

AimRight

Section

6

CookRight Review Quiz:

CLUE: Fill in the blanks below using whole, monounsaturated, fat or lean.

- Answers are on page 130 -

- _____ fats are the healthiest to use in cooking.
- The best way to cut calories in cooking is to cut _____.
- _____ meats cook more quickly than fatty ones.
- Choose 100% _____ grains when buying breads, cereals and other starches.

Goals for Week 6:

- Understand short- and long-term goal setting.
- Decide if your weight loss goals are realistic and on target.
- Know the importance of other numbers besides your weight that tell you if your health is at risk.
- Evaluate your progress in the program.

Goal Setting

Goal setting is what gives your plan direction and purpose and keeps you on track as you work to reach your goals. Whenever you are considering personal goals for weight management, keep in mind that it is easier to reach goals that are:

- 1) realistic;
- 2) specific;
- 3) related to behaviors; and
- 4) measurable.



Short-term goals usually take no more than a couple of weeks to achieve, and *long-term goals* can be reached in a month or even a few years. For example, you probably did not learn in one week all the preferred foods, occasional foods, and recommended portion sizes for the 5 food groups on the color food spectrum. It is simply too much information. However, it is reasonable to learn one food group each week as a short-term goal, and a long-term goal might be to learn all of food groups in five weeks.

Well-stated goals identify areas where you want to see accomplishments or make changes. Once you have set goals you can begin creating solutions.

Helpful hints for Goal Setting:

- ✓ Be practical and realistic. Set goals that you know you can reach, and do not try to do too much too soon.
- ✓ Focus on behaviors that you can control.
- ✓ Be specific with what you want to accomplish.
- ✓ Set goals but allow for flexibility in case you experience unexpected events or setbacks.
- ✓ If good health is important to you, make it your priority as you juggle your responsibilities. When you say yes to something else you may be saying no to your goal!
- ✓ Arrange your commitments to give your health and weight management goals the attention they deserve.
- ✓ Picture yourself achieving your goals.
- ✓ Keep your thoughts positive and powerful: *“I know I can do this! I just have to figure out how to go about it in a better way!”*

Examples of Poor Goals:

1. *I will exercise more next week.* (This goal is not measurable. How much is more?)
2. *I will lose 5 pounds this week.* (This is not flexible. Suppose you only lose 2 pounds?)

Examples of Effective Goals:

1. *I will exercise for 20 minutes on Monday, Wednesday and Friday.* (It is specific, flexible, and not too much to do)
2. *I will work to lose 2 pounds this week, but I hope that I lose more.* (It is specific, flexible, measurable, and realistic)

Measuring Progress

The EatRight Weight Management Program is a lifestyle choice that promotes weight loss and improved long-term health. However, healthy bodies come in many shapes and sizes, so you need to learn the common methods used to measure improved health. As you follow the EatRight program, you want to keep track of your progress.



Helpful hints to keep track of your progress:

- ✓ Keep records provided at the gym.
- ✓ Keep a special notepad or journal and write in it every day.
- ✓ Ask yourself, *“How do I feel? What do I need? Do I need support? Are my expectations of myself and others reasonable? Is my thinking powerful and positive? What is the essential plan of what it takes to reach this goal?”*
- ✓ If you are not able to stick to your plan, ask yourself, *“What can I do differently next time?”*
- ✓ Ask your friends and family for ideas and support if you are having trouble working around certain problems.
- ✓ Keep in close touch with others who share your goals.

There are other measurements besides your weight that tell you if your health is at risk. You completed your **Personal Progress Sheet** during week 1. As you follow the *weight management program*, you want to observe not only your weight changes but also changes in some of the other measurements such as BMI, waist measurement or abdominal circumference, blood pressure, cholesterol, or body composition. These measurements serve as a baseline to measure improvements in your overall health. Comparing your measurements over time can help you set realistic short- and long-term goals for a healthy body.

Weight Loss:



Set a realistic weight loss goal. When you started the EatRight program, you probably had a “goal weight” in mind. Although any weight loss can improve long-term health for persons who are overweight or obese, research shows improved health risks for adults who weigh between 10 to 20 pounds of their weight at age 18.



Realistic short-term weight loss goals will depend on your beginning weight. It is neither reasonable nor healthy to lose 20 pounds in 2 weeks unless you weigh at least 400 pounds. In fact, losing weight too quickly puts you at risk for other health problems such as gall stones, electrolyte imbalance, and lean muscle loss. Instead, you need to consider your current weight when setting realistic short-term weight loss goals. For example, a person who is obese and weighs 250 pounds might lose as much as 5 pounds in a week, which is about 2% of 250 pounds. A person who is overweight and weighs 200 pounds might lose as much as 2 pound in one week, which is about 1% of 200 pounds.

