow the program. For example, people may overeat because they are not properly following the recommended portion sizes when preparing food. If you record your eating habits, it is easier to review your progress. You can then work to correct problems.



Keep a Daily Food Journal. You can find a Daily Food Journal for each week day on page 37. It is important to record in your Daily Food Journal each day. If you prefer, you can create your own Daily Food Journal on your computer.

Helpful hints for keeping a Food Journal:

- ✓ Write the time and day of the week.
- ✓ Write down everything you eat or drink each day.
- ✓ Be descriptive – was the chicken grilled or fried - with or without skin?
- ✓ List the number of food servings you eat and portion sizes.
- ✓ Write if the food was **Preferred**, **Occasional**, or **Special Occasion** foods.
- ✓ List condiments such as sugar, cream, jelly and sauces.
- ✓ Note Beverages and the number of 8 oz glasses of water you drink.
- ✓ Make note of your mood (neutral, upset, happy, hungry, or not hungry).
- ✓ Briefly describe any daily activities or exercise.
- ✓ Add up each food group column at the end of the day and compare your totals to your Daily Food Program.



Frequently Asked Questions

Q. Is it always better to buy the foods that say “low-fat” or “fat-free?”

A. “Low-Fat” may not always mean lower calorie. Always check the *Nutrition Facts* label to see whether or not a product labeled as “fat-free” has fewer calories than the regular product. Plus, you want to make sure to compare the product’s listed serving sizes because a fat-free food may appear to offer fewer calories but list a smaller serving size. The only reason to buy fat-free or low-fat foods instead of regular foods is to save calories or reduce

fat and saturated fat. However, many low-fat foods simply replace fats with extra sugars. It is usually best to make your choice of snack foods based on taste and serving sizes because low-fat snack foods do not always offer reduced calories.

Q. What does it mean if a food package list “exchanges” instead of servings?

A. Many food packages list the "exchanges" for how to count that particular product on a diabetic eating pattern. This "exchange" system also applies to your Weight Management Program. One "exchange" for the Fat, Dairy, Starch, Fruit and Vegetable food groups is equal to one serving on your Weight Management Program. For meats, however, the “exchange” system uses four categories based on fat content. Very Lean and Lean meats are **Preferred**. The following table will help you if you use the “exchange” information on food packages to determine servings from the Meat/Dairy group on your Weight Management Program.

| Exchange System | Fat (gm) | Calories (per 1 oz) | Serving Size | Serving Counts as |
|------------------------|-----------------|----------------------------|---------------------|--------------------------|
| 1 Very Lean | 0-1 | 30 - 35 | 3 oz | ¼ Meat/Dairy |
| 1 Lean | 3 | 55 | 2 oz | ½ Meat/Dairy |
| 1 Medium-fat | 5 | 75 | 1 oz | ½ Meat/Dairy and ½ Fat |
| 1 High-fat | 8 | 100 - 110 | 1 oz | ½ Meat/Dairy and 1 Fat |

Example: Healthy Choice Bowl Creations – Chile and Cornbread – described as chili with beans, topped with golden cornbread lists the diet exchanges per serving as 2 *lean meats* and 3 starches (340 calories). This would count on the EatRight program as 1 Meat/Dairy and 3 Starch.

Q. Why are beans, peas and corn listed in the **Starch group**? I thought they were vegetables.

A. You would expect to find breads and cereals in the **Starch** group, but you may be surprised to see beans, peas, corn, potatoes, and winter squash there, too. These vegetables contain starch, which makes them higher in calories than other vegetables.

Q. I have a hard time eating enough servings of fruits and vegetables each day. How can I add fruits and vegetables to my daily diet?

A. You might:

1. Include one or more servings of fruit or vegetable choice(s) in meals and snacks.
2. Toss fruit into your green salad.
3. Use ready-made, pre-cut fruits and vegetables; you can have quick and easy snacks at home or on the go.
4. Add raw vegetables to sandwiches to add flavor and bulk.
5. Add apples, raisins, or pineapple chunks to deli salads like chicken, tuna, or pasta.

