

# DineRight

## Section

# 8

### MoveRight Section 7 Review Quiz:

CLUE: Fill in the blanks below using reward, long, or realistic

- Answers are on page 186 -

- It is important to set both \_\_\_\_\_ and short term goals.
- Be sure to be \_\_\_\_\_ when you set your goals.
- Always \_\_\_\_\_ yourself when you meet your goals.

### Goals for Week 8:

- Learn to incorporate what you learned in past weeks in dining out.
- Enjoy eating a meal out at a restaurant.

## Dining Out Basics

It is not practical to suggest that you will never dine out simply because you are on a weight management program. Most people dine out regularly and not just on special occasions. Over the past weeks, you have been learning how to eat healthier at home. You can use those same skills when dining out and avoid temptations to stay on track with your EatRight Weight Management Program.



**PlanRight.** The first step to good planning is to choose your restaurant wisely. Whenever possible, choose a restaurant that offers a variety of foods or has a “heart-healthy” or “light” menu.

### Helpful hints for planning to dine out:

- ✓ Decide what you will eat before you leave home. If you are not familiar with the restaurant, visit the restaurant’s Internet web site to preview menu options.
- ✓ Decide ahead of time to skip dessert or get one portion and split it with your friends.
- ✓ Avoid restaurants with buffets to avoid the temptation to overeat.





**ChooseRight.** Choosing the right foods when dining out is just as important as choosing foods at home. Choose foods that fit your weight management program. Make sure that you look over the entire menu before you order and understand what it is that you are actually ordering. You can choose preferred foods first and follow the correct portion sizes, which are usually considerably larger than outlined in EatRight.

Helpful hints for maintaining approximate portion sizes:

- ✓ Split an order or entrée with someone.
- ✓ Order an appetizer or lunch portion for the main course.
- ✓ Ask for half of your meal to be served and have the rest wrapped up to take home.
- ✓ Leave food on your plate if you have eaten enough.

**How Portion Sizes Have Changed\***

Food Item	Calories per Portion 20 Years Ago	Calories per Portion Today
Bagel	140 calories (3 in. diameter)	350 calories (6 in. diameter)
Fast food cheeseburger	333 calories	590 calories
Spaghetti and meatballs	500 calories (1 cup of spaghetti with sauce and 3 small meatballs)	1,025 calories (2 cups of spaghetti and 3 large meatballs)
Bottle soft drink	85 calories (6.5 oz.)	250 calories (20 oz.)
Fast food French fries	210 calories (2.4 oz)	610 calories (6.9 oz)
Turkey sandwich	320 calories	820 calories (10 in. sub)

(\*Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2005)

**Making Healthier Choices:**

No matter the reason for dining out, you can still stay on your EatRight Weight Management Program. Here are some *healthy choices* to consider the next time you dine out:

Food	Healthy Choice
Appetizers	bean or minestrone soup, broth, consommé, fruit, gazpacho, gumbo, oysters on the half shell, shrimp cocktail, vegetables
Salads	raw vegetable salads with light or fat-free salad dressing; if house dressing is desired then order salad dressing on the side and dip your fork first in the dressing then stab the lettuce

Meats, starches, and vegetables	baked, broiled, grilled, poached, roasted, herbed or spiced, steamed, stir-fried, fajitas, in a broth, in a marinara or tomato sauce, kebabs, teriyaki, baked potato, rice
Sandwiches	sliced chicken, ham, turkey, roast beef or grilled fish on whole wheat with lettuce, tomato, onion, and mustard without mayonnaise, cheese, or oil
Desserts	angel food cake, fruit, fruit ice, frozen yogurt, sherbet, sorbet

## Dos and Don'ts

Food choices that you make are important for your health no matter if you pick up meals on the go or dine at a gourmet restaurant. Here are a few mealtime “dos” and “don'ts” for dining out.

