Project “HOPE”

A Primary Care Assessment

and Educational Intervention

for Overweight/Obese

Adult African American Females

Abstract

Purpose: To perform a primary care assessment of self reported eating behaviors and provide educational counseling on healthy food choices for overweight/obese African American females in a primary care setting. I hypothesized that the participants will gain knowledge of healthy food choices and lose weight over a 4 week period of the project.

Methodology: Height, weight and BMI were obtained for qualifying participants on the first visit and participants who completed visit two. A self reported eating questionnaire was administered to participants and the completion of an educational session on healthy food options were completed on visit 1. Heights and weights were again assessed and the self reported eating questionnaire was administered on visit two. Objective items were analyzed using descriptive statistics of the following: total participation, participant age, weight, height, BMI, and food frequency reports.

Findings: The analysis of the self reported eating habits of all participants indicate a median of 1 x weekly that participants were consuming vegetables and fruits pre-counseling as compared to a median of 3-4x weekly consumption of vegetable and fruits post-counseling and fried/fast food consumption decreased to a median of 2x weekly as compared to 5-6 x weekly pre-counseling. There was no significant change in sugar consumption pre counseling compared to post counseling, and minimal median change in meat, carbohydrate and sodium intake. Mean starting weight was 192lbs. and post weight after healthy food counseling was 190 lbs. Participant average age was 34.4 and average time to complete visit 1 was 31 minutes and 11 minutes for visit 2.

Implications: The implementation of a culturally sensitive healthy food counseling program for obese African American females will help to improve healthy eating options and contribute to weight loss.

Introduction

Obesity is very prevalent in our society and is considered one of America's most serious health problems in adults across a large spectrum of socio-economic boundaries. More than one third of all Americans are obese, totaling 41 million women compared to 37 million men aged 20 and older according to (Ogden, Carroll, Kit and Flegal, 2012). Obesity associated medical costs were estimated at $147 billion in 2008 and the medical costs for people who are obese were $1,429 higher than those of normal weight (Finkelstein and Trogdon 2010). Fryer and Carroll 2012, report from 2009-2010, non-Hispanic black women (58.5%) were significantly more likely to be obese than non-Hispanic white women (32.2%) and Mexican-American women (44.9%). Evidence suggests that the adult African American female is disproportionally affected by this preventable anomaly.

Obesity has a documented medical link to chronic diseases. "Healthcare professionals are well aware of the relationship between excess body weight and cardiovascular disease, hypertensions, type 2 diabetes, osteoarthritis, sleep apnea, and certain cancers" (Haas, Moore, Kaplan & Lazorick, 2012). Heart disease is the second leading cause of death and the rate among African Americans surpasses other ethnic groups (CDC, 2010). It has been suggested that one of several possible reasons for the increased coronary heart disease mortality and morbidity rate is that there is an approximate 2-fold higher prevalence of obesity experienced by African American females (CDC, 2010). African American females are high risk patients who are disproportionately affected by the obesity epidemic and obesity associated health conditions. Bennett et al.. (2012) reports that prolonged exposure to an obesogenic environment predisposes African American females to weight gain. The increasing prevalence of fast foods, inactivity and overconsumption of foods high in sugar, fat and calories (Bronner & Boyington, 2002) contributes to this type of environment. In addition, cultural pressure and social influences

in the environment depict curvy figures as acceptable and healthy. This causal relationship between caloric intake, weight gain and chronic disease development warrants the development of a program that is readily accessible, culturally attentive, and provides counseling on appropriate food choices (Bronner & Boyington, 2002).

Education on lifestyle interventions for low caloric diets and exercising has been the focus of weight loss programs. Recommendations for clinicians to screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss has been outlined by the US Preventative Task Force (2003). The National Heart, Lung and Blood Institute in conjunction with the North American Association for Obesity (1998), developed an evidenced based guideline suggesting that a patient encounter with a healthcare practitioner (generally a physician, nurse practitioner or physician assistant) should provide an opportunity to assess a patient's weight and provide advice, counseling and treatment on weight loss. According to Clark et al.. 2008, the primary mechanisms for delivering lifestyle interventions in primary care include education and counseling. Albeit many commercial avenues are readily available and advertise weight management, the primary care provider is best equipped to address and implement the recommendations of the US Preventative Task Force. According to Martin, Rhode and Brantley (2006), a tailored weight management program delivered by primary care providers yielded greater results than those receiving standard care.

The CDC (2010) National Ambulatory Medical Care Survey reports that 55.5% of adults experience a visit with a primary care provider over the course of 1 year. This reported frequency of healthcare visits to a primary care provider coupled with the providers personal knowledge of a patients current and past medical history, produces a high probability that the primary care provider is the first point of medical contact for the identification and treatment of obesity.

The role of the primary care provider strategically positions them to implement obesity management although studies report primary care providers list several obstacles that hinder mobilization of the national recommendations. Reported obstacles are varied and include time constraints to perform comprehensive obesity assessments and counseling sessions, lack of knowledge of treatment modalities, and inadequate reimbursement from insurance companies for obesity care (Wollner et al., 2010). The US Center for Medicare and Medicaid Services has recently included behavioral counseling reimbursement coverage for obesity counseling in the primary care setting.

Although obesity has long been recognized as a serious societal health issue that requires urgent action, health care providers and public health authorities currently lack effective strategies to motivate and sustain weight loss among health consumers, particularly in black women (Orbarzanek and Pratt, 2003). Clearly, a practical and culturally sensitive program administered by primary care providers to overweight and obese African American females is warranted. Interventions that is easily accessible to disproportionate individuals such as obese, African American females are paramount for the delivery of effective weight loss management.

The purpose of project HOPE is to perform a primary care assessment of self reported eating behaviors and provide educational counseling on healthy food choices for overweight/obese African American females in a primary care setting. The first objective of the study was to evaluate eating habits among this group by administering a self report measure of eating habits questionnaire. The second objective was to determine the effectiveness of the educational session on healthy food choices and weight loss. The third objective was to determine the amount of time needed for assessment, administering of questionnaires and educational counseling during a primary care visit. I hypothesized that the participants will gain

knowledge of healthy food choices and lose weight over a 4 week period of the project.

Methods

Setting

A family practice clinic located in East Harris County Texas was targeted due to the prevalent patient population of obese African American females. The clinic is generally staffed with physicians, physician assistants and nurse practitioners. An informational flyer was placed in the clinic lobby to assist with recruitment of the intended population. The flyer provided preliminary information on the research project goals and qualifications for participation. The flyer also encouraged patients to call the primary investigator if they were interested in the research project. A screening telephone script was designed to identify if participants met the qualifying criteria and was completed at the time of the initial inquiry call.

Woodforest Pediatric and Family Practice Clinic does not have an internal review board for research studies. Project "HOPE" received expedited approval for research initiation from the University of Alabama Capstone College of Nursing, Tuscaloosa Alabama. Specific information on IRB qualifications and approval for this project can be obtained from the primary investigator upon request. No monetary incentives were provided to patients for participation in this research project.

Sample

The desired target sample was 50 African American women. Qualifying criteria was based on gender, ethnicity, age, weight and height. To qualify, participants must be of of African American descent, female, 20 years or older with a body mass index (BMI) of 25 or greater, indicating an unhealthy weight. According to the CDC (2011),

the BMI is a number calculated from a person's weight and height and is a reliable indicator of body fat (Figure 1). This screening tool can be utilized for most people and indicates which weight categories (overweight, obese and morbid obesity) an individual may be classified in (Table 1). Participant average age was 34.4, with the greatest participation of ages ranging from 20-34 years old, (Figure 2).

Upon identification of qualified research participants, scheduled clinic visit dates were determined. Each participant was expected to complete 2 office visits with the primary care provider over a 4 week period. For the purpose of this study, a family nurse practitioner served as the primary care provider.

Design

Based on patient participation in this project, data has been divided into 2 groups, pre- and post- education, N=31. The descriptive data (weight, BMI and questionnaire responses pre- and post education) were calculated for the sample in the 2 groups. Mean descriptive data of qualified participants, visit 1 participation, visit 2 participation and age of participants were also calculated.

Data Collection

A total of 62 females qualified for the research project based on the qualifying criteria. Thirty five women (56%) of the qualifying sample completed visit number 1 and 31 women (88.6%) completed both visits 1 and 2. On the first office visit, all participants' height and weights were measured and documented to verify self reported measurements during the screening telephone session. Both heights and weights were obtained by a bio measure adult measuring machine. Signed consent forms were then collected for participation. Participants were then provided with a 31 item questionnaire identifying self reported eating

habits on visit 1. The questionnaire is a modified version of the Dietary History Questionnaire form adopted from the National Institute of Health (Appendix x). The modified questionnaire items chosen for this project included items intended to identify the frequency of carbohydrates, fat, sodium, sugar, vegetables, fruits, meats, and fast/fried foods in the diet of the participants over the course of 1 month. The possible food frequency answers ranged from never to more than 2 or more times daily. Instructions of form completion were provided before the questionnaire was administered.

After completion of the self reported questionnaire, an educational session on healthy food choices were completed on visit 1. The educational handout utilized is a modified version adopted from the Dietary Guidelines for Americans Eat Healthy, Be Active Community Workshops 2010 (Appendix Y). The educational handouts chosen from these guidelines were incorporated into the research project because of the comprehension level of material for participants. It was also chosen because of the recommendations on dietary changes that are aligned with clinical guidelines on identification, evaluation, and treatment of overweight and obese adults. Each participant was provided with an educational packet containing information and examples of the instructional materials. The educational session counseled patients on food proportions, food preparation, evaluation of nutritional labels, adequate water intake and how to avoid overconsumption of carbohydrate laden foods. Counseling also included limiting fried/fast foods, foods high in fat, sugar and sodium and how to decrease overall caloric intake by adhering to a low calorie diet plan (1200-1500). All participants were instructed on calorie counting and how to log in a daily food diary. The packet also included a small section on adding daily activity and the participants were encouraged to engage. However for the purposes of this study, counseling was focused on

healthy eating.

On the second office visit which occurred 4 weeks after office visit number 1, all participants' height and weights were measured. Participants were again provided with the 31 item questionnaire intended to identify a change in self reported eating habits post the healthy eating educational session completed on visit number 1. The questionnaire was completed and all participants were thanked for their cooperation and participation.