6. Add fresh or frozen vegetables to canned or dried soups.
7. Puree or chop veggies to add to sauces and soups.
8. Make a quick smoothie using frozen fruit.
9. Keep an easy-to-grab pre-washed bowl of fruit on the counter or top shelf of your refrigerator.
10. At work keep dried fruit and nuts in your desk drawer for quick and easy snacks.
11. Try fajitas with red bell peppers, yellow squash, and onions.

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.cdc.gov (The Center for Disease Control and Prevention)
- 🌟 www.5aday.gov (The National Cancer Institute)
- 🌟 www.hhs.gov (The Department of Health and Human Services)
- 🌟 www.eatright.org (American Dietetic Association)

StartRight Section 1 Review Quiz Answers:

- EatRight is a healthy weight management program which is important because as an individual with spinal cord impairments you need good nutrition to help reduce medical risks and improve your quality of life.
- You decided you are ready to begin to EatRight – which means you are willing to make some changes in your lifestyle.
- You will use the Food Spectrum to help choose foods from 5 food groups: Fats, Starches, Meat/Dairy and most important Vegetables and Fruits.

Action Plan

ChooseRight

Section 2



Complete the weekly “Action Plan.” This is a list of your assignments for the week based on what you learned 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!

- Look back over your Daily Food Journals for Week 1.
 - ✓ How did you do placing foods in the proper food groups?
 - ✓ Did you eat enough fruits and vegetables?
 - ✓ Did you eat more than the recommended numbers of servings from the Fat, Starch, and Meat and Dairy groups?
 - ✓ Were your portion sizes too large or too small?
 - ✓ Did you eat three meals per day at about the same time each day?
 - ✓ How you can improve your food choices based on what you learned this week?

- Which Weight Management Program do you choose to follow?
Program A or Program B

- Review the information on the Number of Servings that you can have in each Food Group for your Program.

- Read over the Food Lists for each of the Food Groups.
 - ✓ Begin learning the **preferred** and **occasional** foods for each group.
 - ✓ Begin learning serving sizes for different foods you enjoy.

It may take you a few weeks to really understand everything, just keep reviewing the information in this section and on the video.

- Complete a Daily Food Journal page for each day of the week. Record what and how much you eat each day.
 - ✓ Are you meeting the recommended servings each day for your Program?

Note the differences between this week and last week. If you are having problems, refer to the Sample Daily Food Journal and sample menus for 7 days at the end of this section of the workbook.

Sample Meal Planner

Start thinking what you eat before you prepare your meals. This sample meal plan is for persons following the EatRight Weight Management **Program A**.

Day 1 Monday

| Program A (1500 Calories) Program B (1800 Calories) | FOOD GROUPS (x = 1 Portion Size) | | | | |
|---|-------------------------------------|------------|----------|----------|-----------|
| | Fats/Oils | Meat/Dairy | Starches | Fruits | Vegetable |
| Breakfast Meal Plan: <i>Cereal</i> | | | | | |
| Whole Grain Cereal | | | xx | | |
| Banana | | | | x | |
| 1% Milk | | x | | | |
| | | | | | |
| | | | | | |
| Lunch Meal Plan: <i>Tuna Sandwich</i> | | | | | |
| Tuna (canned) | | x | | | |
| Whole Grain Bread | | | xx | | |
| Carrots | | | | | xx |
| Apple | | | | x | |
| Light Mayonnaise | x | | | | |
| | | | | | |
| Dinner Meal Plan: <i>Chicken Caesar Salad & Soup</i> | | | | | |
| Grilled Skinless Chicken Breast | | xx | | | |
| Mixed Greens Salad | | | | | xx |
| Croutons | | | xx | | |
| Low-fat Dressing | xx | | | | |
| Dried Apricots | | | | x | |
| Table Wine | x | | | | |
| Snack Plans | | | | | |
| Baby Carrots | | | | | x |
| Banana | | | | x | |
| | | | | | |
| | | | | | |
| Totals | 4 | 4 | 6 | 4 | 5 |

Sample Daily Food Journal

This sample **Food Journal** is based on the sample **Meal Plan** outlined on the previous page. You can note which foods are *preferred* (P) and *occasional* (O) or *special occasion* (S). It is also recommended that you highlight differences in your food journal and meal plans.

