



WIC CPAs: Walking the Talk



SELF-STUDY MODULE FOR WIC CPAs

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OBJECTIVES

The Competent Professional Authority will be able to:

- 1.** State the relationship between our current culture and the impact it has had on adult obesity.
- 2.** Define normal eating and determine if she is a normal eater, a dysfunctional eater, or a disordered eater.
- 3.** Plan a week's worth of menus that encourage normal eating.
- 4.** List 5 benefits of physical activity.
- 5.** Determine common barrier(s), to having more physical activity and identify possible solutions.



PRE-ASSESSMENT

Complete the following questions. Upon completion of the module, a post assessment will be completed.

1. T___ F___ The Academy of Nutrition and Dietetics (formerly the American Dietetic Association) has stated that obesity is simply caused by over-consumption of food.
2. T___ F___ According to latest CDC statistics, 31% of adults in Arkansas are obese.
3. T___ F___ Some people carry disruptive eating patterns into adulthood from their childhood eating experiences.
4. T___ F___ To place eating in its rightful place in one's life, planning what, when and where meals will be eaten in advance is essential.
5. T___ F___ Only children benefit from eating breakfast.
6. T___ F___ A key component to being a normal eater is to give yourself permission to eat.
7. T___ F___ The increase of overweight and obesity has paralleled the increases in portion sizes over the past 30 years.
8. T___ F___ When eating normally, snacks should never be eaten.
9. List 3 benefits of physical activity.

10. List 3 hindrances to physical activity.

CASE SCENARIO

Meet Mary

Mary is a nurse and has been a WIC CPA for the past 8 years. She lives 20 minutes from the Health Unit where she works. She has two children, one in daycare and one in elementary school. She is overweight with a BMI of 26. When she first married, 10 years ago, her BMI was 24 (healthy weight). She has been on some crash diets to try to get “baby” weight off and lost weight, but slowly gained it back. Her husband says that when Mary is on a diet she is irritable, preoccupied, and only talks about her weight and the diet. He thinks, and has told her, that she is a beautiful woman. He wants for her to believe him and to enjoy life without the irritability and preoccupation that diets bring. The family also wants “normal” food back in the house. Mary decided that she wanted to move towards this vision of enjoying life with a weight that may or may not be “ideal” and put food in its proper place in her life. Where will she start?

ORIENTATION/RATIONALE

Today we have busy families that have access to all kinds of food in convenient ways – from fast food restaurants to microwavable anything. We are no longer forced to place the procurement and preparation of food as a top priority because of the speed in which we can fill our stomachs. We also have more labor saving devices and ways to entertain ourselves that requires little physical activity than we have ever had before. Yet, we expect and want to have lean, beautiful bodies like the ones we see on the myriad of television shows, movies, and magazines.

It can be very hard to find the balance in our lives and to learn to place eating and physical activity in its rightful place. This module will help you to work through barriers that may be keeping you from healthful, normal eating. It will also help you to work towards prioritizing feeding you and your family well. As you develop in this area, you can serve as a better role model to WIC clients, share experiences that have worked for your family, and encourage clients’ progress in feeding their families well. You will be “Walking the Talk”.

INTRODUCTION

More and more people have become distressed about their eating. We swing from seeing food as the enemy to food as the cure-all for our problems. We are bombarded by the media on how America, and Arkansas, is getting fatter. We pick up a magazine and read about the latest, greatest “diet” and then turn the page and see the picture and recipe for a decadent chocolate cake.

Where is balance in the madness?

Is there a way to show a healthy respect for food – neither fearing it nor thinking of it as a life preserver to run to when we are in trouble or in misery?

Then, what about physical activity?



Do we have to be marathon runners to get any benefits?

Where is the balance?

Where is the normalcy?

This is a very hard subject to address. There is controversy over what is the best way to lose weight. There is controversy on whether or not weight loss is necessary for good health. There is controversy on whether or not to diet to lose weight. There is controversy on what should or should not be eaten to have optimal, healthy nutrition. There are even changing opinions on how much or what kind of exercise is healthy or necessary for weight management and heart conditioning. There are no easy answers.

This training module will focus on the challenge of putting food and activity in their proper place in your life with respect to balance and wellness. It is a belief for many that once food and activity have their proper place in one’s life, the weight issue will take a back seat.

THE IMPACT

Obesity is one symptom of having food and physical activity out of balance in our lives.

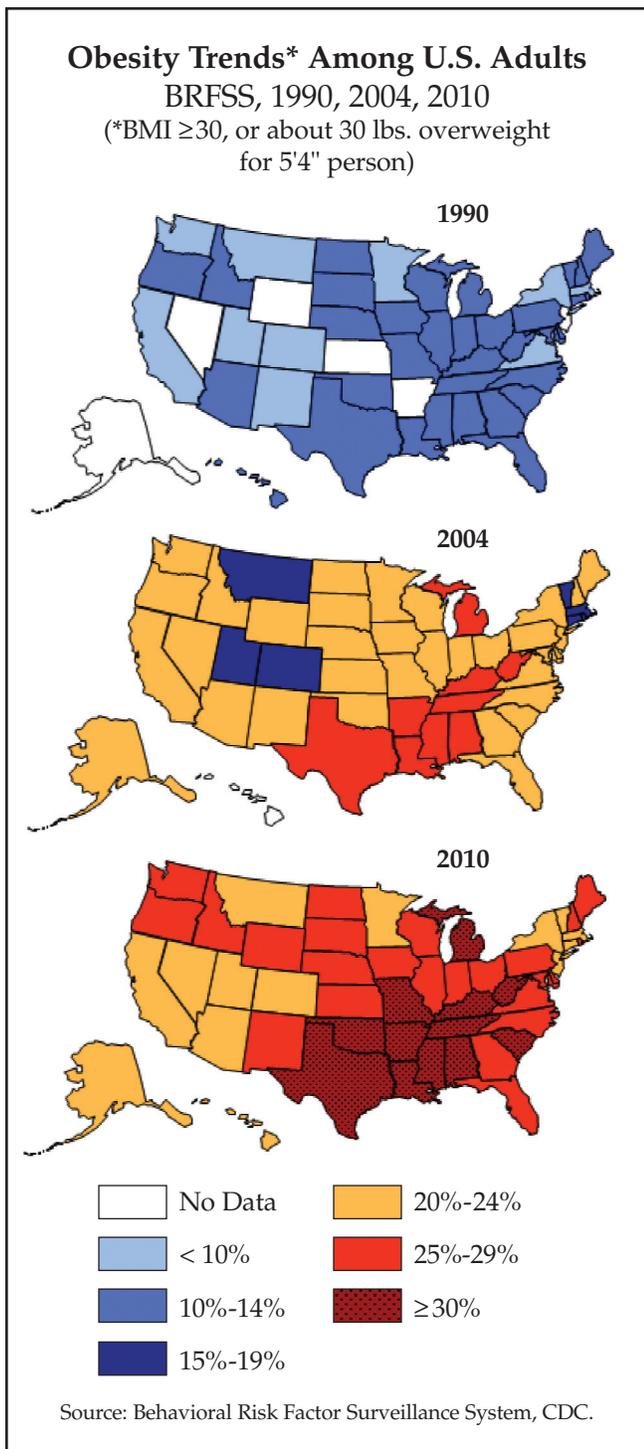
In 2011, 31% of adults in Arkansas were categorized as obese. In 2009, Arkansas jumped to the category of >30% of adults being obese. 2011 BRFSS data show that