Results

The intended outcomes were to perform a primary care assessment of eating habits among adult overweight/obese African American females utilizing a self report questionnaire, to provide an educational session on healthy food choices, to evaluate if a change occurs in self reported eating habits and weight post education, and to identify the length of time for both primary care visits. The analysis of the self reported eating habits of all participants indicate fast and fried foods with a median of 5-6x weekly pre counseling improved to 2x weekly (Figure 3). Fat intake has a median report of 2x weekly pre counseling and 1x daily post counseling (Figure 4). Meat frequency decreased from a median frequency of 2x daily to1 x daily and improvement from 1x weekly that participants were consuming vegetables and fruits pre-counseling as compared to a median of 3-4x weekly post-counseling session (Figures 5-6). Carbohydrates pre and post counseling median remained unchanged at 1x daily (Figure 7). Excessive sodium consumption decreased with a median of 1x daily pre counseling to 5-6x weekly post counseling and sugar frequency pre-counseling was reported at 1x daily and decreased to a median frequency of 5-6x weekly (Figure 8-9).

The sample population BMI was calculated by the primary investigator. N=31 for weights of participants who completed both visit 1 and 2. The mean weight pre-

counseling ($p<0.04$) was 192 and the mean post counseling weight was 190 (Table 2). The average weight lost in lbs. was 2 lbs over the course of the 4 week project (Figure 10). The mean BMI at visit 1 was 33.48 and mean BMI at visit 2 was 33.27 (Table 3). Although 2 lbs of weight on average was lost over the course of the project, the BMI remained constant. The average time for the family nurse practitioner to complete visit 1 was 21 minutes and 11 minutes for visit number 2.

Discussion

Implications

The educational intervention and results of the project will be shared with primary care providers in the primary care setting. The implementation of a culturally sensitive healthy food counseling program for obese African American females will help to improve healthy eating options and contribute to weight loss. Thus, contributing to a decrease in the occurrence of chronic diseases associated with obesity. In addition, a program that is amendable to time constraints in the primary care setting will encourage other providers to assess eating patterns and implement a counseling session on healthy food choice education.

Limitations

The primary care provider did not assess for pre-existing medical conditions or patient medication history. The project also did not include the specific assessment of adjunctive weight loss medication or current physical activity levels. Because the sample was arbitrarily set to individuals from 1 specific clinic of a local community, a selection bias exist. Additional limitations include the short interventional period and lack of long term follow up assessments.

Summary

Obesity has long been associated with chronic health conditions including diabetes, cardiovascular disease and cancer. Adult African American females are disproportionately

affected by the obesity epidemic and thus have a higher prevalence of cardiovascular disease related conditions and deaths (Capers, Baughman & Logue, 2011). The National Heart, Lung and Blood Institute in conjunction with the North American Association for Obesity (1998), developed an evidenced based guideline suggesting that a patient encounter with a healthcare practitioner (generally a physician, nurse practitioner or physician assistant) should provide an opportunity to assess a patient's weight and provide advice, counseling and treatment on weight loss. Healthcare professionals are equipped to provide intensive lifestyle interventions producing clinically significant weight loss of 5-10% (Ahern, Boyland, Jebb & Cohn, 2013). Based on the established relationship the primary care provider has with patients, he or she is in an optimal role for educating and counseling obese patients on weight loss strategies.

Analysis of self reported eating behaviors post diet counseling indicates that a knowledge deficit existed with consumption of recommended food choices and food servings. The greatest deficit identified in this project occurred with fruit/vegetables, sugar and fried/fast food intake. Analysis of data indicate that participant's knowledge of food choices and frequency improved based on the decrease or increase in food frequency pre and post counseling. Upon completion of diet counseling in Project HOPE, baseline weights decreased by 2 lbs over a 4 week period (Figure 10). Effective weight loss strategies implemented at the point of care by a primary care provider will assist with decreasing weight and improving knowledge of healthy food choices.

Figure 1, BMI Calculation Chart

Measurement Units	Formula and Calculation
Kilograms and meters (or centimeters)	Formula: weight (kg) / [height (m)]^2 With the metric system, the formula for BMI is weight in kilograms divided by height in meters squared. Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters. Example: Weight = 68 kg, Height = 165 cm (1.65 m) Calculation: 68 ÷ (1.65)^2 = 24.98
Pounds and inches	Formula: weight (lb) / [height (in)]^2 x 703 Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703. Example: Weight = 150 lbs, Height = 5'5" (65") Calculation: [150 ÷ (65)^2] x 703 = 24.96

Table 1

Weight Classification by Body Mass Index (BMI)*		
NHLBI Terminology	**BMI, kg/m^2, Range**	**WHO Classification**
Underweight	<18.5	Underweight
Normal	18.5-24.9	Normal Range
Overweight	25.0-29.9	Pre-obese
Obesity class 1	30.0-34.9	Obese class 1
Obesity class 2	35.0-39.9	Obese class 2
Obesity class 3	≥40.0	Obese class 3

*NHLBI indicates National Heart, Lung, and Blood Institute and WHO, World Health Organization.

Figure 2

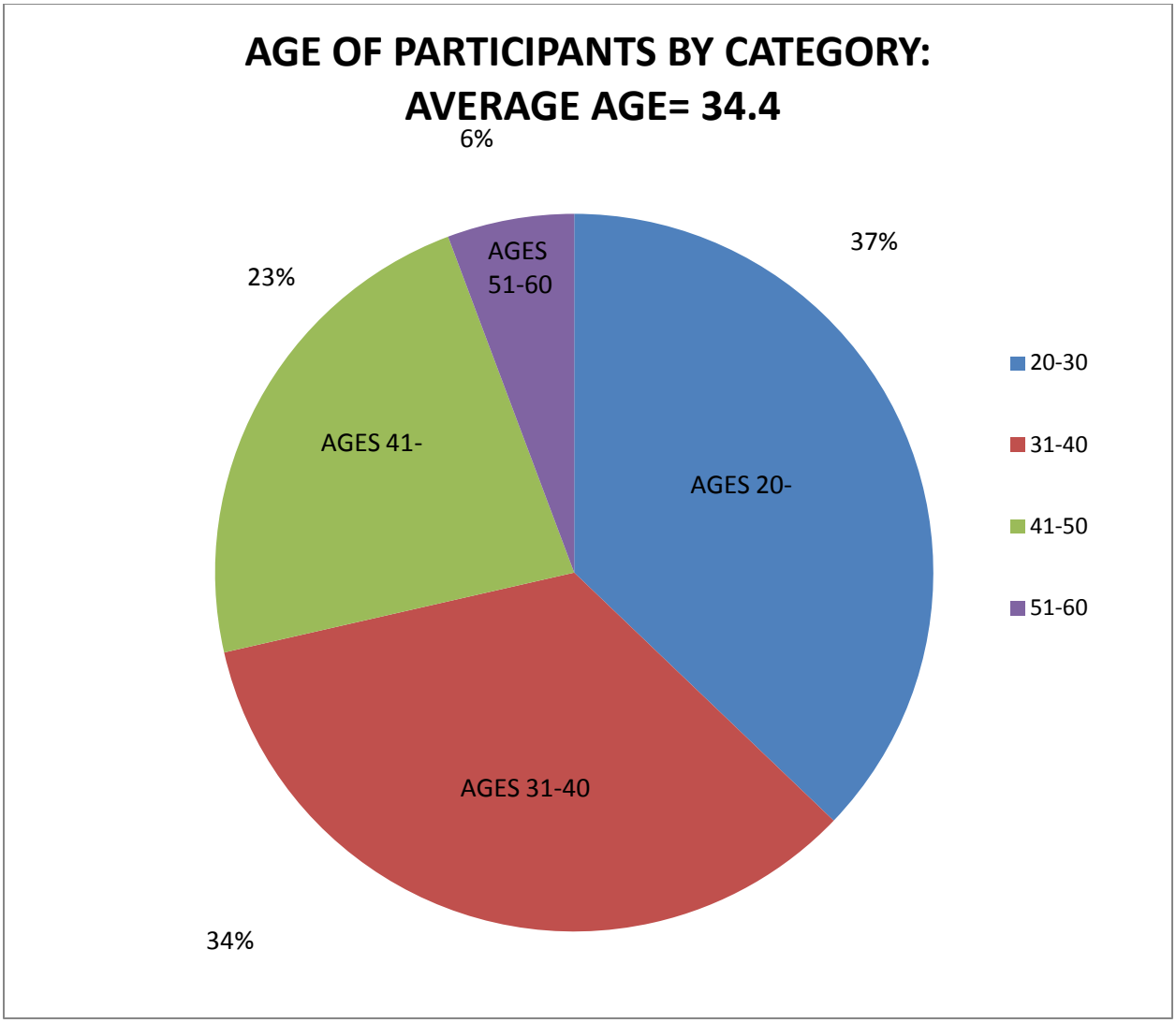

AGE OF PARTICIPANTS BY CATEGORY:
AVERAGE AGE= 34.4
6%
37%
23%
AGES
51-60
AGES 41-
AGES 20-
AGES 31-40
34%
20-30
31-40
41-50
51-60