### Breakfast

#### Dos:

- ✓ Choose whole wheat products when ordering toast, bagels, English muffin, and cereal.
- ✓ Eat oatmeal or grits without added fat toppings
- ✓ Order pancakes, waffles or French toast

#### Don'ts:

- ✓ Choose high fat foods prepared with butter, gravy, bacon, cheese or sausage
- ✓ Order biscuits, croissants, donuts, muffins, or pastries because they are starches with a lot of added fat or sugar
- ✓ Add syrup, jelly and butter

### Lunch & Dinner

#### Dos:

- ✓ Choose grilled chicken, chili, or salads.
- ✓ Add bulk and flavor to your sandwiches with lots of lettuce, tomatoes, sprouts, pickles, peppers, onion, or mustard or vinegar.
- ✓ Order a baked potato and top with steamed vegetables, beans or peas, salsa, low-fat chili or low-calorie salad dressing.
- ✓ When eating Chinese food, order extra steamed rice and split an entrée of any chicken, shrimp, or beef dish stir-fried with vegetables.
- ✓ Ask for extra large servings of vegetable toppings.
- ✓ Order a salad with your meals to reduce your need to eat large entrées.
- ✓ Eat salads with raw vegetables, fruit, beans or peas, and low-calorie dressings.
- ✓ Order pizza with extra vegetables and without cheese (if you are sharing a pizza, you can ask for ½ prepared with extra vegetables and without cheese)
- ✓ Order thin crust pizzas



Don'ts:

- ✓ Eat at restaurants with a buffet
- ✓ Order fried foods
- ✓ Up-size fast food meals
- ✓ Overeat with your meal or dessert
- ✓ Add croutons, chow mein noodles, cheese, eggs, nuts, olives, regular cottage cheese, and regular salad dressings or mayonnaise to salads
- ✓ Select pan pizzas - they have a lot of extra fat calories.
- ✓ Add meat toppings to pizzas because they can be high in calories and fat.

## Fast Food vs Family Style

Some people who are following a weight management program wrongly assume that all foods from restaurants are unhealthy. The truth is that some foods are healthier than others no matter what restaurant you visit.

**Fast Food Restaurants:**

Fast foods are quick and convenient. You can usually dine in or grab your food on the go. When you visit your favorite fast-food restaurant, you should know that the average fast food meal contains about 1200 calories! You have to lower the calories, cholesterol, fat, sugar, and salt in fast food meals. Many fast food chains have made an effort to



provide more healthy foods. Many even display the nutritional content of their products. If you do not see the nutritional information posted, ask for it!

Helpful hints for fast food dining:

- ✓ Look for low-fat, low-calorie, and fat-free foods.
- ✓ Keep your meal to approximately 500 calories and 15 - 20 grams of fat or less
- ✓ Avoid gravy, bacon, excess cheese, sausage, salad dressings, and foods prepared with butter.
- ✓ Do not “up-size” your meal.
- ✓ Add flavor and bulk to your sandwich with lots of lettuce, tomatoes, sprouts, pickles, peppers, or onions.
- ✓ Choose grilled chicken, baked potato, or salad instead of hamburgers and fries.

## Family Style Restaurants:

If you are eating at a family style restaurant, you are probably not worried about getting a quick meal. You might be dining out to relax because you do not feel like cooking. You might be conducting a business lunch or on a social outing. Therefore, it is important to emphasize the social interactions or the chance to eat in a relaxed setting instead of loading up with a lot of high calorie foods.

### Helpful hints for family style dining:

- ✓ Do not hesitate to ask questions about how a food is prepared.
- ✓ If possible, order first so that you are less likely to be influenced by others.
- ✓ Do not be afraid to ask for changes in the way food is prepared and served.
  - Request meats or seafood grilled dry or unbuttered.
  - Order sauces and dressings served on the side.
  - Ask for small servings or order from the children's menu, if permitted.
  - Ask the waiter not to bring items you do not want such as French fries, but to bring a substitute instead. Often they will allow an extra veggie, salad or fruit as a replacement.
- ✓ Eat slowly and enjoy your meal and the company more than the food.
- ✓ Trim fat and skin off meat before eating.



# Beverages

BEVERAGES			
Coca-Cola CLASSIC	diet Coke	small	89
Sprite	Dr. Pepper	medium	99
Hi-C PINK LEMONADE	Hi-C FRUIT PUNCH	Biggie	1 29
Doritos ROOT BEER		kids size	79
ICED TEA		medium	99
		'Biggie'	1 29
COFFEE/DECAF		small	49
MILK			60

Beverages can add a lot of unnecessary calories to your meal, so your beverage choices are an important part of EatRight Weight Management Program. Of course, your first beverage choice should be water. It has no calories and many health benefits for persons with spinal cord impairments. However, you do not have to drink water all the time. You can choose other beverages as part of your program.