Day 1 Monday

| TIME | FOODS YOU ATE | P/O/S | SERVING SIZE | FATS/OILS | MEATS/DAIRIES | STARCHES | FRUITS | VEGGIES | MOOD |
|--|--------------------------------|------------------|--------------|-----------|---------------|----------|----------|----------|--------|
| BREAKFAST | | | | | | | | | |
| 8am | Whole Grain Cereal | P | 1 C | | | xx | | | hungry |
| | Banana | P | 1 | | | | x | | |
| | 1% Milk | P | 8oz | | x | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| 10am | Banana | P | 1 | | | | x | | |
| LUNCH | | | | | | | | | |
| noon | Tuna (canned) | P | 3oz | | x | | | | busy |
| | Whole Grain Bread ¹ | P | 2 sl | | | xx | | | |
| | Carrots | P | 1 C | | | | | xx | |
| | Apple | P | 1 | | | | x | | |
| | Light Mayonnaise | P | 1Tbsp | x | | | | | |
| SNACKS | | | | | | | | | |
| 3pm | Baby Carrots | P | 1 C | | | | | x | |
| DINNER | | | | | | | | | |
| 6pm | Grilled Chicken ² | P | 6 oz | | xx | | | | tired |
| | Mixed Greens | P | 1 C | | | | | xx | |
| | Croutons | O | 2 oz | | | xx | | | |
| | Low-fat Dressing | P | 4 Tbsp | xx | | | | | |
| | Dried Apricots | O | 4 | | | | x | | |
| | Table Wine | O | 2.5 oz | x | | | | | |
| Check 1 box for every 8 oz. of water you drink per day. ☒☒☒☒☒☒☒☒☐☐☐ | | My Totals | | 4 | 4 | 6 | 4 | 5 | |
| | | Program A | | 4 | 4 | 6 | 4 | 5 | |
| | | Program B | | 5 | 5 | 8 | 5 | 6 | |
| Daily Physical Activities: | | | | | | | | | |

¹ Substitute 2 slices (50 calorie & 3 grams of fiber each) for 1 slice of regular whole grain bread.
² A frozen, skinless, boneless chicken breast weighing approximately 4 ounces which will yield a 3 oz portion of chicken after cooking.

Meal Planner

When planning your meals, check your totals to match the weight management program that you are following (see page 21).

Day 1 _____

Program A (1500 Calories)

Program B (1800 Calories)

| | | FOOD GROUPS | | | | |
|-----------------------------|--|----------------------|------------|----------|--------|-----------|
| | | (x = 1 Portion Size) | | | | |
| | | Fats/Oils | Meat/Dairy | Starches | Fruits | Vegetable |
| Breakfast Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Lunch Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dinner Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Snack Plans | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Daily Food Journal

At end of each day, complete this Daily Food Journal according to what you actually did eat that day. Be as specific as you can and note which foods are *preferred* (P) and *occasional* (O) or *special occasion* (S).

Day 1 _____

| TIME | FOODS YOU ATE | P/O/S | SERVING SIZE | FATS/OILS | MEATS/DAIRIES | STARCHES | FRUITS | VEGGIES | MOOD |
|---|------------------|----------|--------------|-----------|---------------|----------|--------|---------|------|
| BREAKFAST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LUNCH | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DINNER | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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"/> | My Totals | | | | | | | | |
| | Program A | 4 | 4 | 6 | 4 | 5 | | | |
| | Program B | 5 | 5 | 8 | 5 | 6 | | | |
| Daily Physical Activities: | | | | | | | | | |

Daily Tip:
 Fresh fruits and vegetables are low in fat, rich in vitamins and minerals.

Meal Planner

When planning your meals, check your totals to match the weight management program that you are following (see page 21).

Day 2 _____

Program A (1500 Calories)

Program B (1800 Calories)

| | | FOOD GROUPS | | | | |
|-----------------------------|--|----------------------|------------|----------|--------|-----------|
| | | (x = 1 Portion Size) | | | | |
| | | Fats/Oils | Meat/Dairy | Starches | Fruits | Vegetable |
| Breakfast Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Lunch Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dinner Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Snack Plans | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Daily Food Journal

At end of each day, complete this Daily Food Journal according to what you actually did eat that day. Be as specific as you can and note which foods are *preferred* (P) and *occasional* (O) or *special occasion* (S).