Figure 3

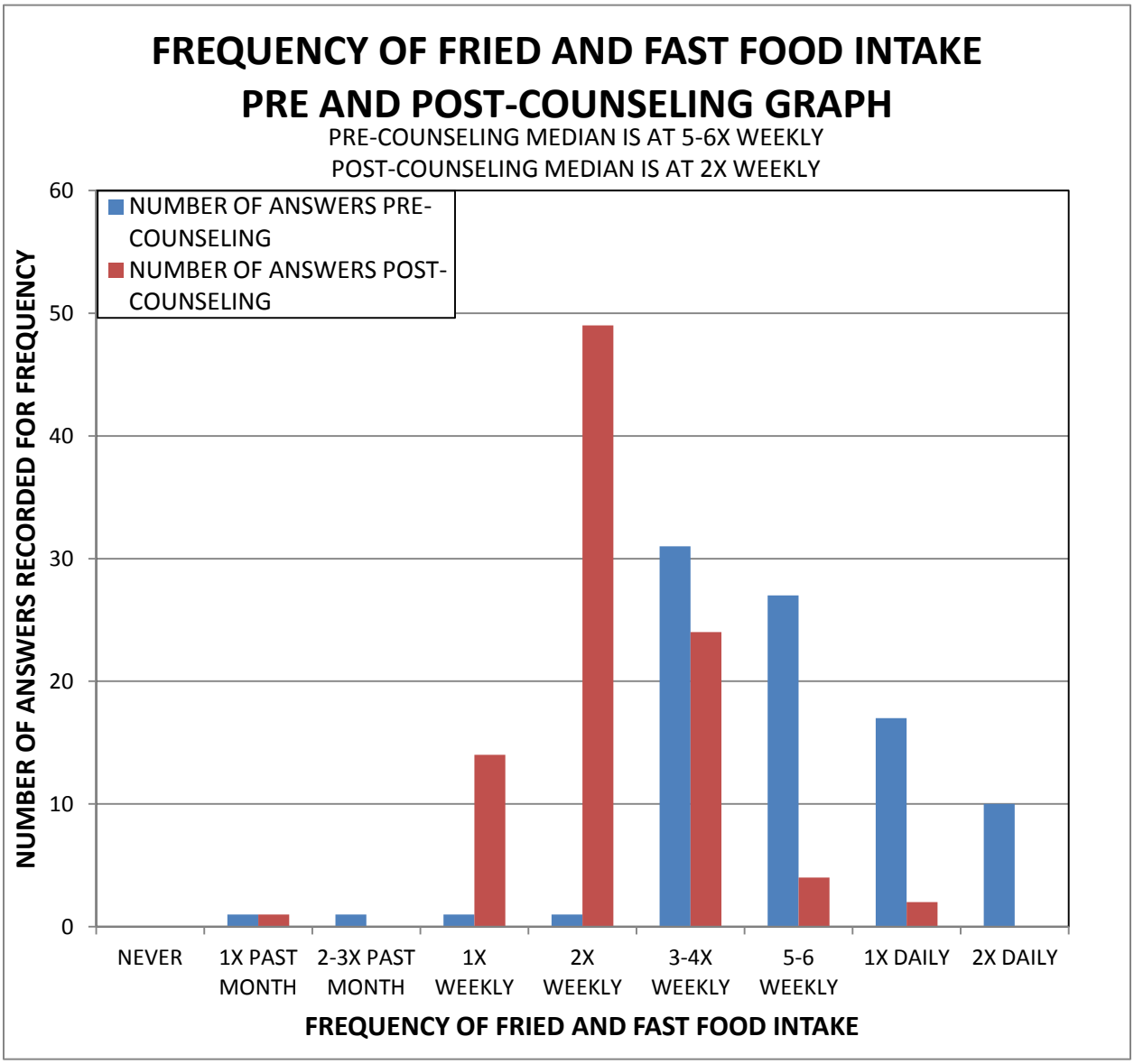

FREQUENCY OF FRIED AND FAST FOOD INTAKE
PRE AND POST-COUNSELING GRAPH
PRE-COUNSELING MEDIAN IS AT 5-6X WEEKLY
POST-COUNSELING MEDIAN IS AT 2X WEEKLY
NUMBER OF ANSWERS PRE-COUNSELING
NUMBER OF ANSWERS POST-COUNSELING
NUMBER OF ANSWERS RECORDED FOR FREQUENCY
60
50
40
30
20
10
0
NEVER
1X PAST MONTH
2-3X PAST MONTH
1X WEEKLY
2X WEEKLY
3-4X WEEKLY
5-6 WEEKLY
1X DAILY
2X DAILY
FREQUENCY OF FRIED AND FAST FOOD INTAKE

Figure 4

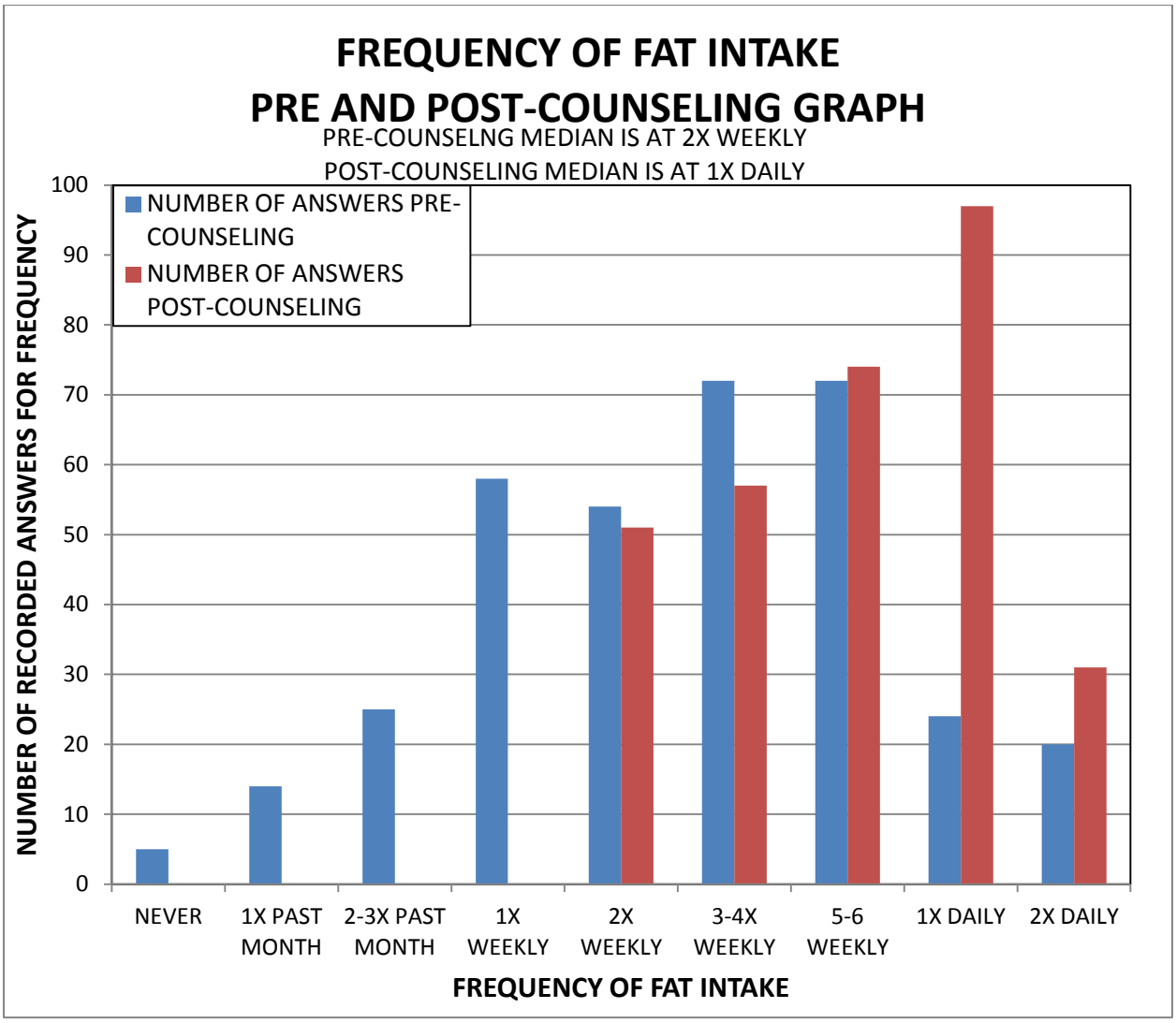

FREQUENCY OF FAT INTAKE
PRE AND POST-COUNSELING GRAPH
PRE-COUNSELNG MEDIAN IS AT 2X WEEKLY
POST-COUNSELING MEDIAN IS AT 1X DAILY
NUMBER OF ANSWERS PRE-COUNSELING
NUMBER OF ANSWERS POST-COUNSELING
NUMBER OF RECORDED ANSWERS FOR FREQUENCY
100
90
80
70
60
50
40
30
20
10
0
NEVER
1X PAST MONTH
2-3X PAST MONTH
1X WEEKLY
2X WEEKLY
3-4X WEEKLY
5-6 WEEKLY
1X DAILY
2X DAILY
FREQUENCY OF FAT INTAKE