### Helpful hints for beverage choices:

- ✓ Avoid regular soft-drinks, milkshakes and drinks with alcohol because they are higher in calories.
- ✓ Fruit juices may be somewhat high in calories but have more nutrients, especially when freshly squeezed.
- ✓ Try 1% or fat-free milk, low-calorie soft drinks or unsweetened tea or coffee.
- ✓ Limit alcoholic beverages, which are counted as fat.

# 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.vrg.org/index.htm](http://www.vrg.org/index.htm) (The Vegetarian Resource Group)

☆ [www.helpguide.org](http://www.helpguide.org) (Helpguide)

☆ [www.restaurant.org/index.cfm](http://www.restaurant.org/index.cfm) (The National Restaurant Association)

## Move**Right** Section 7 Review Quiz Answers:

- It is important to set both long and short term goals.
- Be sure to be reward when you set your goals.
- Always realistic yourself when you meet your goals.

# Action Plan

## DineRight

### Section 8



**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.

- Review this section of your workbook.
  
- Make plans to eat out for at least one meal this week.
  - ✓ What did you do to prepare for your meal out?
  - ✓ Were you able to stay on your EatRight Program?
  - ✓ What made it a success? What would you do different next time, if anything?
  
- Continue to record in your *EatRight* Daily Food Journals, including your meal(s) out.

# 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)

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

# 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
<b>BREAKFAST</b>									
<b>SNACKS</b>									
<b>LUNCH</b>									
<b>SNACKS</b>									
<b>DINNER</b>									
Check 1 box for every 8 oz. of water you drink per day. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>My Totals</b>								
	<b>Program A</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>5</b>			
	<b>Program B</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>6</b>			
<b>Daily Physical Activities:</b>									

Daily Tip:

Most fast-food restaurants have food guides available. Ask for one the next time you eat out.

# 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)

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

## 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
<b>BREAKFAST</b>									
<b>SNACKS</b>									
<b>LUNCH</b>									
<b>SNACKS</b>									
<b>DINNER</b>									
Check 1 box for every 8 oz. of water you drink per day. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>My Totals</b>								
	<b>Program A</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>5</b>			
	<b>Program B</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>6</b>			
<b>Daily Physical Activities:</b>									

Daily Tip:

Have a plan in mind before going to a party or special event. You might have a small snack before the party to keep from over-eating. Or only “sample” the high calorie foods and eat more of the “healthy choices.”

# 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)

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

## 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
<b>BREAKFAST</b>									
<b>SNACKS</b>									
<b>LUNCH</b>									
<b>SNACKS</b>									
<b>DINNER</b>									
Check 1 box for every 8 oz. of water you drink per day. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>My Totals</b>								
	<b>Program A</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>5</b>			
	<b>Program B</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>6</b>			
<b>Daily Physical Activities:</b>									

Daily Tip:

Some healthy appetizers include bean or minestrone soup, fruit, shrimp cocktail, oysters on the half shell or vegetables.

# 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)

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

# 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:  
Avoid fried foods.



# 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)

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

# 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:

If the menu lists only one choice with a meal, such as French fries, ask if you can substitute with a salad or vegetable.

## 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)

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

# 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
<b>BREAKFAST</b>									
<b>SNACKS</b>									
<b>LUNCH</b>									
<b>SNACKS</b>									
<b>DINNER</b>									
Check 1 box for every 8 oz. of water you drink per day. □□□□□□□□□□	<b>My Totals</b>								
	<b>Program A</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>5</b>			
	<b>Program B</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>6</b>			
<b>Daily Physical Activities:</b>									

Daily Tip:

Some good dessert choices include angel food cake, fruit, frozen yogurt, sherbet and sorbet.

# 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)

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

# Daily Food Journal

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

TIME	FOODS YOU ATE	P/O/S	SERVING SIZE	FATS/OILS	MEATS/DAIRIES	STARCHES	FRUITS	VEGGIES	MOOD
<b>BREAKFAST</b>									
<b>SNACKS</b>									
<b>LUNCH</b>									
<b>SNACKS</b>									
<b>DINNER</b>									
Check 1 box for every 8 oz. of water you drink per day. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>My Totals</b>								
	<b>Program A</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>5</b>			
	<b>Program B</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>6</b>			
<b>Daily Physical Activities:</b>									

Daily Tip:  
 Add fiber to your sandwich and wrap. Ask for extra lettuce, tomatoes or other veggies.