

PlanRight

Section

3

ChooseRight Section 2 Review Quiz:

CLUE: Fill in the blanks below using preferred, calories, right, or occasional
-answers on page 54 -

- EatRight emphasizes choosing more foods from the _____ side of the Food Spectrum. Those foods have fewer _____ and more fiber.
- When choosing foods, you should eat more _____ foods and limit _____ foods to one serving per day in each food group.

Goals for Week 2:

- Know the important factors to consider in planning your weekly meals.
- Practice planning meals for an entire week.
- Write a grocery list based on your weekly meals
- Learn tips for planning easy, balanced meals.

Why Plan Meals?

Most people do not think about the actual process involved in eating a meal. It involves deciding what to eat, getting the ingredients, preparing the food, and finally eating the food. Can you imagine the stress of having to do all three steps every time you get hungry? People often make the mistake of waiting until they are hungry before deciding on what to eat. When there is a rush to eat, there is a tendency to pay less attention to food choices and portion sizes. On the other hand, people who have a good meal plan tend to make healthier food choices, have lower stress levels, and save time and money. Therefore, you have a greater chance for staying on your weight management program if you think about what you are going to eat *before* hunger strikes. This way you have healthy ingredients on hand when you are ready to cook and eat.



PlanRight builds on what you began learning last week about the color Food Spectrum and your Daily Food Journal. This week you can learn how planning daily meals help make it easier for you to stick to your Weight Management Program. If you plan well, you can avoid impulse decisions, make healthier food choices and lower stress levels. Your plan can also save time and money when you are shopping for groceries. Then, eating at home can actually be convenient, enjoyable and healthy.

What to Consider

Before you plan your meals, there are a number of factors that you might consider. These factors are often the keys to creating a meal plan that leads to success.

1. **Food preferences.** You have foods you like and foods you dislike. Generally, the more people enjoy food, the less need they have to feel full. If you EatRight, you can still enjoy your old favorite foods, but you also have an opportunity to discover new foods. You can expand your food choices by setting a goal to try a new fruit or vegetable each week.
2. **Family.** It is likely that you also have to consider your family as you do your meal planning. If possible involve them in planning for meals during the week. Look for ways to include some of their favorite foods too. This can help ease the transition in your household as you add different foods into the family meals.
3. **Budget.** Most everyone follows a budget, so it is important to know how much money you have to spend on food. If your budget keeps you from buying better quality foods then perhaps you could buy less and still buy the quality you really want - spending the same. You might also shop using coupons, but do not buy foods simply because you have coupons if they do not fit into your Weight Management Program.
4. **Convenience.** Decide how quick or easy your meals and snacks need to be? Are you able to do all of your own food preparation or do you rely on someone to assist you. You may prefer to eat “ready made” meals that you can cook in the microwave. Convenience items may cost a bit more but are less expensive than eating out. Easy to prepare meals and quick snacks may also be important to lower stress and give you more time to do other activities.

Meal Plan Basics

At first it may seem like a big task to plan out all of your meals at one time for the entire week. You may find it easier to plan for only a couple days at a time. After a few weeks, you will find a meal planning method that works for you.



Choose a time each week for meal planning.

Pick a time of day that is least stressful, and you have time to think without distractions. For example, one participant never cooks on Fridays. She uses the time (about 20 minutes when she first gets up – while enjoying a cup of coffee) she would have spent cooking breakfast to plan meals for the next week. Her meals start with Monday and go through the following Sunday. She now has Friday, Saturday, or Sunday to grocery shop before actually needing the



ingredients for Monday's meals and the new meal cycle. Or you may be the type of person who can only plan your meals two or three days at a time because of changing schedules for yourself and/or your family members. Just remember to have a plan in place for the next day!



Decide on foods for both meals and snacks.

The Weight Management Program (A or B) that you chose last week outlines the recommended servings for each of the 5 food groups on the color Food Spectrum. You should follow your Program when planning your meals and snack foods as well. Remember, any snack that you choose counts toward your daily serving totals.



Prepare for unexpected events.

Even with the best planning skills there will be days when you do not have time to fix a meal or you are just too rushed or tired to follow your meal plan. Keep some convenience foods in the pantry that can be used for a quick meal when you cannot cook (canned tomato products, beans, vegetables, fruits, soups, tuna and crackers). Low-calorie frozen dinners are an easy quick meal at home or in the office and they often have exchanges listed right on the box.



Plan your meals.

First check your calendar to see which days you will be at home to cook or have someone prepare your meals to eat at home. Include on your weekly plan the meals you will be eating away from home. Check over any recipes you want to try and see what ingredients you need. Find what fits your and your family's schedule.

Helpful hints for Meal Planning:

- ✓ Plan theme nights so that each week you have a chicken night, pasta night, Southwest night, Chinese night or other theme foods.
- ✓ Rotate your meal plans as often as you want.
- ✓ Plan to keep "convenience" foods in your pantry.
- ✓ Plan meals that you like to serve once or twice each week.
- ✓ Keep your refrigerator and pantry regularly stocked with healthy choices when you need a quick meal.
- ✓ Avoid temptations by keeping desserts and other indulgences "out of sight" in your refrigerator and pantry.
- ✓ Plan to try new foods to expand your food choices.
- ✓ Keep pre-cut vegetables and fruits and store in containers and in the refrigerator where you can see and reach them when you are ready for a ready-to-eat snack.
- ✓ Plan to eat pre-cut fruits and vegetables for your meals and/or snacks.
- ✓ Plan to have "leftovers" for quick, easy meals on days that you know you will be busy or tired.