- 31% of non-Hispanic white adults were obese
- 38% of non-Hispanic black adults were obese
- 18.5% of Hispanic adults were obese

In 1991, four states had obesity prevalence rates of 15-19 percent and no states had rates at or above 20 percent.. In 2004, 7 states had obesity prevalence rates of 15-19 percent; 33 states had rates of 20-24 percent; and 9 states had rates more than 25 percent. In 2010, 12 states had obesity prevalence rates of greater than or equal to 30 percent. In 2000, there were no states that had obesity prevalence rates of 30 percent or higher.

Body Mass Index

Body Mass Index (BMI) is a measure of your weight relative to your height and provides a more accurate measure of total body fat than body weight alone. Your health and quality of life may be affected if you have either a too high or too low BMI. Its limitations include overestimating body fat in those who have a muscular, athletic build and underestimating body fat in older persons and others who have lost muscle mass such as chronic dieters. The Body Mass Index can be determined if you know your height in inches and weight in pounds. Either a Body Mass Index Table (see appendix) can be used to determine your BMI, or you can calculate it by the following method:



Multiply your weight in pounds by 703; multiply your height in inches by your height in inches. Divide the first result by the second. For example:

If you weigh 155 pounds and are 5'4" (64 inches) tall then:

$$155 \times 703 = 108965$$

$$64 \times 64 = 4096$$

$$108965 \div 4096 = 26.6 \text{ BMI}$$

A BMI of 27 would fall into the overweight category.

Definition of Body Mass Index for Adults

Underweight = <18.5

Healthy weight = 18.5 – 24.9

Overweight = 25 – 29.9

Obesity \geq 30

Activity: BMI Activity

Using the BMI table, find the BMI for someone who is 5'7" and 121 pounds.

What is this person classified? (circle)
underweight healthy weight overweight

Using the BMI table, find the BMI for someone who is 5'7" and 155 pounds.

What is this person classified? (circle)
underweight healthy weight overweight

These 2 people are both 5'7", have a weight difference of 34 pounds, and they both are classified as "healthy weight" weight. Even within the healthy weight range of the same height, you have different sizes and shapes – some to do with genetics, some to do with environment. The same is true for all classifications of the Body Mass Index.

WHY ARE AMERICANS GROWING BIGGER?

The Academy of Nutrition and Dietetics states that, “Obesity develops from an interaction of genetic and environmental factors and is a complex multifactorial chronic disease.” In other words, there are a lot of reasons why Americans are growing fatter. We are a changing society – some for the better, some for the worse. There are some parts of the obesity problem we may never solve, so we might as well accept that some people will carry more weight around than they or others would like. There are some parts of the obesity problem that we have brought upon ourselves, and with a little (or a lot) of attention paid to those things, we can decrease the rate of obesity and live healthier lives.

Yesterday and Today

Take a minute and think about your or your parent’s childhood (depending on your age). Were endless hours spent on the internet or playing computer games? Did you watch several DVD’s a day? Did you watch a few cable or satellite T.V. shows too? Did you cook tasty snack foods and gourmet meals in the microwave anytime of the day or night? Did you eat Supersized Value meals daily?

For a lot of us, we didn’t have the internet, a computer, a DVD player or cable T.V. And for the Supersized Value meals – they haven’t been around for very long. The advancement of technology has reduced the amount of energy (calories) exerted to do daily tasks.



We now have dishwashers, microwaves, remote controls, leaf blowers, power-tools, remote-control vacuum cleaners, etc. At the same time, there has been an increase in food availability – drive through, super-sized, mega calorie meals that are heavily marketed by mass media.

Up until the last few decades of the 1900’s, lives were organized around the procurement of food and the preparation of it for family meals. There were few or no fast-food restaurants, quick microwave foods, or the individual-packaged, ready-to-eat foods. Families had to make the buying or growing of food and the preparation of it a priority of the day. Then, everyone ate together. The stress of two parents working outside the home for long hours has added to the decline of family meals.

Ironically, as the environment has produced little need for physical activity and increased availability of high calorie foods, the value on attractiveness based on thinness has increased. Mass media shows us beautiful

women and men, most of who are slender and fit, and we feel the need to conform to receive recognition, value, love, success, and other rewards.

Enter “diets”. Since there is less need for activity and there is more food easily available and we are “supposed” to be slim and trim, then won’t a diet just take care of everything? For the 5% of the population that can diet and keep the weight loss off, then, “Yes” diets will take care of at least, the weight issue. The other 95% are going to have to find another way to survive the culture.

Weight and Diet Obsession

Even the words, “Let’s eat” can bring about fear and anxiety in many. The thought of eating in public and thinking that others are criticizing their eating because they are already too large sends some into seclusion – only to eat. Then the feelings of guilt come – guilt over what was eaten, what wasn’t eaten, and over the amount eaten. Anger – anger at themselves, circumstances and the people that have failed them. All of which could be used as an excuse to eat, feel guilty, angry, and eat again. It is a vicious cycle. An obsession...a bondage...a prison?

There are also those that seem to be preoccupied with eating and weight. They are always looking and listening for the latest diet. Their relationships with others revolve around their dieting, and conversations are dominated by what the diet involves and how much weight has been lost. They are preoccupied with food and weight loss and how their life will be better when the weight comes off. It can be an obsession.



For others, the diet cycle has set them up for failure, and they feel like a failure. They are in a vicious cycle of food restriction followed by overeating. Their hope comes in the belief that the next diet will be different and they will be able to control themselves better. It can be a real bondage.