Figure 5

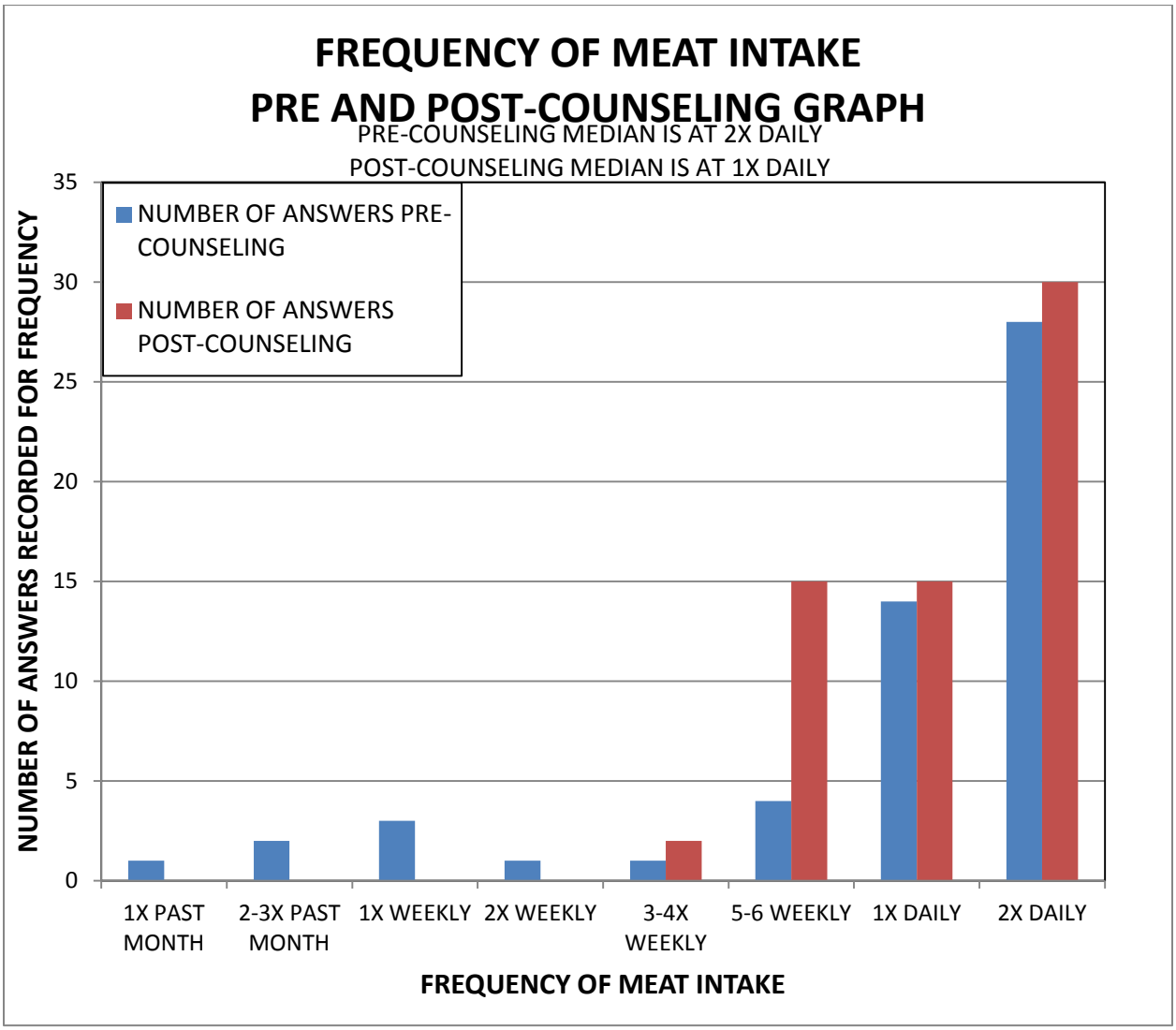

FREQUENCY OF MEAT INTAKE
PRE AND POST-COUNSELING GRAPH
PRE-COUNSELING MEDIAN IS AT 2X DAILY
POST-COUNSELING MEDIAN IS AT 1X DAILY
NUMBER OF ANSWERS PRE-COUNSELING
NUMBER OF ANSWERS POST-COUNSELING
NUMBER OF ANSWERS RECORDED FOR FREQUENCY
35
30
25
20
15
10
5
0
1X PAST MONTH
2-3X PAST MONTH
1X WEEKLY
2X WEEKLY
3-4X WEEKLY
5-6 WEEKLY
1X DAILY
2X DAILY
FREQUENCY OF MEAT INTAKE

Figure 6

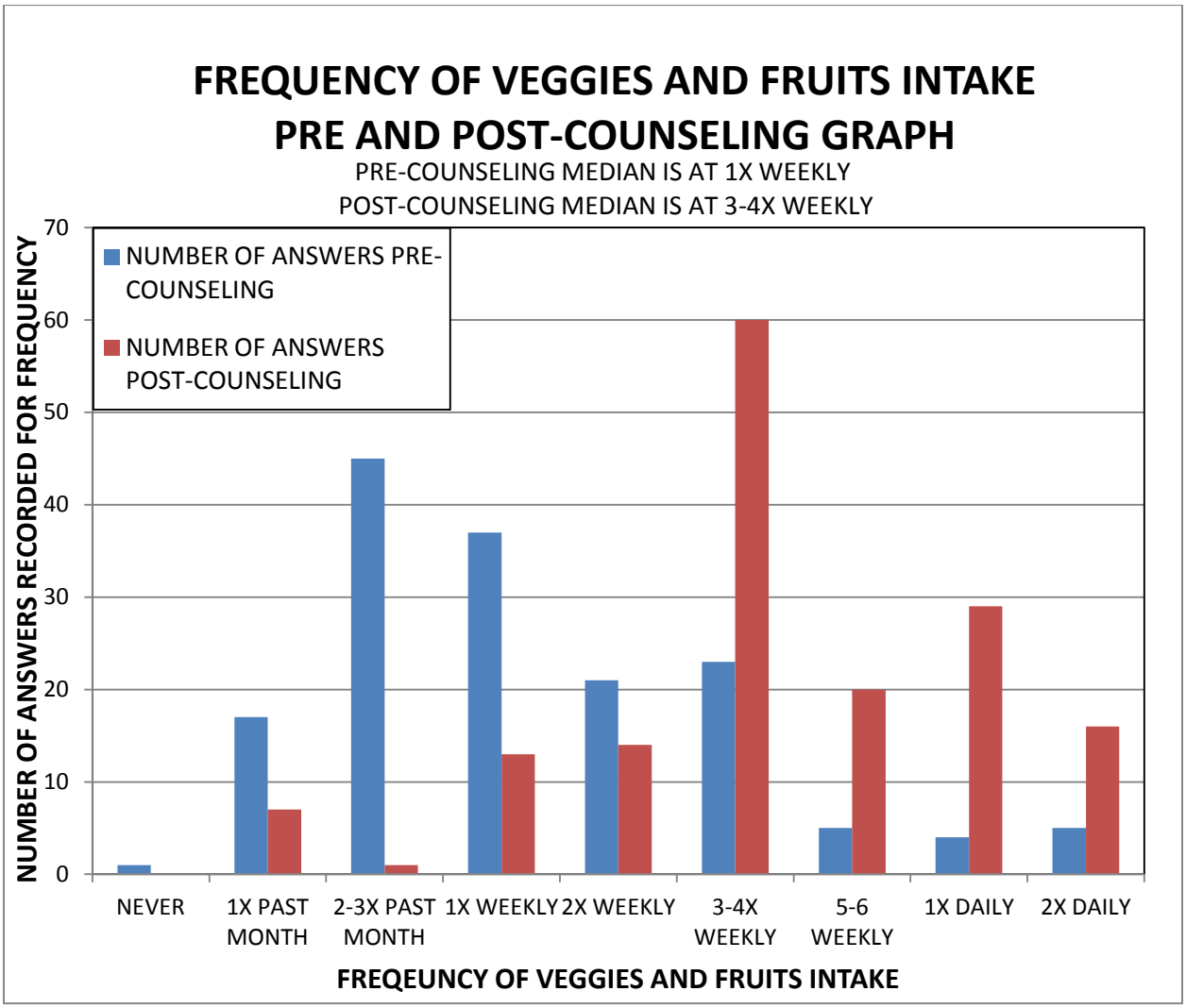

FREQUENCY OF VEGGIES AND FRUITS INTAKE
PRE AND POST-COUNSELING GRAPH
PRE-COUNSELING MEDIAN IS AT 1X WEEKLY
POST-COUNSELING MEDIAN IS AT 3-4X WEEKLY
NUMBER OF ANSWERS PRE-COUNSELING
NUMBER OF ANSWERS POST-COUNSELING
NUMBER OF ANSWERS RECORDED FOR FREQUENCY
70
60
50
40
30
20
10
0
NEVER
1X PAST MONTH
2-3X PAST MONTH
1X WEEKLY
2X WEEKLY
3-4X WEEKLY
5-6 WEEKLY
1X DAILY
2X DAILY
FREQEUNCY OF VEGGIES AND FRUITS INTAKE

Figure 7

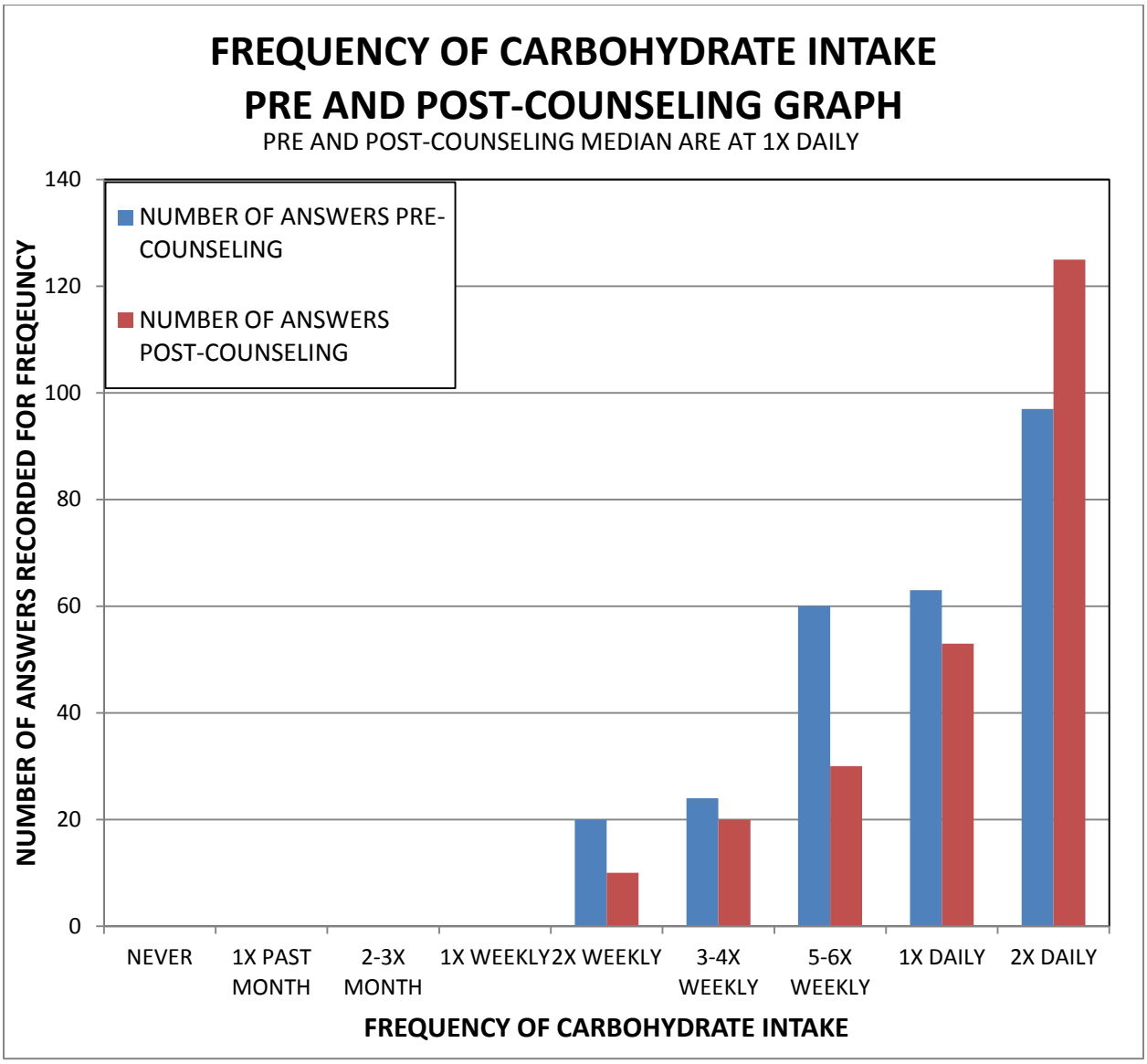

FREQUENCY OF CARBOHYDRATE INTAKE
PRE AND POST-COUNSELING GRAPH
PRE AND POST-COUNSELING MEDIAN ARE AT 1X DAILY
NUMBER OF ANSWERS PRE-COUNSELING
NUMBER OF ANSWERS POST-COUNSELING
NUMBER OF ANSWERS RECORDED FOR FREQUNCY
140
120
100
80
60
40
20
0
NEVER
1X PAST MONTH
2-3X MONTH
1X WEEKLY
2X WEEKLY
3-4X WEEKLY
5-6X WEEKLY
1X DAILY
2X DAILY
FREQUENCY OF CARBOHYDRATE INTAKE