1-2-3 Meals

It's easy to plan quick, nutritious meals that can be prepared in about 10 minutes. You might consider a **1-2-3** meal plan. These meals have one selection from the Starch group, one from Meat/Dairy group, and at least one choice from the Fruit and Vegetable groups. This plan gives you a healthy, balanced meal when you need it.

1-2-3 Examples:

Starch	+	Meat or Dairy	+	Fruit or Vegetable
Microwave baked potato		Low-fat cheese		Leftover vegetable
Tortilla & canned refried beans		Low-fat cheese		Salsa
Instant brown rice		Canned black beans		Canned stewed tomatoes
Pasta		Parmesan cheese		Canned spaghetti sauce
Crackers		Canned soup		Canned fruit
Crackers		Tuna		Canned pineapple
Raisin bread		All-natural Peanut butter		Banana
Cereal		Skim or 2% Milk		Banana
Low-fat popcorn		Parmesan cheese		Vegetable juice
Crackers		Low-fat Cottage cheese		Canned fruit
Canned beans		Skim or 2% Milk		Canned turnip greens

Shopping List

Once you have your weekly meal plan, you can make a grocery shopping list. If you make a meal plan for the week, you can make shopping trip for the week and avoid frequent trips to the grocery store.

Keep a blank shopping list at a handy location such as on the refrigerator or computer. Then, you can add to your list as needed during the week. When you plan meals for the next week you can just add to this list. Do not forget to include additional fruits and vegetables on your shopping list for healthy snacks. Some people find it helpful to make list to follow the layout of store. Do what works for you!

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 you web browser to your favorite search engine to locate the current web address.

 www.aicr.org/information/recipe/index.lasso (AICR Recipe Corner)

 www.deliciousdecisions.org (American Heart Association Delicious Decisions)

☆ www.nhlbi.nih.gov/health/public/heart/other/ktb_recipebk/ (The National Heart, Lung, and Blood Institute)

Choose **Right** Section 2 Review Quiz Answers:

- Eat **Right** emphasizes choosing more foods from the right side of the Food Spectrum. Those foods have fewer calories and more fiber.
- When choosing foods, you should eat more preferred foods and limit occasional foods to one serving per day in each food group.

Action Plan

PlanRight

Section 3



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 2.
 - ✓ Did you meet the recommended servings from each food group on the color Food Spectrum?
 - ✓ 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?

Highlight the meals you enjoy so you can include them in future meal plans.

- Schedule some quiet time and fill out the Weekly Meal Planner.
 - ✓ Write down what you plan to eat for your meals and snacks.
 - ✓ Think of where you can add fruits and vegetables.
 - ✓ Use leftovers if available.
 - ✓ Include meals eaten away from home.
 - ✓ Be flexible.

If you are not sure how to complete your Meal Planner, look at the Sample Weekly Meal Planner and use it for suggestions. At the bottom of the page you can total the number of servings each day for each food group to see if you are meeting your program goals.

- Make a shopping list from your Meal Planner so you have all the foods you need for your planned meals.
- Continue using your Daily Food Journal.
 - ✓ Blank Daily Food Journal pages are at the end of this Section.
 - ✓ Write down what you actually eat, even if it is different from your Meal Planner.
 - ✓ Read the Tips each day to help you with your program this week!
- Review PlanRight materials and past sections of your workbook and replay video as needed.

Weekly Meal Planner

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	BREAKFAST	LUNCH	DINNER	SNACKS

Fill in the meal plan with what you plan to eat for each meal on each day of the week. If possible, note days you also plan to dine out.

Daily Food Group Serving Totals

Total each day below to see if you are eating the correct number of serving for each food group. Look for ways to add or delete foods to meet your Weight Management Program goals.

PROGRAM A	PROGRAM B	FOOD GROUPS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
4	5	FATS/OILS (FO)							
4	5	MEAT/DAIRY (MD)							
6	8	STARCHES (S)							
4	5	FRUIT (F)							
5	6	VEGETABLE (V)							

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:

Eat breakfast every day! People who eat breakfast usually feel less hungry during the day and are less likely to overeat later in the day.

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"/> <input type="checkbox"/>	My Totals								
	Program A		4	4	6	4	5		
	Program B		5	5	8	5	6		
Daily Physical Activities:									

Daily Tip:
 Stop to Eat! It is easy to grab food “on-the-run.” Take time to enjoy your food.

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"/> <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:

Eat foods that you like. It is hard to stay on a weight management program if you do not enjoy the food.

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:

Spacing meals three to four hours apart makes it easier to stay energized throughout the day; an afternoon snack is often the key to making it through. Snacking from a bag or box typically results in overeating. Keep snack portions small by placing the food on a plate and eating slowly.

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"/>	My Totals								
	Program A	4	4	6	4	5			
	Program B	5	5	8	5	6			
Daily Physical Activities:									

Daily Tip:
 Look through some “heart-healthy” cookbooks for new meal ideas. Watch for ideas on the Food Channel on your TV; in magazines that you receive; or search the Internet for “heart-healthy meal plans.”

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:

Get in the habit of making a grocery list before you do your shopping. Find a method that works for you when making your list. There are many ideas on the web. Search for a sample grocery list.

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"/> <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 a handy supply of re-sealable bags and containers for leftovers for other meals during the week. Refrigerate or freeze leftovers quickly. Throw out refrigerated leftovers if not eaten in 3 days.