There are those who are so stressed out by life that to simply get a tasty meal on the table at night would overwhelm them to the point of a break-down. Some may even have the view of perfection in mind and anything short of a beautiful, nutritious meal on an exquisitely decorated table would not be worth even trying for. The bag of fast-food burgers has the word “failure” written all over it for them as they concede another lost night of a beautiful meal. It can be a real frustration.

Some people carry disruptive eating patterns from their childhood experiences. Their parents may have been overly restrictive. When they had the chance, they overate – those rebels! Now, they may not be able to know when to stop eating because nobody is telling them when to stop.

Free to Eat Normal

What would freedom from this bondage, obsession, and frustration look like? To be free to be a normal eater would mean:

- To trust that you will eat good foods in the amount your body needs to satisfy hunger and to provide the nutrition your body needs for health – most of the time (sometimes you won't).
- To place planning, purchasing, preparation, and eating of good food in its rightful place in life. There would be freedom in knowing that time is allotted to do these necessary and meaningful tasks. There does not need to be guilt over time spent doing these things or guilt over what type of food you are planning, purchasing, preparing and eating.
- To give yourself the permission to eat anything you want in the quantity you want, or to stop eating when you really don't want to, knowing that you will give yourself permission to eat the food again.
- That you may overeat at times, but that is okay. You may undereat at times, but that is okay. You may thoroughly enjoy a meal or be dissatisfied with a meal – both are okay.
- To be comfortable to eat what and how much you want in front of anybody.
- Valuing your body as it is and knowing you have something good to offer whether or not you are thin, heavy, on a diet or not on a diet. You are able to feed, move, rest, groom, and clothe the body you have well.

- To break free from the vicious cycle of diet, weight loss, off diet, weight gain – restriction, binge eating, restriction, binge eating. To believe that the diet is the failure and not you – 95% of all diets fail.

Case Scenario

When Mary began looking at the concept of normal eating, she realized she had a lot of anxiety surrounding eating and was not a normal eater. She could always remember being told by either her parents or her “diet” what and how much she needed to eat. Her only escape from her parents dictating what and how much she ate was that she often got to eat in front of the T.V. alone – currently it is the place she ends up eating the most when she has gone “off” her latest “diet”. The thought of trusting herself to eat good foods when she was hungry and stop when she was satisfied scared her. She thought of her kids. She was not modeling normal eating behaviors. Would they have the same problems that she has?

What Mary was beginning to realize is that eating behaviors and attitudes start early in life. Primary caregivers while growing up are major factors in what kind of an eater you are today – normal, dysfunctional, or disordered. The following Dysfunctional Eating Chart gives a good comparison of the different eating behavior patterns.

Dysfunctional eating

Compared with normal eating and eating disorders

	Normal eating	Dysfunctional (disordered) Eating <i>mild moderate severe</i>	Eating Disorders
Eating Pattern	Eating at regular times, usually three meals a day and one or two snacks to satisfy hunger.	Irregular, chaotic eating – skip meals, fast, binge, diet; or consistent pattern of eating much more or much less than the body wants or needs.	Eating typical of anorexia, bulimia, binge eating disorder, other eating disorders.
How Eating is Regulated	Eating regulated by internal signals of hunger, appetite and satiety; eat when hungry, stop when full and satisfied.	Eating often regulated by inappropriate internal and external controls such as dieting, counting calories, emotional events, sight or smell of food.	Eating regulated mainly by inappropriate internal and external controls.
Purpose of Eating	Eat to satisfy hunger, for health, growth, well-being (and at times for pleasure, social reasons). After eating, feel good.	Often eat (or restrain eating) for thinness; eat to relieve anxiety or stress; may feel too full after eating, or feel remorse, guilt, shame.	Eating almost entirely for purposes of body shaping and to relieve stress; eating may cause distress.
Prevalence	Small children, persons who don't interfere with natural regulations; likely more males than females.	Large percentage of girls and women, perhaps at times as many as 50 to 81 percent age 10 and over (who report trying to lose weight); increasingly boys and men.	Estimated prevalence: 10 percent of high school and college age youth, 90 to 95% female.
Physical	Promotes health and energy; growth and development of children.	Often feel tired, dizzy, chilled; may have weak bones, delayed puberty, if undernourished; increased risk of eating disorders.	Severe physical effects; mortality as high as 15 to 20 percent for anorexia, bulimia.

	Normal eating	Dysfunctional (disordered) Eating <i>mild moderate severe</i>	Eating Disorders
Weight	Normal, stable weight, expressing genetic and environmental factors.	Varies; eating pattern may cause weight to cycle up and down, decrease, remain stable, or increase.	Weight varies, depending on genetics, the disorder and its expression.
Mental Thoughts of food, weight	Promotes clear thinking, and ability to concentrate. Food thoughts low, usually at meal time, about 15-20% of day; less if no food preparation.	Decreased mental alertness, concentration; narrowing of interests. Preoccupied with food; thoughts often focus on eating, planning to eat, counting calories or fat grams, body image; may occupy 30 to 65 % of time awake	Diminished mental capacity, memory loss. Thoughts focused on food, weight; as much as 90-100% of time awake in anorexia, 70-90% in bulimia.
Emotional	Promotes mood stability.	Greater mood instability; easily upset, irritable, anxious, lower self-esteem; increasing concern with body image.	Mood instability, risk of functional depression.
Social	Promotes healthy relationships with family and friends.	Less social integration; may be withdrawn, self-absorbed, lonely; diminished capacity for affection, generosity.	Social withdrawal, alienation, often eat alone; worsening family relations.

Children and Teens Afraid to Eat, Women Afraid to Eat. Copyright 2001, 1997. All rights reserved. Reprinted with permission from the publisher. Healthy Weight Network, 402 South 14th Street, Hettinger ND 58639 (701-567-2646; Fax 701567-2602) www.healthyweight.net.

Activity

What struggle do you have related to eating?

Do you plan meals or eat impulsively?

Do you snack so much that you're not hungry for a meal?

What struggle do you have related to dieting?

Do you believe there is a diet that will really make you lose weight and keep it off?

What struggle do you have in valuing your body as it is?

What good things does your body do for you?

What struggles do you have in relationships with others regarding eating, etc?

Are you constantly trying to control what others eat or don't eat? How much they eat?

Is someone always on you about what you eat or don't eat?

What words would you put to what freedom would look like for you in these areas?

Activity

Use the following Eating and Feeding Cues test to help evaluate your eating behaviors. This test can help you see why you may or may not have a particular eating behavior. Following the test, the italicized text throughout the module helps you to assess your answers to the test. If you are not overall a normal eater, then the questionnaire may help you get some insight on a few things that may have caused the dysfunction. This exercise is not to place blame on your childhood caregiver, it is merely a tool to help you to become aware of the problem so that you can be a step closer to becoming a normal eater.