Figure 8

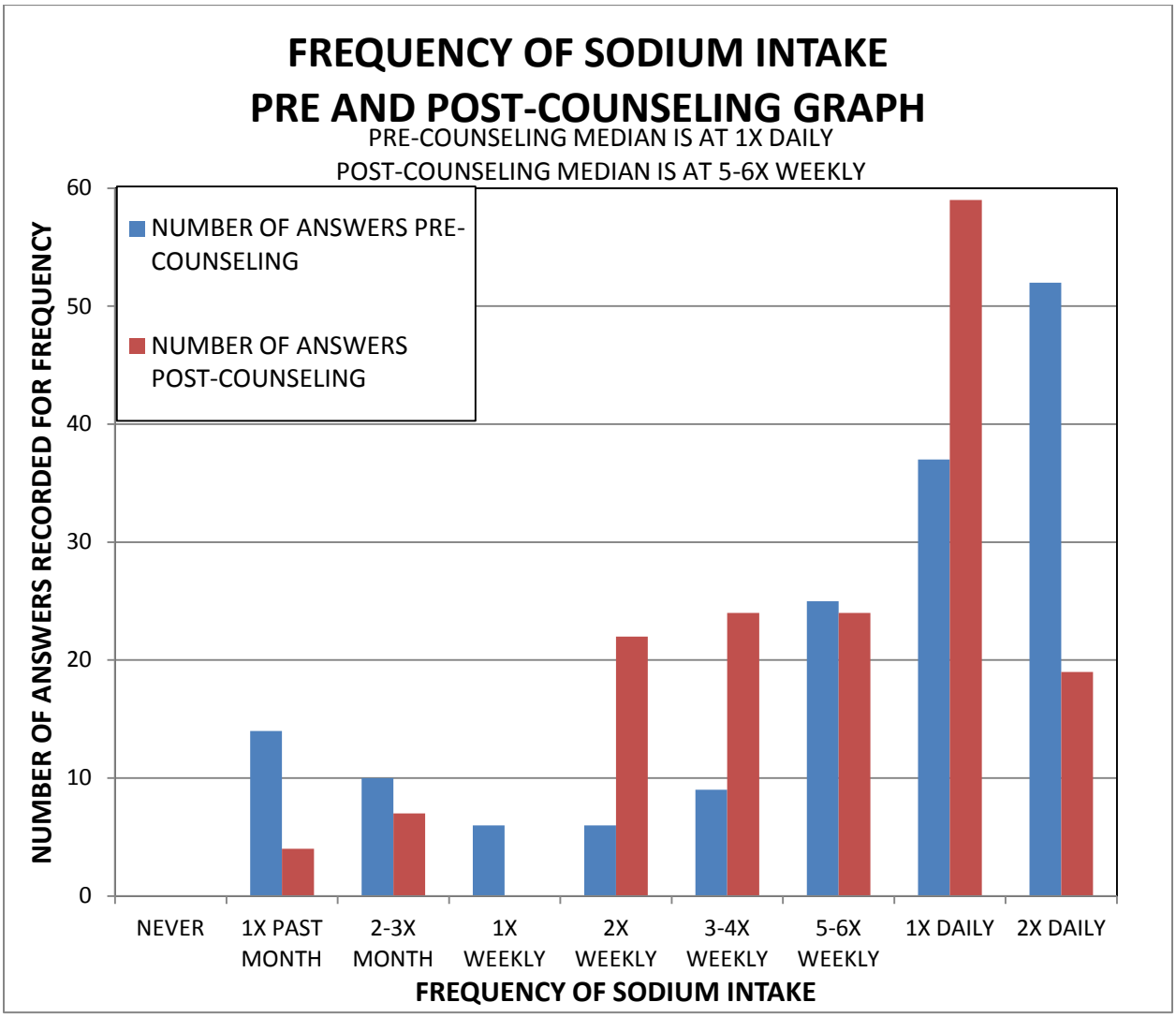

FREQUENCY OF SODIUM INTAKE
PRE AND POST-COUNSELING GRAPH
PRE-COUNSELING MEDIAN IS AT 1X DAILY
POST-COUNSELING MEDIAN IS AT 5-6X WEEKLY
NUMBER OF ANSWERS PRE-COUNSELING
NUMBER OF ANSWERS POST-COUNSELING
NUMBER OF ANSWERS RECORDED FOR FREQUENCY
60
50
40
30
20
10
0
NEVER
1X PAST MONTH
2-3X MONTH
1X WEEKLY
2X WEEKLY
3-4X WEEKLY
5-6X WEEKLY
1X DAILY
2X DAILY
FREQUENCY OF SODIUM INTAKE

Figure 9

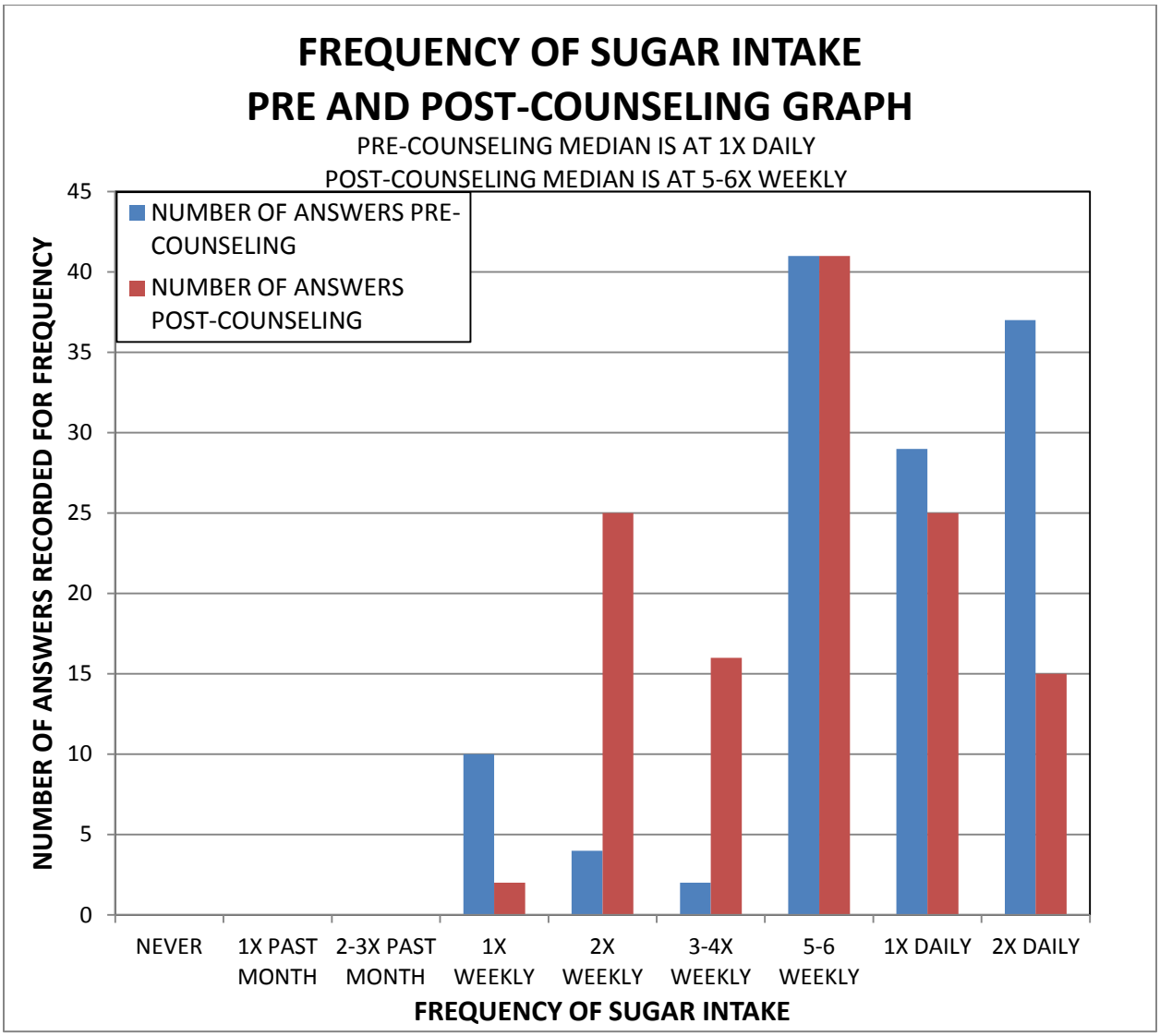

FREQUENCY OF SUGAR INTAKE
PRE AND POST-COUNSELING GRAPH
PRE-COUNSELING MEDIAN IS AT 1X DAILY
POST-COUNSELING MEDIAN IS AT 5-6X WEEKLY
NUMBER OF ANSWERS PRE-COUNSELING
NUMBER OF ANSWERS POST-COUNSELING
NUMBER OF ANSWERS RECORDED FOR FREQUENCY
45
40
35
30
25
20
15
10
5
0
NEVER
1X PAST MONTH
2-3X PAST MONTH
1X WEEKLY
2X WEEKLY
3-4X WEEKLY
5-6 WEEKLY
1X DAILY
2X DAILY
FREQUENCY OF SUGAR INTAKE