Realistic long-term weight loss goals will depend on the weight you would like to reach and maintain. For example, you might weigh 255 pounds and have a long-term goal to weigh 180. Realistically, you might lose about 25 pounds in the first 6 months. It may take another 9 months to lose 25 more pounds and 12 more months to lose the remaining 25 pounds. As you can see, the rate at which you lose weight declines over time because your body weight has also declined. Therefore, you need to also be realistic in setting your time frame for reaching your long-term goal. A 10% weight loss over 6 months is generally achievable and maintainable.

Body Mass Index (BMI):



Set a goal to lower your BMI to below 30. BMI describes weight in relationship to height. Although BMI cannot be used to tell a person if he/she has a disease such as diabetes or cancer, it is used to measure whether or not individuals are overweight or obese. BMI is only one of many factors used to predict risk for disease.

If you are physically active and have a lot of lean muscle, you may have a higher BMI but not considered to be at increased risk for health problems. However, most persons with spinal cord impairment are not physically active, so you may have a normal BMI but still have excessive fat

tissue. If you are overweight, obese or have excessive fat tissue, you are at higher risk for common conditions such as:

- Premature death
- Cardiovascular disease
- High blood pressure
- Osteoarthritis
- Some cancers
- Diabetes

Use the **BMI Table** below to determine your BMI.

1. Find your height on the left side of the table.
2. Find the weight nearest yours on the row corresponding to your height.
3. Find your BMI at the bottom of the column under the weight.

BMI Table:

Height	Weight (In Pounds)																			
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188
5'0"	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	248	250	257
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272
6'0"	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38

Example: A person who is 5'2" tall and weighs 170 pounds has a BMI near 31.

A BMI of 18.5 to 24.9 is generally considered a healthy weight. A BMI of 25 to 29.9 is generally considered as overweight, and a person with a BMI of 30 or more is considered as obese.

Underweight:	Less than 18.5
Normal:	18.5 – 24.9
Overweight:	25 – 29.9
Obese:	30 and Above

Waist (Abdominal) Circumference:



Reduce your waist size. Your waist size is another measure generally associated with health. Research shows that carrying extra fat around one's middle section can have a negative impact on health. Most everyone with spinal cord impairment has a loss of some or all use of their abdominal muscles. As a result, you will likely have more fat in your mid-section. However you can still set a goal to reduce your waist size. Once you reach a comfortable size, you can work to maintain it.



To measure your waist, wrap a tape measure or string around your waist and record your waist size. Generally, a healthy waist size for men is less than 40 inches, and a healthy waist size for women is less than 35 inches.

	Men	Women
Healthy Waist Measurements	< 40" (102 cm)	< 35" (88 cm)

Your combined **BMI and Waist Measurement** can generally indicate your risk factor for health problems. An increased waist circumference can also be an indicator of increased risk even if your BMI is in the normal weight range.

BMI	Waist Sizes	
	< 40" for Men < 35" for Women	> 40" for Men > 35" for Women
19 - 24.9	Healthy Range	Increased Risk
25 - 29.9	Increased Risk	High Risk
> 29.9	High Risk	Very High Risk

Blood Pressure:



Keep blood pressure in the normal range. High blood pressure increases the risk for heart, stroke, and kidney disease. Blood pressure, or the pressure exerted against the walls of the arteries, is greatest when the heart contracts or beats. That is measured by the systolic pressure or the first, or top, number when your blood pressure is taken. The diastolic pressure is the second, or bottom, number and it measures the minimum pressure in the arteries when the heart relaxes between beats.

Category	Systolic Blood Pressure (top number)		Diastolic Blood Pressure (bottom number)
Normal blood pressure	< 120	and	< 80
Prehypertension	120 - 139	or	80 - 89
Hypertension, Stage 1	140 - 159	or	90 - 99
Hypertension, Stage 2	≥160	or	≥ 100

< means less than

> means greater than

≥ means greater than or equal to

Helpful hints for Lowering Your Blood Pressure:

- ✓ Achieve and maintain a healthy BMI.
- ✓ Get more regular aerobic exercise.
- ✓ Limit sodium (if salt sensitive) and get plenty of calcium, potassium and magnesium by eating fruits, vegetables, beans, peas, nuts, whole grains, seafood and low fat dairy products.
- ✓ Reduce stress through stress management and relaxation techniques.
- ✓ Do not smoke.
- ✓ Minimize alcohol consumption.
- ✓ Eat less trans and saturated fats.