EATING AND FEEDING CUES TEST

	Never/ Rarely	Sometimes	Often/ Always
1. If you did not like what was served, was a special dish prepared for you?			
2. Did your caregivers use food as a reward or to get you to do things – dessert for cleaning your plate or food for cleaning your room, etc.?			
3. Did your caregivers eat snack foods that they didn't allow you to have?			
4. Did your caregivers require you to eat everything placed on your plate – to "clean" your plate?			
5. Did your caregivers decide how much food went on your plate?			
6. Did your caregiver decide for you how much you had to eat?			
7. Did your caregivers allow you to decide how to eat (e.g. keep foods from touching, dip food in catsup, choose the order to eat, etc.)?			
8. Did your caregivers allow you to have a serving of dessert even if you had not eaten the other foods served?			
9. Did you and your family eat meals together?			
10. Did you and your caregivers eat different foods (separate prepared foods for each person)?			
11. Did your caregivers allow you to get food from the cupboards or refrigerator whenever you wanted?			
12. As a child, did your eating or not eating depend on your moods (bored, happy, sad)?			
13. Did you eat more than your parents thought you should have eaten?			
14. Did you eat less than your parents thought you should have eaten?			
15. Did your caregivers allow you to watch TV while eating?			
16. Did you eat breakfast?			

Adapted from: Eating and Feeding and Activity Assessment Form by Madeleine Sigman-Grant & Susan Johnson, 2002 (draft form).

SURVIVING THE CULTURE

Our culture of weight obsession has produced victims that are not free to enjoy their bodies and food. Surviving the culture in regards to putting food and physical activity into their normal and rightful place in our lives will take effort and somewhat of a feeling of going against the culture.

Trust Yourself to Be a Normal Eater

You were born with the ability to know when you are hungry and when you are full. Think of the little babies you have observed. They tell you when they are hungry and when they are full. It's not until we are being told to eat more or to stop eating more (by parents or a diet), or chronically eating for reasons other than feeding our bodies, that the ability to recognize and follow these internal regulators ends up missing. If you trust yourself to provide food for yourself, then let yourself feel hunger. Go to the table hungry and eat until you are truly satisfied. You can quit before you are about to explode because you know that you will be able to eat again soon – either a planned meal or snack.

You may have trouble trusting yourself if your parents tried to control your feeding and did not share the feeding responsibility with you. If you answered sometimes or often/always to questions 1, 4, 5, 6, 11, 12, 13, 14, and 15 on the Eating and Feeding Cues Assessment then you may have not been allowed as a child to learn to trust yourself with your eating. Your parents put their external

control of themselves upon you. The problem with this is that your parents cannot be with you wherever you go telling you to stop eating or to eat certain foods. You may have learned to override your internal cues of hunger and fullness to meet your parent's demands. If your parents restrained your eating you may have had to sneak food. You may have overeaten when given the chance.

Portion sizes: An obstacle to trust

The expansion of waistlines over the past 30 years has paralleled the increases in portion sizes of many foods and the prevalence of eating away from home. Marketplace food portions began increasing in size in the 1970's, rose sharply in the 1980's, and have continued to increase. While it is good to eat enough food to be satisfied, it is also good to know that our perception of a serving size has changed from that of our leaner ancestors. We have lost the ability to be able to have a reasonable portion on our plate and feel that we have gotten our money's worth, or that we can be content until the next meal.



A **portion** is the amount of food you choose to eat. There is no standard portion size and no single right or wrong portion size.

A **serving** is a standard amount used to help give advice about how much to eat, or to identify how many calories and nutrients are in a food.

For example: You eat a plate of spaghetti (a portion) which measures to be 2 cups. Using MyPlate, the government's guide to healthy eating, as the standard, 2 cups of spaghetti would be 4 ounces or 4 (1 ounce) servings from the grain group.



Perpetual large portion sizes may lead to perpetual weight gain from excess calories. While you should not be obsessed over serving/portion sizes, it is good to be mindful that sometimes our desires are way out of proportion from our needs. It is also good to be mindful that there needs to be a balance between giving into our desires and simply meeting our needs. Proper self-control offers us protection in our daily lives and for the future.

For a fun quiz on portion distortion see <http://hp2010.nhlbihin.net/portion/>

The following shows how larger portion sizes compared to smaller portion sizes at some popular fast-food restaurants have some big differences in calories and fat.

Meal 1

Product	Calories	Fat (g)
Original Whopper®		
with cheese	760	47
Medium French Fries	410	18
Medium Coca Cola®	190	0
Total	1360	65

Or

Meal 2

Product	Calories	Fat (g)
Original Whopper Jr.®		
with cheese	390	21
Small French Fries	340	15
Medium Coca Cola®	190	0
Total	920	36

Meal 1

Product	Calories	Fat (g)
Taco Supreme	220	11
Grilled Stuft Beef Burrito	880	42
Nachos	320	19
Total	1420	72

Or

Meal 2

Product	Calories	Fat (g)
Hard Taco	170	10
Bean Burrito	390	11
Premium Latin Rice	120	3
Total	680	24

Feed Yourself – Positively and Dependably

Have a plan to know that you are going to feed yourself responsibly. Not even thinking of breakfast until you are on your way to work, then pulling in the gas station for a honey bun is not feeding yourself dependably. You need a plan that fits into your life and works for you. Plan to have meals and snacks at regular times. Snacks can be a positive thing if you have trouble with hunger and strong cravings in between meals. They can also keep you from eating continuously and spoiling your appetite for the next meal. You need to feel the comfort in knowing that the next meal or snack has been planned and is on its way. No more starvation and binge eating cycles. You will feed your body on a regular basis and you will feed it enough to be satisfied. Plan for that!

Plans will look different for different people. Some may only eat three meals a day – they eat enough breakfast, lunch and supper to satisfy them and they are not hungry in between meals. Because they are not hungry in between meals, and they know they will provide their bodies with satisfying meals when they are hungry, they can do without snacks.

Some will need one to three snacks a day in addition to the three meals. This is fine as long as you are still going to the next meal hungry. If you find you are not hungry for a meal, you may have to change, reduce, or delete a snack.