Day 2 _____

| TIME | FOODS YOU ATE | P/O/S | SERVING SIZE | FATS/OILS | MEATS/DAIRIES | STARCHES | FRUITS | VEGGIES | MOOD |
|--|---------------|-------|--------------|-----------|---------------|----------|--------|---------|------|
| BREAKFAST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LUNCH | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DINNER | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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"/> | My Totals | | | | | | | | |
| | Program A | | 4 | 4 | 6 | 4 | 5 | | |
| | Program B | | 5 | 5 | 8 | 5 | 6 | | |
| Daily Physical Activities: | | | | | | | | | |

Daily Tip:
 Servings for fresh or frozen vegetables and unsweetened fruits are unlimited*. If you are still hungry once you eat your planned meal, you can eat additional vegetables and fruits until you are full. *Diabetics must follow recommended number of servings.

Meal Planner

When planning your meals, check your totals to match the weight management program that you are following (see page 21).

Day 3 _____

Program A (1500 Calories)

Program B (1800 Calories)

| | | FOOD GROUPS | | | | |
|-----------------------------|--|----------------------|------------|----------|--------|-----------|
| | | (x = 1 Portion Size) | | | | |
| | | Fats/Oils | Meat/Dairy | Starches | Fruits | Vegetable |
| Breakfast Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Lunch Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dinner Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Snack Plans | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Daily Food Journal

At end of each day, complete this Daily Food Journal according to what you actually did eat that day. Be as specific as you can and note which foods are *preferred* (P) and *occasional* (O) or *special occasion* (S).

Day 3 _____

| TIME | FOODS YOU ATE | P/O/S | SERVING SIZE | FATS/OILS | MEATS/DAIRIES | STARCHES | FRUITS | VEGGIES | MOOD |
|--|------------------|-------|--------------|-----------|---------------|----------|--------|---------|------|
| BREAKFAST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LUNCH | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DINNER | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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"/> | My Totals | | | | | | | | |
| | Program A | | 4 | 4 | 6 | 4 | 5 | | |
| | Program B | | 5 | 5 | 8 | 5 | 6 | | |
| Daily Physical Activities: | | | | | | | | | |

Daily Tip:

Keep some fruits and vegetables “ready to eat” on a plate in your refrigerator for a quick snack (apple slices, grapes, carrot or celery sticks, grape tomatoes). To keep apple slices from turning brown, rub with lemon juice or dip in a diet lemon-lime soda.

Meal Planner

When planning your meals, check your totals to match the weight management program that you are following (see page 21).

Day 4 _____

Program A (1500 Calories)

Program B (1800 Calories)

| | | FOOD GROUPS | | | | |
|-----------------------------|--|----------------------|------------|----------|--------|-----------|
| | | (x = 1 Portion Size) | | | | |
| | | Fats/Oils | Meat/Dairy | Starches | Fruits | Vegetable |
| Breakfast Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Lunch Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dinner Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Snack Plans | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Daily Food Journal

At end of each day, complete this Daily Food Journal according to what you actually did eat that day. Be as specific as you can and note which foods are *preferred* (P) and *occasional* (O) or *special occasion* (S).

Day 4 _____

| TIME | FOODS YOU ATE | P/O/S | SERVING SIZE | FATS/OILS | MEATS/DAIRIES | STARCHES | FRUITS | VEGGIES | MOOD |
|--|------------------|-------|--------------|-----------|---------------|----------|--------|---------|------|
| BREAKFAST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LUNCH | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DINNER | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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"/> | My Totals | | | | | | | | |
| | Program A | | 4 | 4 | 6 | 4 | 5 | | |
| | Program B | | 5 | 5 | 8 | 5 | 6 | | |
| Daily Physical Activities: | | | | | | | | | |

Daily Tip:
 3 ounces or one serving of cooked meat, fish or poultry is about the size of a deck of cards.
 Remember to measure your portions to get correct serving sizes.

Meal Planner

When planning your meals, check your totals to match the weight management program that you are following (see page 21).