Table 2

TABLE: Progress of Weight Loss Over 4 Weeks After Completion of Educational Session			
PATIENT NUMBER	PRE-COUNSELING WEIGHT	POST-COUNSELING WEIGHT AFTER 4 WEEKS	WEIGHT CHANGE
1	231	229	-2
2	229	229	0
3	196	191	-5
4	176	172	-4
5	163	162	-1
6	176	170	-6
7	298	298	0
8	229	229	0
9	267	266	-1
10	161	160	-1
11	143	140.5	-2.5
12	193	194	1
13	160	159	-1
14	241	237	-4
15	151	151	0
16	139	139	0
17	166	161	-5
18	193	191	-2
19	256	255	-1
20	140	141	1
21	169	169	0
22	202	200	-2
23	174	174	0
24	176	173	-3
25	196	196	0
26	176	171	-5
27	231	228	-3
28	229	227	-2
29	195	195	0
30	153	145	-8
31	152	160	8
mean	192	190	
SD±	40.31	40.36	
p-value	<0.0046		

Figure 10

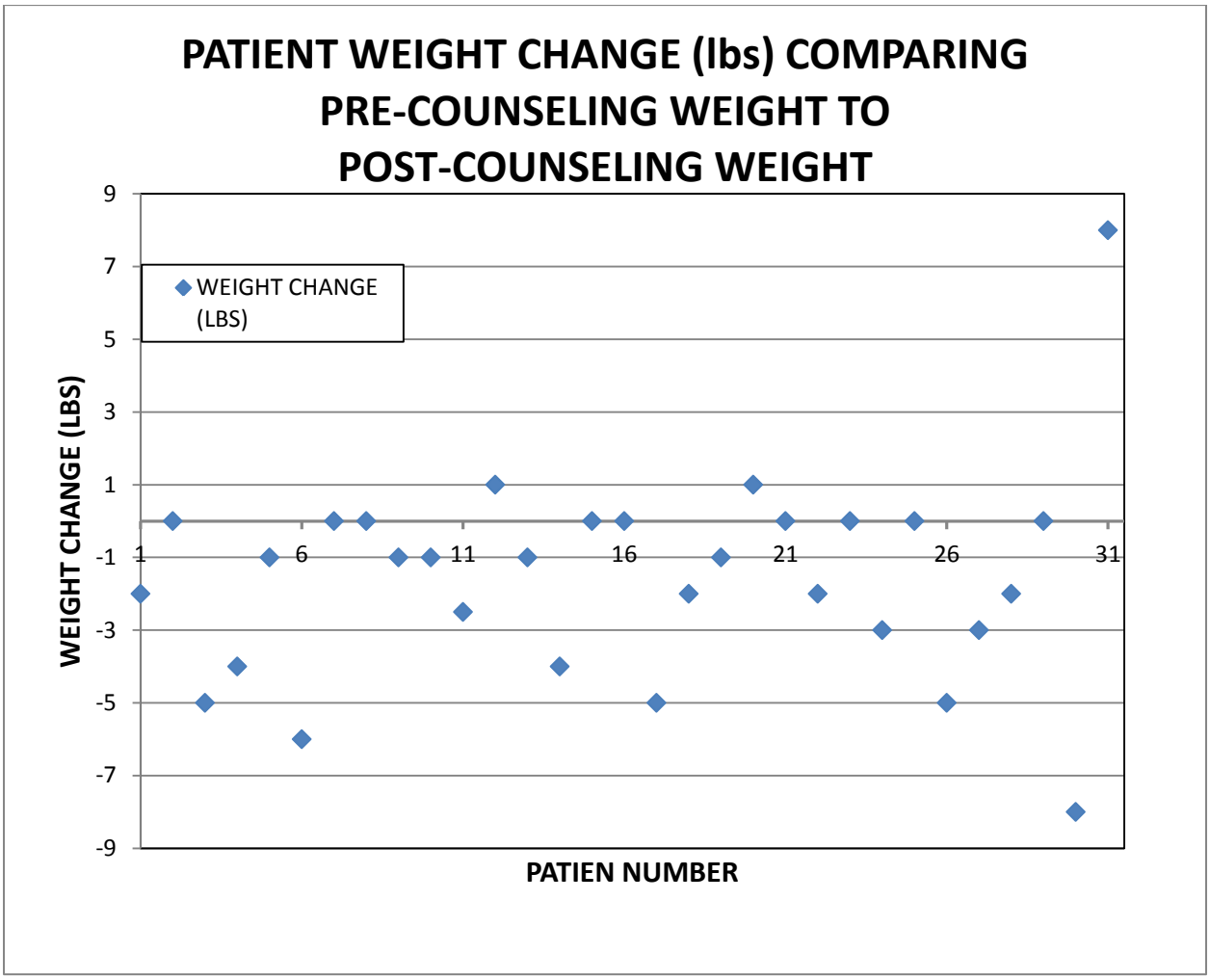

PATIENT WEIGHT CHANGE (lbs) COMPARING PRE-COUNSELING WEIGHT TO POST-COUNSELING WEIGHT
WEIGHT CHANGE (LBS)
WEIGHT CHANGE (LBS)
PATIEN NUMBER
9
7
5
3
1
-1
-3
-5
-7
-9
1
6
11
16
21
26
31

Table 3

TABLE: Progress of BMI Over 4 Weeks After Completion of Educational Session			
PATIENT NUMBER	PRE-COUNSELING BMI	POST-COUNSELING BMI	BMI CHANGE
1	35	35	0
2	34	34	0
3	39	38.58	-0.42
4	32	31	-1
5	28	28	0
6	34	32	-2
7	48	48	0
8	35	35	0
9	38	38	0
10	29	29	0
11	30	29	-1
12	40	40	0
13	30	30	0
14	41	40	-1
15	26	26	0
16	25	25	0
17	28	27.64	-0.36
18	31	32	1
19	41	41	0
20	27	27	0
21	30	30	0
22	35	35	0
23	30	30	0
24	32	31	-1
25	39	39	0
26	32	31	-1
27	35	35	0
28	34	34	0
29	41	41	0
30	29	28	-1
31	30	31	1
mean	33	33	
SD±	5.35	5.37	
p-value	<0.052		

Appendix X

Self Report Eating Behaviors Questionnaire

Healthy Food Options Survey
This is a modified tool of the diet history questionnaire II
adopted from National Institutes of Health

Diet History Questionnaire II

GENERAL INSTRUCTIONS

- **Answer each question as best you can. Estimate if you are not sure. A guess is better than leaving a blank.**
- **Put an X in the box next to your answer.**
- **If you make any changes, cross out the incorrect answer and put an X in the box next to the correct answer. Also draw a circle around the correct answer.**
- **If you mark NEVER, NO, or DON'T KNOW for a question, please follow any arrows or instructions that direct you to the next question.**

1. How often do you eat **vegetables** (such as spinach, turnip, collard, mustard, cabbage, green or string beans)?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

2. Within one month, how many servings of **vegetables** (not including salad/ potatoes) will you eat per week or per day?

☐ Less than 1 per week
☐ 1–2 per week
☐ 3–4 per week
☐ 5–6 per week
☐ 1 per day
☐ 2 per day
☐ 3 per day
☐ 4 per day
☐ 5 or more per day

3. How often do you eat **fruits**? (Does not include fruit candy, fruit cake, fruit drinks)

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

4. Within one month, how often will you drink **other 100% fruit juice** or **100% fruit juice mixtures** (such as apple, grape, pineapple, **NO KOOL AID, LEMONADE, HI-C, OR FRUIT PUNCH**)?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1–2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2–3 times per day
☐ 4–5 times per day
☐ 6 or more times per day

5. Within one month, how many servings of **fruit** (such as apples, grapes, oranges, plums etc. **DO NOT INCLUDE** juice) will you eat per week or per day?

☐ Less than 1 per week
☐ 1–2 per week
☐ 3–4 per week
☐ 5–6 per week
☐ 1 per day
☐ 2 per day
☐ 3 per day
☐ 4 per day
☐ 5 or more per day

6. Within one month, how often will you add **sugar** or **honey** to foods you eat? *(Please do not include sugar in coffee, tea, other beverages, or baked goods.)*

☐ NEVER
☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

7. How often do you drink **soda** or **pop**?

☐ NEVER (GO TO QUESTION 10)
☐ 1 time in past month
☐ 2–3 times in past month
☐ 1–2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2–3 times per day
☐ 4–5 times per day
☐ 6 or more times per day

8. Within one month, how often will you consume mayonnaise?

☐ NEVER
☐ 1 time in past month
☐ 2–3 times in past month
☐ 1–2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2–3 times per day
☐ 4–5 times per day
☐ 6 or more times per day

9. Within one month, how often will you eat **butter**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1–2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2–3 times per day
☐ 4–5 times per day
☐ 6 or more times per day

10. Now think about all the **cooked vegetables** you ate in the past month and how they were prepared. How often were your vegetables **COOKED WITH** some sort of **fat**, including oil spray? Fried? *(Please do not include potatoes.)*

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

11. How often will you eat **potatoes, french fries**, **home fries**, **hash browned potatoes**, or **tater tots**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

12. If margarine, butter, lard, fatback, or bacon fat was added to your cooked vegetables **AFTER COOKING OR AT THE TABLE**, how much did you usually add?