“Some people avoid planning as a way of getting around their conscience.”
(Satter, 1999)

If your caregivers allowed you to have free access to food in the house, you may have learned grazing habits (question 11 of the Eating and Feeding Cues Assessment). Grazing keeps you from eating those planned meals and keeps you from being hungry so that you can eat until you are full and be satisfied. If you answered often/always to questions 9 and 16 and never/rarely to question 11 then your parents were likely to be dependable about providing regular meals and snacks for you. You probably did not get too preoccupied with food because you always knew food was coming soon

Plan, Purchase, Prepare, and Eat Meals

Planning out what you and your family will eat for a few days at a time can be a stress-saver, a time-saver, and a nutrition-saver. It helps put eating in its rightful place in your life. If you don't have an idea of what you will eat in a day, or have any food in the house, then you may feel as if at some point during the day you will not be fed – which can scare you into overeating when food becomes available. Planning out a menu for a few days, making a list of the foods needed and grocery shopping does not need to be complicated.

1. Begin by writing a list of meals and foods you and your family likes.
2. Think through the week and determine which meals would be the best for each day. For example, if the night is full of ballgames and dance lessons, then a slow-cooker meal or sandwiches may be necessary for that evening. Be realistic of what can or cannot be done for that day.

3. If you are new to menu planning, stick to familiar and tried recipes at the beginning. Keep things simple. Grilled cheese and vegetable soup is quite an acceptable meal.

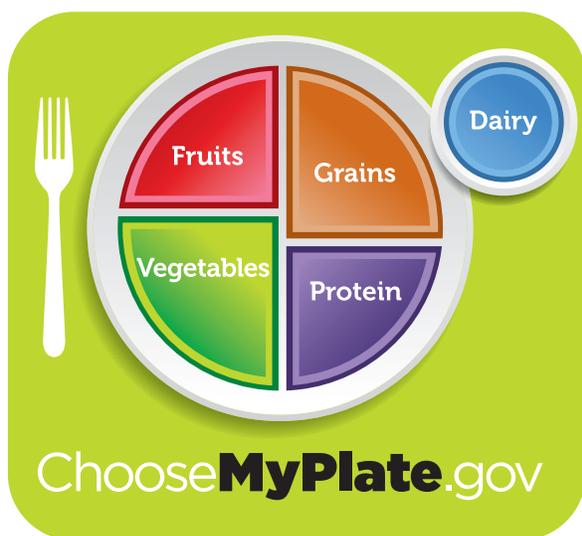


4. Stick to your grocery list at the store. Buying too much food will only result in eating too much or waste. Remember, you'll be back to the store again real soon.
5. Some may want to try a concept of preparing a lot of meals at one time and freezing them to have later. It can be a real money and time saver in the long run if you can handle the planning and preparation day. What is good about this is that you chop onions only once, cook chicken only once, etc. and use the food in several

meals. Some books published on this are entitled: Once-A-Month Cooking by Mary Beth Lagerborg and The Freezer Cooking Manual by Tara Wohlenhaus.

6. MyPlate illustrates the five food groups that are the building blocks for a healthy diet using a familiar image—a place setting for a meal. Before you eat, think about what goes on your plate or in your cup or bowl. In the planning of meals, Choose MyPlate.gov can help provide direction to the amount and variety of foods needed through the SuperTracker tool (<http://www.choosemyplate.gov/supertracker-tools/supertracker.html>). SuperTracker can help you plan, analyze, and track your diet and physical activity. You can find out what and how much to eat; track foods, physical activities, and weight; and personalize with goal setting, virtual coaching, and journaling. For those of you who relate to the “good ole days” the MyPlate recommendations may help you too. A healthy meal starts with more vegetables, fruits, and smaller portions of protein and grains. Think about how you can adjust the portions on your plate to get more of what you need without too many calories. Don't forget dairy—make it the beverage with your meal or add fat-free or low-fat dairy products to your plate. MyPlate gives these general recommendations:

- Make half your plate fruits and vegetables
- Vary your protein food choices: add lean protein
- Don't forget the dairy: switch to skim or 1% milk
- Make at least half your grains whole
- Avoid extra fat



MyPlate can even help take the hassle out of menu planning. On the MyPlate.gov website (http://myplate.gov/food-groups/downloads/Sample_Menus-2000Cals-DG2010.pdf), you can find a 7-day sample menu for a 2000 calorie food pattern. These menus are not intended to be followed day-by-day as a specific prescription for what to eat but to help you try creative new ideas for healthy meals and still provide the recommended amounts of key nutrients and foods from each food group.

7. As meal planning gets easier for you, begin to think through the colors of the food as they would look on your plate. A variety of colors and textures adds to the appeal of the meal as well as nutritional quality. You may plan a meal of macaroni & cheese, sweet potatoes, and cauliflower only to see a very monochrome plate. Plan meals that are of varying texture – soft, crunchy, lumpy, smooth, runny, etc.

Plan for Breakfast

Breakfast offers a healthy start to anyone's day. After going hours without eating while sleeping (fasting), you need to break the fast. Breaking the fast is a way to replenish your body's supply of blood sugar (glucose) which is your brain's main energy source. This is why children who eat breakfast in the morning tend to perform better in school. Adults who eat breakfast tend to have better concentration and problem-solving ability, tend to moderate their calorie and fat intake during the day and have less problems with high blood cholesterol, and have more strength and endurance.

Plan a supportive breakfast. A supportive breakfast will taste good to you, help you feel good and not dragged down, and keep you from being ravenously hungry mid-morning. You may have to experiment and see what your supportive breakfast may look like. Your body will also have to get used to eating breakfast again if you have not done so in a while. If you absolutely do not want to eat when you get up, try

drinking juices or an instant breakfast drink, and have on hand some supportive snacks for mid-morning.

A breakfast of high sugar foods such as sweetened cereal and an orange-flavored breakfast drink will likely leave you feeling hungry and low on energy in about an hour.



A breakfast that will keep you going might look like one of these examples:

- a starch (whole grain cereal or bread)
- a protein and/or milk (egg, cheese, milk)
- fruit or vegetable (juice)
- fat

Breakfast 1

- Creamy oatmeal (cooked in fat-free milk) with raisins and brown sugar, and orange juice

Breakfast 2

- Breakfast burrito (flour tortilla, scrambled egg, black beans, salsa), grapefruit half, and water, coffee, hot tea (unsweetened or with artificial sweetener)

Breakfast 3

- Ready-to-eat oat cereal (with banana, fat-free milk), whole wheat toast with margarine, and water, coffee, hot tea (unsweetened or with artificial sweetener)

Activity

Plan out three days of meals that you would consider appropriate for you and your family and make a shopping list.