Blood Cholesterol (lipid profile) Levels:



Keep your Total Cholesterol, LDL Cholesterol and Triglyceride levels lower and your HDL Cholesterol level higher. Knowing your blood cholesterol level is an important first step in determining your risk for heart disease. To get a good picture of your risk for heart attacks and stroke, it is important to measure your blood cholesterol.

- ✓ Total Cholesterol is a total of your HDL and LDL cholesterol measurements and about 20% of your triglyceride (fat) levels. (this is the number you usually receive from a doctor)
 - HDL cholesterol is “good” cholesterol and high levels actually protect against blood vessel (cardiovascular) disease.
 - LDL cholesterol is “bad” cholesterol and high levels increase the risk of heart and cardiovascular disease.
 - Triglyceride is a fancy word for the fats that circulate in the blood and provide energy to working cells.



Most researchers agree that people with spinal cord impairment have to watch their cholesterol levels. They usually have lower levels of the good (HDL) cholesterol and higher levels of the bad (LDL) cholesterol. This may be partly due to how the impairment affects the body’s metabolism, and partly due to the decreased exercise. High levels of LDL cholesterol in the blood play a role in creating blockages in arteries. These blockages can lead to heart attacks and strokes.

Because triglycerides (fats) are common in the diet, blood triglyceride levels often rise after meals. For this reason, it is best to obtain a fasting lipid profile (no food or drinks except water for at least 8 hours before test). You should have your cholesterol levels measured every five years — or more often if you are a man over 45 or a woman over 55.

At Health Risk Level	Total Cholesterol Level (mg/dL)	HDL Cholesterol Level (mg/dL)	LDL Cholesterol Level (mg/dL)	Triglyceride Level (mg/dL)
Low (desirable)	< 200	≥ 60	< 100	< 150
High (undesirable)	> 240	≥ 40	≥ 160	≥ 200

< means less than ≥ means greater than or equal to
(Cholesterol is measured in milligrams per deciliter [mg/dL] of blood)

Helpful hints for Lowering Your Blood Cholesterol Levels:

- ✓ Reduce the total fat, saturated fat and cholesterol in the diet.
- ✓ Reduce excess body fat (lose weight).
- ✓ Get more regular aerobic exercise, especially for HDL benefit.
- ✓ Eat foods high in complex carbohydrates, fiber and soy.
- ✓ Eat more fruits and vegetables.
- ✓ Eat foods with omega-3 polyunsaturated fatty acids and monounsaturated fatty acids (MUFA's) such as fish, flaxseed, nuts, olive, canola and soybean oils.
- ✓ Quit smoking.
- ✓ Do not take anabolic steroids unless necessary.
- ✓ Avoid too much alcohol.
- ✓ Decrease simple sugars in the diet.

Body Composition:



Maximize health benefits by decreasing percent of fat weight and increasing lean muscle. Body composition is a measure of fat and lean muscle mass. Your body composition changes after injury or disease. Muscle mass decreases and fat tends to increase in the parts of the body that are paralyzed. This process can get worse with unhealthy eating habits and an inactive lifestyle, and it can improve with healthy eating habits and an active lifestyle.



If a person is losing lean tissue along with fat it appears that they are losing weight faster, but health improvements are related to decreases in fat weight. It is important to prevent loss of lean tissue. Adequate fluids, activity, and a slow rate of weight loss (1% of start weight weekly) are associated with greater maintenance of lean tissue.

Body composition tests give you a measure of each kind of tissue. A DEXA total body scan is the most accurate test to measure body composition, but the test is not one usually ordered by doctors. A skin fold test is another test used to measure body composition, but it is not as accurate as a DEXA scan. If you do have this test done, be sure it is done by a trained professional.

- Lean tissue includes everything in your body (bone, muscle, blood, and internal organs) except fat.
- Fat tissue can be stored in and around your body organs as well as beneath the skin where you can feel it.

Body Fat Percent*	Men	Women
Optimal	11 - 17%	19 - 22%
At health risk	> 25%	> 35%

> means greater than

(*Source: The American College of Sports Medicine recommends the following for the general population)

Reward Yourself

Some people lose weight quicker than others, and it can be difficult for people with spinal cord impairment to lose weight. Give yourself plenty of praise anytime you reach one of your goals. After all, you have worked hard!