☐ Did not usually add these
☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

13. Within one month, how often will you eat **catsup**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

14. Within one month, how often will you eat **rice** or **other cooked grains**?

☐ NEVER (GO TO QUESTION 64)

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

15. Within one month, how often will you eat **cooked dried beans** (such as baked beans, pintos, kidney, blackeyed peas, lima, lentils, soybeans, or refried beans)? *(Please do not include bean soups or chili.)*

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

16. Within one month, how often will you eat **pancakes, waffles,** or **French toast**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

17. Within one month, how often will you eat **pasta, lasagna, spaghetti**, or **other noodles**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

18. Within one month, how often will you eat **sausage**?

☐ NEVER (GO TO QUESTION 97)

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

19. Within one month, how often will you eat **breads** or **dinner rolls**, **NOT AS PART OF SANDWICHES**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

20. Within one month, how often will you eat **other cold cuts** or **luncheon meats** (such as bologna, salami, corned beef, pastrami, or others, including low-fat)? *(Please do not include ham, turkey, or chicken cold cuts.)*

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

21. Within one month, how often will you eat **beef hamburgers**/ **cheeseburgers or other** from **FAST FOOD** out at **RESTAURANTS**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

22. Within one month, how often will you eat **hot dogs** or **frankfurters**? *(Please do not include sausages or vegetarian hot dogs.)*

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

23. Within one month,, how often will you eat beef?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

24. Within one month, how often will you eat **fried foods**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

Now think about all the meat, poultry, and fish you ate in the <u>past month</u> and how they were prepared.

25. How often was **oil, butter, margarine**, **or other fat** used to **FRY, SAUTE, BASTE, OR MARINATE** any meat, poultry, or fish you ate?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

26. Within one month, how often will you eat **cake, cookies, brownies, doughnuts and sweet rolls** (including low-fat or fat-free)?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

27. Within one month, how often will you eat **pizza**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

28. What kind of **milk** do you usually drink?

☐ Whole milk
☐ 2% fat milk
☐ 1% fat milk
☐ Skim, nonfat, or ½% fat milk
☐ Soy milk
☐ Rice milk
☐ None

29. Within one month, how often will you eat **potato chips**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

30. Within one month, how often will the foods you eat be **cooked in oil, butter,** or **margarine**?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1 time per week
☐ 2 times per week
☐ 3–4 times per week
☐ 5–6 times per week
☐ 1 time per day
☐ 2 or more times per day

31. How often did you drink **other fruit drinks** (such as cranberry cocktail, Hi-C, lemonade, or Kool-Aid, diet or regular)?

☐ NEVER

☐ 1 time in past month
☐ 2–3 times in past month
☐ 1–2 times per week
☐ 3–4 times per week
☐ 1 time per day
☐ 2–3 times per day
☐ 4–5 times per day
☐ 6 or more times per day

Appendix Y

Small changes can make a large difference

Dwayne's Week 3: Cut back on salt (sodium) and sugar

"Once I started reading labels, I was surprised at how much sodium is in packaged foods. High blood pressure runs in my family and cutting back on salt makes a lot of sense health-wise. And sugar? I stopped drinking my daily super-sized 64-ounce soft drink. Turned out the drink had 800 calories—about half of what many people need for the whole day!"

Limit how often and how much salt you eat.

Eat less of these salty foods: pickles, soy sauce, hot dogs, lunch meats, chips, and pretzels. Look for the words "low sodium" or "no salt added" on **canned** vegetables, vegetable juices, and soups.

Eat fewer sweets.

Cut back on empty calories that offer you no nutrients. Eat fruit instead of desserts. Drink fat-free milk, water, or a small glass of 100% juice instead of sugary soft drinks.

From Week 4 on: Put it all together for a successful healthy eating plan

"By making small changes over time I was beginning to follow a healthy food plan I knew I could stick to. And you know what? I felt better and I also lost weight."

Food experts suggest eating a variety of foods that give you what your body needs for good health. No food is forbidden—the key is to eat far more of the foods that are good for you and less of the foods that aren't.

The bottom line?
Watch how much you eat of each food. For more about portion and serving sizes, visit **www.win.niddk.nih.gov/publications/just_enough.htm.**

Include these foods in your food plan:

- ❑ Fruits and vegetables.
- ❑ Whole grains, such as brown rice, oats, whole-wheat pasta, and whole-grain breads.
- ❑ Foods with a lot of calcium, such as fat-free milk and milk products like low-fat yogurt and reduced-fat cheese. Spinach, collard greens, and kale are a source of calcium.
- ❑ Lean meats, light meat chicken and turkey, fish, eggs, and beans.
- ❑ Healthy fats, such as olive oil, canola oil, and nuts. Just watch your portions.

Now that you've read Dwayne's story . . .
What tips will you try as you follow a healthy total diet?

ODPHP Publication No. U0053

January 2011

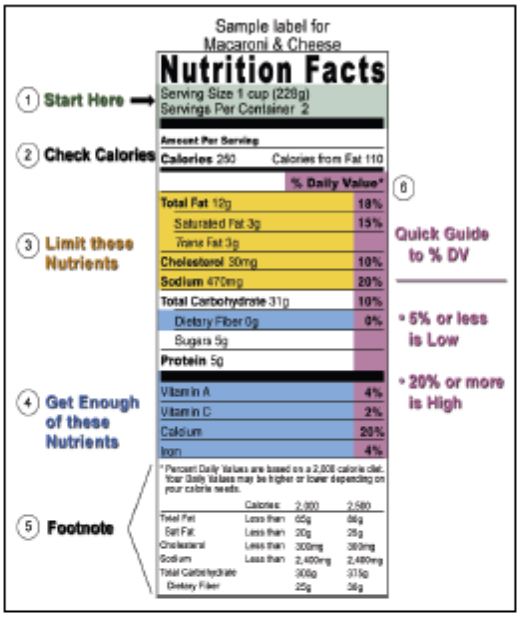
Tips for Using the Nutrition Facts Label

Here are some tips for reading the label and making smart food choices:

Check servings and calories. Compare this to how many servings you are actually eating.

Eat less sugar. Look for foods and beverages low in added sugars. Names for added sugars include sucrose, glucose, high fructose corn syrup, corn syrup, maple syrup, and fructose.

Know your fats. Look for foods low in saturated and *trans* fats, and cholesterol, to help reduce the risk of heart disease. Most of the fats you eat should be polyunsaturated and monounsaturated fats, such as those in fish, nuts, and vegetable oils.



Reduce sodium (salt) and increase potassium. Research shows that eating less than 2,300 milligrams of sodium (about 1 teaspoon of salt) per day may reduce the risk of high blood pressure. If you are age 51 or older, African American, or have hypertension, diabetes, or chronic kidney disease, aim to eat 1,500 milligrams of sodium each day—about ¾ teaspoon.

To meet the daily potassium recommendation of at least 4,700 milligrams, consume fruits and vegetables, and fat-free and low-fat milk products, that are sources of potassium, including sweet potatoes, white potatoes, white beans, plain yogurt, prune juice, and bananas. These can help reduce some of sodium's effects on blood pressure.

Sources: Dietary Guidelines for Americans, *A Healthier You*, Part III.
http://www.health.gov/dietaryguidelines/dga2005/healthieryou/contents.htm
National Heart, Lung, and Blood Institute (NHLBI), *We Can! Energize Our Families—Parent Program: A Leader's Guide*, pages 114–115.
http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/leadersguide.pdf

F

10 tips
Nutrition Education Series

enjoy your food, but eat less

10 tips to enjoying your meal

You can enjoy your meals while making small adjustments to the amounts of food on your plate. Healthy meals start with more vegetables and fruits and smaller portions of protein and grains. And don't forget dairy—include fat-free or low-fat dairy products on your plate, or drink milk with your meal.

1 get to know the foods you eat

Use the **SuperTracker** to find out what kinds of foods and how much to eat and to get tips and support for making better food choices.

SuperTracker

2 take your time

Be mindful to eat slowly, enjoy the taste and textures, and pay attention to how you feel. Use hunger and fullness cues to recognize when to eat and when you've had enough.

3 use a smaller plate

Use a smaller plate at meals to help with portion control. That way you can finish your entire plate and feel satisfied without overeating.

4 if you eat out, choose healthier options

Check and compare nutrition information about the foods you are eating. Preparing food at home makes it easier to control what is in your meals.

5 satisfy your sweet tooth in a healthy way

Indulge in a naturally sweet dessert dish—fruit! Serve a fresh fruit cocktail or a fruit parfait made with yogurt. For a hot dessert, bake apples and top with cinnamon.

6 choose to eat some foods more or less often

Choose more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. Cut back on foods high in solid fats, added sugars, and salt.

7 find out what you need

Get your personalized plan by using the **SuperTracker** to identify your food group targets. Compare the foods you eat to the foods you need to eat.

8 sip smarter

Drink water or other calorie-free beverages, 100% juice, or fat-free milk when you are thirsty. Soda and other sweet drinks contain a lot of sugar and are high in calories.

9 compare foods

Check out the **Food-A-Pedia** to look up and compare nutrition information for more than 8,000 foods.

10 make treats "treats," not everyday foods

Treats are great once in a while. Just don't make treat foods an everyday choice. Limit sweet treats to special occasions.

USDA United States Department of Agriculture
Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 18
December 2011

GO, SLOW, and WHOA Foods

Use this chart as a guide to help you and your family make smart food choices. Post it on your refrigerator at home, or take it with you to the store when you shop.

GO foods—Eat almost anytime.
SLOW foods—Eat sometimes or less often.
WHOA foods—Eat only once in a while or for special occasions.

Food Group	GO Almost anytime foods (Nutrient-dense foods)	SLOW Sometimes foods (Moderate nutrients/calories)	WHOA Once in a while foods (Calorie dense foods)
Vegetables	Almost all fresh, frozen, and canned vegetables without added fat and sauces	All vegetables with added fat and sauces; oven-baked French fries; avocado	Fried potatoes, like French fries or hash browns; other deep-fried vegetables
Fruits	All fresh, frozen, canned in juice	100% fruit juice; fruits canned in light syrup; dried fruits	Fruits canned in heavy syrup
Breads and Cereals	Whole-grain breads, including pita bread; tortillas and whole-grain pasta; brown rice; hot and cold unsweetened whole-grain breakfast cereals	White refined flour bread, rice, and pasta; French toast; taco shells; cornbread; biscuits; granola; waffles and pancakes	Croissants; muffins; doughnuts; sweet rolls; crackers made with trans fats; calorically sweetened breakfast cereals
Milk and Milk Products	Fat-free or 1% low-fat milk; fat-free or low-fat yogurt; part skim, reduced-fat, and fat-free cheese; low-fat or fat-free cottage cheese	2% low-fat milk; processed cheese spread	Whole milk; full-fat American, cheddar, Colby, Swiss, or cream cheese; whole-milk yogurt
Meats, Poultry, Fish, Eggs, Beans, and Nuts	Trimmed beef and pork; extra-lean ground beef; chicken and turkey without skin; tuna canned in water; baked, broiled, steamed, or grilled fish and shellfish; beans, split peas, lentils, tofu; egg whites and egg substitutes	Lean ground beef; broiled hamburgers; ham, Canadian bacon; chicken and turkey with skin; low-fat hot dogs; tuna canned in oil; peanut butter; nuts; whole eggs cooked without added fat	Untrimmed beef and pork; regular ground beef; fried hamburgers; ribs; bacon; fried chicken, chicken nuggets; hot dogs, lunch meats, pepperoni, sausage; fried fish and shellfish; whole eggs cooked with fat
Sweets and Snacks*		Ice milk bars; frozen fruit juice bars; low-fat or fat-free frozen yogurt and ice-cream; fig bars, ginger snaps, baked chips; low-fat microwave popcorn; pretzels	Cookies and cakes; pies; cheesecake; ice cream; chocolate; candy; chips; buttered microwave popcorn

* Though some of the foods in this row are lower in fat and calories, all sweets and snacks need to be limited, in order to stay within one's daily calorie needs.