Give Yourself Permission to Eat

Eating is a basic life need. Eating is meant to be enjoyed! Allow yourself to meet your basic need of life with enjoyment. Enjoy familiar foods and unfamiliar foods. Don't tell yourself you will never eat _____ again. Have you noticed that once you say you will never eat a certain food again you suddenly desire it more? By reassuring yourself that you can have what you want in the amount that you want, there is more freedom to allow yourself to enjoy other foods and not have to

binge on that particular food. You actually have more control over the “forbidden” food than ever before.

On the flip side to this, your less than favorite foods won't be as bad because you don't have to eat them just because they are “good-for-you”. Don't force yourself to eat repulsive food. Try to find other foods that you can enjoy that would give you the same benefits. For example, if you desire to increase the amount of green leafy vegetables and you cannot stand cooked spinach, what about a spinach salad with a yummy salad dressing? If you cannot tolerate carrots, then how about cantaloupe? By the way, did you try cooking the carrots in butter and honey? Remember, you have permission to eat butter.

With your new found permission to eat, you may overeat at times. That's okay. With your new found permission to eat, you may undereat at times because you know that another meal or snack is coming. That is okay. You will find you are more likely to tolerate less than desirable meals because you let yourself have enjoyable meals too.

Permission for Snacks

You may give yourself permission to eat anything you want for a snack. It is helpful to learn to ask yourself a few questions before eating a snack.

1. Am I hungry or eating to fulfill another need I have?
2. Will this food allow me to be hungry before my next meal?

3. Will this food give me energy or will I feel like taking a nap?
4. Will I feel deprived if I don't eat this food and be preoccupied with a desire for it?

Your environment and situation will help you to determine what you need to get out of the snack. Making sure you stay awake at a conference may override your desire to eat doughnuts that frequently make you sleepy. Give yourself permission to have them on Saturday when you can take a nap. Or maybe you put the doughnuts off until Sunday because you know they will make you feel sluggish for the family soccer game. The key is being in tune with how foods and combinations of foods support or don't support your daily activities.

If you answered often/always to questions 7&8 and never/rarely to questions 3&10 of the Eating and Feeding Cues Assessment, then your parents did a good job of giving you opportunity to learn to eat in grown-up ways. You were respected and allowed to take charge of your own eating. If you were allowed to choose which foods and how much you ate of what was offered you, you probably learned to give yourself permission to eat or not to eat what you want.

If you answered often/always to question 2, then you were given the message that dessert foods were better than other foods and that food is used for more than meeting your physical needs. If you had to eat so many bites of a vegetable or even clean your plate before you got dessert, then you may have overeaten just to get a dessert.

Case Scenario

Mary tried the permission principle out on her favorite doughnut store. She works close to a doughnut store that she just loves. When she was on a “diet” she would stay away from the forbidden place. She would sometimes dream of eating a doughnut as she slept. She would sometimes get very grumpy as she drove by the store, knowing that she could not have one. When Mary would be “off” of her “diet” she would park in the back of the store and run in for a dozen doughnuts. She would have half of the dozen eaten by the time she got to work and the other half eaten by the time she got home. She felt physically horrible as well as guilt-ridden.

Once Mary began to give herself permission to eat the doughnuts, she would park in front of the store, walk in and order as many as she thought she could eat and still be hungry for lunch. That was usually 2 to 3. Sometimes she would lose control and have a few more, but she told herself that was okay. She savored them. She did this everyday for 2 weeks. After about 2 weeks the doughnuts amazingly began to lose their appeal. She now stops for doughnuts maybe once a month. They don’t have a hold on her like they did when they were a forbidden food. She also likes how her body feels when she offers it a more supportive breakfast.

Acceptance of Body Size

“Accepting oneself does not mean that a person is absolutely okay and needs to do nothing. Rather, it implies that he/she has the energy to feel good about his/herself, cares about oneself, and wants to do what is best for body and mind to be the best that he/she can be!” (Omichinski)

Healthy, beautiful women come in all shapes and sizes. Does America’s media portray this concept? No, in general, the ideal female body portrayed by the American media cannot be achieved naturally without starvation or surgery for a majority of women. Oliver-Pyatt (2003) quotes an ad by the Body Shop, “There are three billion women who don’t look like super-models, and only eight who do.” Then what are we doing? Let’s see our beauty in our individual size and shape, eat in freedom, and enjoy life and health!!!! In fact, Oliver-Pyatt states that the men of Peru actually prefer women with a larger shape. If you are “starving” for a man, consider Peru.

Seriously, outer beauty needs to be defined as what is normal and healthy for each individual body. If you have to starve yourself to achieve a size 8, but with normal, moderate eating and comfortable activity you become a size 12, then your natural body is more than likely a size 12. Accept the size 12. Buy clothes that flatter your color, your shape, and that you feel you look good in. Keep your hair shaped nicely for your face and wear a good color makeup for you – as little or as much as what you are comfortable with. Do what you can without becoming obsessed. There is more to life than being in bondage for a size 8. It’s a choice that is in your power to make.

“Put weight in its proper perspective and focus on what’s really important in life. Do you want people to remember you for the shape of your body or the shape of your character and soul?” (Johnson, 1999)

If your caregivers regularly pressured you to eat less or to eat more, then you may have gotten the message that your weight/eating status was not “right” and needed to be changed for you to be of value (questions 13&14 of the Eating and Feeding Cues Assessment).

Support

Support in the journey to be a normal eater can take many forms. Some people only need the guidance of a resource and a food journal and they are on their way to normal and joyful eating. Others critically need the support of their family – encouragement and a desire to eat normally also. And still others may need the support of a partner, group or professional to keep them accountable. The key is to think through your needs and to not deny them. Then, ask an appropriate person for the help you need. What are the risks you take by asking? What are the risks you take by not asking?

Appendix C is a sample Food Journal that will be helpful to you in monitoring your patterns of eating. You will be able to identify areas that you need to work on. It is crucial that you focus on one thing at a time. For example, if you see that you are consistently eating when you are not hungry at night before you go to bed and that you are rarely coming to lunch hungry, then choose one to work on before you move to the next. Don’t overwhelm yourself! You have plenty of time!

Summary - Normal Eating

A summary of what we are striving for is summed up in the way Francis Berg (2004) defines normal eating:

- “Normal eating is usually eating at regular times, typically three meals and one or two snacks to satisfy hunger. It is regulated mostly by internal signals of hunger, appetite, satiety — we eat when hungry and stop when satisfied.
- Normal eating enhances our feelings of well-being. We eat for health and energy, also for pleasure and social reasons, and afterward, we feel good.
- Normal eating means that food choices more likely provide variety, moderation, and balanced nutrition.
- Normal eating promotes clear thinking and mood stability. It fosters healthy relationships in family, work, school, and community. Thoughts of food, hunger, and weight occupy only a small part of the day (perhaps 10 to 15 percent).
- Normal eating nurtures good health, vibrant energy, and the healthy growth and development of children. It promotes stable weights, within a wide range, expressing both genetic and environmental factors.”