Day 5 _____

Program A (1500 Calories)

Program B (1800 Calories)

| | | FOOD GROUPS | | | | |
|-----------------------------|--|----------------------|------------|----------|--------|-----------|
| | | (x = 1 Portion Size) | | | | |
| | | Fats/Oils | Meat/Dairy | Starches | Fruits | Vegetable |
| Breakfast Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Lunch Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dinner Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Snack Plans | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Daily Food Journal

At end of each day, complete this Daily Food Journal according to what you actually did eat that day. Be as specific as you can and note which foods are *preferred* (P) and *occasional* (O) or *special occasion* (S).

Day 5 _____

| TIME | FOODS YOU ATE | P/O/S | SERVING SIZE | FATS/OILS | MEATS/DAIRIES | STARCHES | FRUITS | VEGGIES | MOOD |
|--|------------------|----------|--------------|-----------|---------------|----------|--------|---------|------|
| BREAKFAST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LUNCH | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DINNER | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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"/> <input type="checkbox"/> | My Totals | | | | | | | | |
| | Program A | 4 | 4 | 6 | 4 | 5 | | | |
| | Program B | 5 | 5 | 8 | 5 | 6 | | | |
| Daily Physical Activities: | | | | | | | | | |

Daily Tip:

If you are a vegetarian, you can substitute 1 cup of beans, peas or lentils for one serving of meat to help make up for the loss of protein.

Meal Planner

When planning your meals, check your totals to match the weight management program that you are following (see page 21).

Day 6 _____

Program A (1500 Calories)

Program B (1800 Calories)

| | | FOOD GROUPS | | | | |
|-----------------------------|--|----------------------|------------|----------|--------|-----------|
| | | (x = 1 Portion Size) | | | | |
| | | Fats/Oils | Meat/Dairy | Starches | Fruits | Vegetable |
| Breakfast Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Lunch Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dinner Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Snack Plans | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Daily Food Journal

At end of each day, complete this Daily Food Journal according to what you actually did eat that day. Be as specific as you can and note which foods are *preferred* (P) and *occasional* (O) or *special occasion* (S).

Day 6 _____

| TIME | FOODS YOU ATE | P/O/S | SERVING SIZE | FATS/OILS | MEATS/DAIRIES | STARCHES | FRUITS | VEGGIES | MOOD |
|--|------------------|-------|--------------|-----------|---------------|----------|----------|---------|------|
| BREAKFAST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LUNCH | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DINNER | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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"/> | My Totals | | | | | | | | |
| | Program A | | 4 | 4 | 6 | 4 | 5 | | |
| | Program B | | 5 | 5 | 8 | 5 | 6 | | |
| Daily Physical Activities: | | | | | | | | | |

Daily Tip:

When making substitutions, choose a food from the same food group. For example, if you do not like turkey, select lean ham instead.

Meal Planner

When planning your meals, check your totals to match the weight management program that you are following (see page 21).

Day 7 _____

Program A (1500 Calories)

Program B (1800 Calories)

| | | FOOD GROUPS | | | | |
|-----------------------------|--|----------------------|------------|----------|--------|-----------|
| | | (x = 1 Portion Size) | | | | |
| | | Fats/Oils | Meat/Dairy | Starches | Fruits | Vegetable |
| Breakfast Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Lunch Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dinner Meal Plan: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Snack Plans | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Daily Food Journal

At end of each day, complete this Daily Food Journal according to what you actually did eat that day. Be as specific as you can and note which foods are *preferred* (P) and *occasional* (O) or *special occasion* (S).

Day 7 _____

| TIME | FOODS YOU ATE | P/O/S | SERVING SIZE | FATS/OILS | MEATS/DAIRIES | STARCHES | FRUITS | VEGGIES | MOOD |
|--|------------------|-------|--------------|-----------|---------------|----------|----------|---------|------|
| BREAKFAST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LUNCH | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SNACKS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DINNER | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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"/> | My Totals | | | | | | | | |
| | Program A | | 4 | 4 | 6 | 4 | 5 | | |
| | Program B | | 5 | 5 | 8 | 5 | 6 | | |
| Daily Physical Activities: | | | | | | | | | |

Daily Tip:

1 Tbsp of regular salad dressing or 2 Tbsp of light dressing or 3 Tbsp of fat-free = 1 Fat serving. Keep trying light or fat-free dressings until you find one you really enjoy.