- ✓ Give yourself a gold star or special sticker on your Daily Food Journals every time you complete your exercise. Watch how quickly they add up!
- ✓ When a goal is accomplished, compliment yourself with positive statements such as, “*that’s just like me.*”
- ✓ If you are having trouble meeting your goal, do not put yourself down. Instead say, “*that’s not like me.*”
- ✓ Make a list of special things that you can do to celebrate your accomplishments!
- ✓ Remember to always reward yourself for success. And try to make it a non-food reward! Some ideas include a manicure or pedicure; a flower for your desk, going to a movie or ballgame, calling a friend to talk about your successes!!!



Remember!! Even small amounts of weight loss can still lead to big improvements in your health, energy level and care.

Personal Goal Worksheet

Sample



Read the sample Personal Goal Worksheet. Then think about what you need to work on and how you will do this. Finally, write down your Goals for Week 6.

- 1- List several general areas that you feel you need to work on:

Exercise and grocery shopping more often

- 2- Choose one area and write a goal for yourself. Keep in mind the four characteristics of a well-chosen goal:

I will go to the gym on Tuesdays and Thursdays to lift weights for 30 minutes. On Saturdays I will go to the pool in the morning and swim.

- 3- What barriers or problems might keep you from meeting your goal?

Time and motivation

- 4- Now that you have thought about possible challenges, write an action plan that contains the steps that you need to take to achieve your goal.

On Tuesday and Thursday I will wear my gym clothes when I go to do errands and go directly to the gym when finished. On Saturday I will go to the pool in the morning before I go shopping - if it's not convenient to swim I will push myself in the Mall.

My Personal Goal Worksheet

- 1- List several general areas that you feel you need to work on:

- 2- Choose one area and write a goal for yourself. Keep in mind the four characteristics of a well-chosen goal:

- 3- What barriers or problems might keep you from meeting your goal?

- 4- Now that you have thought about possible challenges, write an action plan that contains the steps that you need to take to achieve your goal.

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.

- ☆ <http://www.nhlbi.nih.gov/about/ncep/index.htm> (National Heart, Lung, and Blood Institute National Cholesterol Education Program)
- ☆ <http://138.26.176.127/EatRight/Sidebar/RecipesByName.asp> (UAB EatRight web site for Fox6 Recipes)
- ☆ www.acsm.org (The American College of Sports Medicine)
- ☆ <http://www.consumer.gov/weightloss> (Partnership for Healthy Weight Management)

CookRight Review Quiz Answers:

- monounsaturated fats are the healthiest to use in cooking.
- The best way to cut calories in cooking is to cut fat.
- lean meats cook more quickly than fatty ones.
- Choose 100% whole grains when buying breads, cereals and other starches.

Action Plan

AimRight

Section 6



Complete the weekly “Action Plan.” Answer the questions, make notes to help you on your Program. You can check off your accomplishments as you complete them.

- Fill in the information for Week 6 on your Personal Progress Sheet
 - Have you lost any weight?

If Yes – Is the loss at a reasonable rate?

No – Review your Daily Food Journals and compare your intake to your meal plans. Once you correct any problems that you notice, wait about two weeks to again review your progress. Are there ways you can improve your progress? If you are on Program B you might try Program A. Check your progress again in 2 weeks.

- Re-evaluate your goals. Write them down on your Personal Progress Sheet.
 - What is your weight loss goal?
 - Do you want to lower your BMI?
 - Do you want a smaller waist size?

- Review Goal Setting material presented this week, complete the Personal Goal Worksheet and set some goals for yourself for this upcoming week.

- Continue keeping your Daily Food Journal and complete your Meal Plans for this week.

- Plan a reward for yourself!

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				

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:

Make healthy snack choices, like microwave low-fat popcorn, a cup of low-fat yogurt, whole-wheat crackers with peanut butter instead of candy or cookies.

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:
Choose fresh fruit or juices with pulp to add more fiber.

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

Daily Tip:

A secret to food selection is “balance.” If you have one dish that is high in salt, like a prepared frozen dinner, balance the meal with other foods low in salt, like a salad.

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

Daily Tip:

Nuts, while high in fat, contain the healthy, monounsaturated fats that can help lower blood cholesterol. Healthy nuts include peanuts, pecans, walnuts and almonds.

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:
Keep your weight loss goal realistic.

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"/> <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:

Remember that changes in waist size occur slowly, so do not become discouraged if you show little change in this area.