PHYSICAL ACTIVITY

Moving Your Body

Children usually have no trouble moving their bodies. They enjoy running, dancing, playing ball, turning cart-wheels and riding bikes. What happens to all of this movement as you age? Is there so much sitting at school and work that you begin to lose your strength and motivation for moving? Return to the joy of moving! Play! Dance! Play Ball! Oh, and if you enjoy aerobics, running, walking, biking, and or swimming, then by all means “just do it!” Fitness is for everybody – large or small or in between. We all need to be moving our bodies so we can experience the benefits of physical activity.

Benefits of Physical Activity

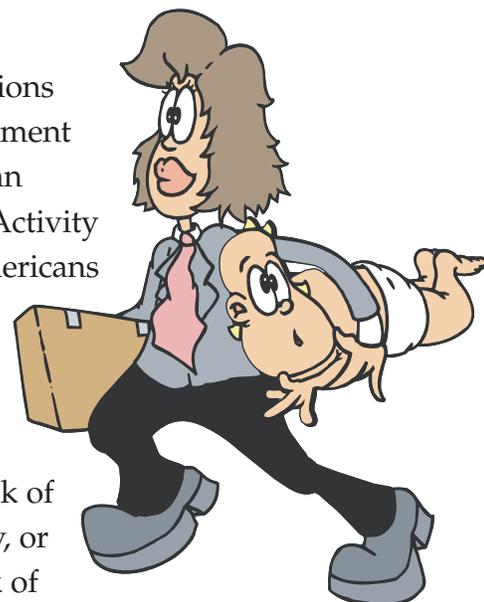
- Improved self-satisfaction, self acceptance, sense of personal worth
- Increased energy
- Greater psychological health
- It can be fun
- Renewed sense of control and accomplishment
- Improved mood
- Increased muscular strength and endurance
- More flexibility and less stiffness
- Reduced stress and increased sense of well-being

- Helps to manage blood pressure, LDL cholesterol, and triglycerides (and increases HDL cholesterol)

Hindrances to Physical Activity

If physical activity has such wonderful benefits then why don't more people engage in it regularly?

The recommendations by the U.S. Department of Health & Human Services Physical Activity Guidelines for Americans states “For substantial health benefits, adults should do at least 150 minutes a week of moderate-intensity, or 75 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week. Research studies consistently show that activity performed on at least 3 days a week produces health benefits. Spreading physical activity across at least 3 days a week may help to reduce the risk of injury and avoid excessive fatigue.”



Living up to this recommendation can be overwhelming. Some people hear this amount of time and don't give it another thought.

Others may give it a try, but when unable to get the recommended amount of aerobic activity per week, they give up – it’s all or nothing. Some other reasons for not carrying through with regular physical activity include: (Adapted from *Moving Away From Diets*, by Kratina, et.al.)

1. Not having much natural athletic ability as a child. This person may have sometimes felt rejected because of this and eventually lost any interest in trying.
2. Pushed into exercise by a parent or friend for weight loss purposes or to make the body look better. This person may be rebelling against those who pushed her into exercise in the past where she received the message she wasn’t good enough as she was.
3. Not wanting to have any attention drawn to her body by moving it.
4. Injured by exercise in the past and fears it will happen again.
5. Exercised in the past during a diet when energy level was low so associates exercise as something unpleasant. When diet ceased, so did the exercise.
6. Rejection may have been experienced due to the size of her body and she uses exercise to change the body. She experiences disappointment with herself and the exercise when she fails to meet her expectations.
7. Does not feel there is a safe location to be physically active.

8. The feeling of loneliness by spending the time alone.
9. Simply doesn’t like sweating.
10. Feels there is no time to exercise.

Activity

If any of the 10 statements for not engaging in physical activity are true for you, then write any that apply in the spaces below.

For each statement you write, write an action step you can take to deal with the problem. Discussing your issue with a trusted friend may help you remove the barriers. You may need to consult a skilled therapist to help.

Example: I don’t want to have attention drawn to my body while moving it. I will go with my friend to buy some proper fitting, comfortable clothes to walk in. I will go to the track at a time that there are fewer people so to build up my confidence a little at a time.

Lifestyle Physical Activity (LPA)

Lifestyle Physical Activity (LPA) is the term used to give hope to those who do not enjoy exercise. LPA is a way of incorporating activity into a daily routine.

Another way of defining LPA is:

‘Lifestyle physical activity is the daily accumulation of at least 30 minutes of self selected activities, which includes all leisure, occupational, or household activities that

are at least moderate to vigorous in their intensity and could be planned or unplanned activities that are a part of everyday life'. (J. Gavin as quoted in "Kratina, et.al." 2003)



In addition, the Surgeon General's report on physical activity and health concluded that:

- People who are usually inactive can improve their health and well-being by becoming even moderately active on a regular basis.
- Physical activity need not be strenuous to achieve health benefits.
- Greater health benefits can be achieved by increasing the amount (duration, frequency, or intensity) of physical activity.

So, get some LPA into your DAY by:

- Parking your car further away so you have to walk further
- Playing actively with children
- Playing basketball with teenagers

- Gardening
- Dancing
- Taking the stairs instead of the elevator
- Walking around the soccer field while watching children play
- Wearing a headset and walking while talking on the phone
- Hand-delivering a memo instead of e-mailing it to a colleague
- Going window shopping

To find an activity that you enjoy, you may want to take 6 months or longer to explore a variety of exercise experiences. Try:

- Dancing – you could dance to music in your house, take a ballroom dance class, go line-dancing or join a local clogging or square-dancing group
- Canoeing – those of you who live near water, go for it
- Bicycling – join your kids for a bike ride
- Rollerblading – you may purchase your own and do it in or outdoors
- Hiking – Arkansas is full of beautiful places to hike
- Ball sports – football, basketball, volley ball, soccer, softball, tennis, golf (without golfcart) – play with your kids or join a church or community team
- Swimming

Call local parks, recreation centers, colleges, dance studios, health clubs etc. and find out what is offered and the fees.

Just like eating, moving your body has to find its normal and rightful place in your life. It may take trial and error, time and patience; but don't give up. Move your body. Every little bit makes a difference.

A Final Look at Mary

Let's look at how Mary is doing. Mary takes an hour on Friday afternoon to plan out her family's meals for the upcoming week. She takes her shopping list to the grocery on Saturday morning and purchases only what is on the list. She gives herself permission to write on her list potato chips, cookies, and butter. She also doesn't mind writing cauliflower and spinach because she now puts a little cheese or butter on them to make them so much more enjoyable.

Mary gets up 20 minutes earlier each morning and does an exercise video that is not too hard or too easy. She then eats her planned breakfast, prepares her and her family's lunches for the day and then dresses for the day in clothes that look good and fit properly.

On her drive to work she usually doesn't even notice the doughnut store. If she does, she evaluates if she wants them bad enough to plan to have them another day for breakfast.

For lunch Mary sits down in the lunch room to enjoy her lunch. First of all she pauses to give thanks for the privilege of having plenty of tasty food to eat and a body that serves her well. She then focuses on her hunger and eats to satisfy her

hunger. She doesn't feel the need to listen to the details of the latest diet that someone is on – she feels too free as well as in control to mess all of that up.

For lunch, she sometimes eats leftovers; sometimes she eats a sandwich, chips, and fruit; and sometimes she eats a fast food lunch. It took a while but she trained herself to eat the smaller portion sizes of fast food. She first started out ordering a smaller sandwich, but keeping the fries and drink the same size. She then went for the smaller fries, and is now working on a smaller drink. She is amazed that she really does feel satisfied with the smaller portions.



After work, Mary does her "taxi" driving to all the places her children need to go. She walks laps around the soccer field while her son practices. When they get home, she begins the process of preparing the meal she planned. On practice nights, grilled cheese and canned soups are popular. She also plans frozen pizza and salads, Sloppy Joes and frozen vegetables, or a roasted chicken with baked beans for busy nights.

The family eats together now at the table with no distractions. They talk about the day and what their plans are for the next day. They enjoy a serving of dessert together on some nights.

Mary finds that she usually needs a snack in the afternoon so that she will not get out-of-control hungry before supper is ready. She has found that peanuts, a fruit and water are examples of a supportive snack for her. She is pleasantly hungry for supper and feels energetic in the afternoon.

Her husband reports that Mary looks better than ever – not because Mary has lost much weight,

but because she is much happier and self-confident. As far as Mary's weight – she gained a few pounds at first (the doughnuts), but then she began to lose that after she had been on her journey to eat normal and be physically active.

Some days she thinks of the way she looked when she was younger, the size jeans she once wore. But then, she thinks about the bondage it would take to get there and determines that her new found freedom is worth the bigger jean size.

POST-ASSESSMENT

The post-assessment questions which follow are intended to assist you in determining whether you have achieved the objectives in this module.

Instructions: Read the questions which follow and respond to each on a separate sheet of paper.

- 1.** What in our current culture has been an obstacle for you in managing your weight?
- 2.** Are you a normal eater, dysfunctional eater, or a disordered eater? State some reasons why you are that kind of eater.
- 3.** In relation to meal planning, list the recommendations from MyPlate.
- 4.** List the benefits you personally receive from physical activity.
- 5.** What barriers have you identified to having more physical activity? What are possible solutions to these barriers?

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PRE-ASSESSMENT ANSWER KEY

- 1.** T___ F___ The Academy of Nutrition and Dietetics (formerly the American Dietetic Association) has stated that obesity is simply caused by over-consumption of food.

False. The Academy of Nutrition and Dietetics has stated that obesity is a complex, multifactorial disease.

- 2.** T___ F___ According to latest CDC statistics, 31% of adults in Arkansas are obese.

True.

- 3.** T___ F___ Some people carry disruptive eating patterns into adulthood from their childhood eating experiences.

True. Your relationship with food, either positive or negative, begins to form from birth.

- 4.** T___ F___ To place eating in its rightful place in one's life, planning what, when and where meals will be eaten in advance is essential.

True. You are able to trust yourself to provide good food for your body when you have planned out your meals in advance. Hunger is not to be feared because you know another meal or snack is coming.

- 5.** T___ F___ Only children benefit from eating breakfast.

False. Eating breakfast benefits both children and adults.

- 6.** T___ F___ A key component to being a normal eater is to give yourself permission to eat.

True. Normal eaters don't obsess over what they should and should not eat.

- 7.** T___ F___ The increase of overweight and obesity has paralleled the increases in portion sizes over the past 30 years.

True. As portion sizes have gotten bigger so have our bodies.

- 8.** T___ F___ When eating normally, snacks should never be eaten.

False. Most people need at least one supportive snack a day to help protect against overeating driven by excessive hunger.

- 9.** List 3 benefits of physical activity.

Refer to page 26.

- 10.** List 3 hindrances to physical activity.

Refer to pages 26 and 27.

Body Mass Index Table

	Normal										Overweight										Obese										Extreme Obesity																							
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																		
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																		
Height (inches)	Body Weight (pounds)																																																					
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258																		
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267																		
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276																		
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285																		
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76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443																		

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.

Food Journal Example

Time	Food and Quantity	Pre-meal Hunger	Post-meal Satisfaction	Mood, Thought, Feelings
8:00	1 large bagel with light cream cheese and jelly 12 oz. skim milk	A little “4”	Stuffed	Should have stopped at 1/2 of bagel but I didn't want to get too hungry before lunch. It scares me to get too hungry.
				Was not hungry for a snack. I didn't even think about it.
12:00	Plain bean burrito Regular order of nachos Small Pepsi	Pleasantly hungry “6”	Satisfied	It felt good to eat. I allowed myself to have what I wanted, but I didn't order the bigger sizes like I usually do. I am satisfied and feel good.
3:00	Milky Way bar 12 oz. Coke	Didn't even think about it	Some guilt Some pleasure	Stressed at work. Needed a diversion. Ate it fast. Feel yuk that I had the coke.
6:30	Spaghetti (1 1/2 cups) Garlic bread – 2 slices Broccoli with cheese – 1/2 cup 12 oz. skim milk apple	A lot “8”	Very satisfied	I'm glad I had this meal planned. It was satisfying and feels good to know I provided myself with good nutrition that tasted good. I could have stopped at 1 slice of bread and not feel deprived, but I didn't want to waste the last piece.
				Was not hungry for a snack. Decided to read instead of snack tonight. Yeah!

Pre-meal hunger could be done on a scale from 1 to 10.
1 = no hunger, 5 = hunger, 10 = out of control hunger

Food Journal

Time	Food and Quantity	Pre-meal Hunger	Post-meal Satisfaction	Mood, Thought, Feelings

Pre-meal hunger could be done on a scale from 1 to 10.
1 = no hunger, 5 = hunger, 10 = out of control hunger