Food Group	GO Almost anytime foods (Nutrient-dense foods)	SLOW Sometimes foods (Moderate nutrients/calories)	WHOA Once in a while foods (Calorie dense foods)
Fats/ Condiments	Vinegar; ketchup; mustard; fat-free creamy salad dressing; fat-free mayonnaise; fat-free sour cream	Vegetable oil,** olive oil, and oil-based salad dressing; soft margarine; low-fat creamy salad dressing; low-fat mayonnaise; low-fat sour cream	Butter, stick margarine; lard; salt pork; gravy; regular creamy salad dressing; mayonnaise; tartar sauce; sour cream; cheese sauce; cream sauce; cream cheese dips
Beverages	Water, fat-free milk or 1% low-fat milk; diet soda; unsweetened iced tea or diet iced tea and lemonade	2% low-fat milk; 100% fruit juice; sports drinks	Whole milk; regular soda; calorically sweetened iced teas and lemonade; fruit drinks with less than 100% fruit juice

** Vegetable and olive oils contain no saturated or *trans* fats and can be consumed daily, but in limited portions to meet daily calorie needs.

How you choose to prepare or order your food when eating out can quickly turn a less healthy food into a healthier option. Choosing baked, broiled, steamed, grilled, and microwaved foods saves you from extra fat and calories. See the examples below on how similar foods can go from a GO to a SLOW or a WHOA food.

	GO (eat almost anytime)	Calories	SLOW (eat sometimes or less often)	Calories	WHOA (eat once in a while)	Calories
Fruit	Apple, 1 medium	72	Baked apple, 1 cup slices, with 1 Tbsp. butter	193	Apple pie, ⅛ of 9-inch pie	296
Bread	½ whole-wheat bagel (3½ inch)	91	½ plain bagel (3½ inch) with 1 Tbsp. jelly	147	½ plain bagel (3½ inch) with 1 Tbsp. butter and jelly	249
Meat	Roasted chicken breast without skin, ½ breast	142	Roasted chicken breast with skin, ½ breast	193	Fried chicken, 2 drumsticks	386

Source: Adapted from National Heart, Lung, and Blood Institute (NHLBI), *We Can! Energize Our Families—Parent Program: A Leader's Guide*, pages 116–117.
http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/leadersguide.pdf

Eat Healthy Your Way

Top 4 tips for losing weight and keeping it off

You've decided that you're ready to get to a healthy weight. Good for you! Did you know that this can lower your chance of heart disease, diabetes, and certain cancers? And staying at a healthy weight can make you feel better. Now, that's something to look forward to! Losing weight and keeping it off takes dedication. Yet, you can do this.
We wrote this handout to help you get started.

Tip 1: Set a weight goal and learn your BMI

Talk to your doctor and set a weight goal together.
Write how much you would like to weigh here: _____

Write your reasons for wanting to reach (and stay at) a healthy weight:

_____

_____

_____

What's the right weight for my height?

Check your body mass index, or BMI for short. BMI is a measure of an adult's body fat based on height and weight.

To learn more and get your measurement today, visit www.nhlbisupport.com/bmi

Write your BMI here:

_____

Tip 2: Eat less—you decide how!

You know you need to eat less to lose weight. Some people give up sugary desserts to help lower calories. Others find measuring their foods and watching portions is the key. Often, making just a few changes can help with weight loss.

How will you choose to eat less each day?

Tips to eating fewer calories:

- ❑ **Limit high-calorie snacks.** Instead, choose lower calorie, healthy snacks, such as a carrot with a low-fat dip or a few whole-wheat crackers with a teaspoon of peanut butter.
- ❑ **Skip or share sugary and high-fat desserts.** Instead, eat a piece of fresh fruit. Or add cut up fruit to low-fat plain yogurt.
- ❑ **Cut back on high-calorie beverages.** If you drink alcohol, limit the amount you drink. Drink water instead of soft drinks. Instead of drinking a jumbo-sized juice, drink a small glass of 100% fruit juice or eat a piece of fresh fruit.
- ❑ **Eat smaller portions.** Use a measuring cup to get a true view of how much you are eating. Many people are surprised to learn they are eating much more than they think until they measure their food!

For more information, visit www.healthfinder.gov

(turn over please)

Small changes can make a large difference

Tip 3: Keep track of what you are eating

Studies show that tracking all your meals, snacks, and drinks can help weight loss. Keeping track will give you an idea of your eating patterns. It also can help you see areas where you are doing well and areas where you could improve. For example, are you snacking too much in the evening?

3 ways to track:

- ❑ Write down everything you eat and drink in a notebook.
- ❑ Track online at **www.choosemyplate.gov.** Click "Assess Your Food Intake" to log what you eat and find out how well you're doing.
- ❑ Take a photo of the food with your cell phone to remind you of what you ate.

Tip 4: Add activity! It burns calories

Staying physically active can help you arrive and stay at a healthy weight. It makes sense—staying active helps you burn up some of the calories from foods. Most of us don't get enough activity to make up for what we eat.

Go to **www.choosemyplate.gov** to get tips on how you can stay active. You can also find out more about the types and amount of activity you need to get the most health benefits.

And remember, some physical activity is better than none!

Check off ways you can add activity into your day. Think of other things that you could do!

- ❑ Take the stairs ❑ Walk at lunch ❑ Hike with your kids
- ❑ Ride a bike ❑ Take up a sport ❑ Jog in place while watching TV
- ❑ Other ways to add activity to my day:

_____

The key to staying at a healthy weight? Stay motivated!

Keep this sheet in a handy place to pull out to read now and again. Continue with your healthy eating and your physical activity habits. And bounce back if you get off your plan.

ODPHP Publication No. U0054

January 2011

"Rethink Your Drink" Matching Game

Match the Beverage to Its Calorie Count	
Lemonade (20 oz.)	227 cal.
Café latte with fat-free milk (12 oz.)	3 cal.
Regular cola soda (20 oz.)	192 cal.
Sweetened iced tea, bottled (20 oz.)	125 cal.
Unsweetened iced tea, bottled (20 oz.)	0 cal.
Frozen caramel coffee drink with whipped cream (16 oz.)	225 cal.
Chocolate milk, 1% low-fat milk (8 oz.)	165 cal.
Sports drink (20 oz.)	430 cal.
Diet soda with aspartame (20 oz.)	158 cal.
Whole milk (8 oz.)	0 cal.
Fat-free milk (8 oz.)	150 cal.
100% apple juice (12 oz.)	90 cal.
Water	280 cal.

Source: Adapted from Centers for Disease Control and Prevention, Rethink Your Drink Web page. http://www.cdc.gov/healthyweight/healthy_eating/drinks.html

Check out these options for reducing calories in your beverages

Note: These changes could save you up to 650 calories in 1 day!

Occasion	Instead of . . .	Calories	Try . . .	Calories
Morning coffee shop	Medium café latte (16 oz) made with whole milk	265	Small café latte (12 oz) made with skim milk	125
Lunchtime	20-oz bottle of nondiet soda	227	Water or diet soda	0
Afternoon break	Sweetened lemon iced tea from the vending machine (16 oz)	180	Sparkling water with natural lemon flavor (not sweetened)	0
Dinnertime	Nondiet ginger ale with your meal (12 oz)	124	Water with a slice of lemon or lime, or seltzer water with a splash of 100% fruit juice	0 calories for the water, ~30 calories for seltzer water with juice
Calories		796		125–155

Source: USDA National Nutrient Database for Standard Reference. http://www.nal.usda.gov/fnic/foodcomp/search/

Daily Calorie Needs

Estimated Calorie Requirements[a]

This chart shows how many calories are recommended for males and females in all age groups. You may need more or less calories depending on how active you are.

Gender	Age (years)	Sedentary[b]	Moderately Active[c]	Active[d]
Child	2–3	1,000–1,200	1,000–1,400[e]	1,000–1,400[e]
Female[f]	4–8	1,200–1,400	1,400–1,600	1,400–1,800
	9–13	1,400–1,600	1,600–2,000	1,800–2,200
	14–18	1,800	2,000	2,400
	19–30	1,800–2,000	2,000–2,200	2,400
	31–50	1,800	2,000	2,200
	51+	1,600	1,800	2,000–2,200
Male	4–8	1,200–1,400	1,400–1,600	1,600–2,000
	9–13	1,600–2,000	1,800–2,200	2,000–2,600
	14–18	2,000–2,400	2,400–2,800	2,800–3,200
	19–30	2,400–2,600	2,600–2,800	3,000
	31–50	2,200–2,400	2,400–2,600	2,800–3,000
	51+	2,000–2,200	2,200–2,400	2,400–2,800

[a] These levels are based on Estimated Energy Requirements (EER) from the Institute of Medicine (IOM) Dietary Reference Intakes macronutrients report, 2002, calculated by gender, age, and activity level for reference-sized individuals. "Reference size," as determined by IOM, is based on median height and weight for ages up to age 18 years of age and median height and weight for that height to give a body mass index (BMI) of 21.5 for adult females and 22.5 for adult males.

[b] **Sedentary** means a lifestyle that includes only the light physical activity associated with typical day-to-day life.

[c] **Moderately** active means a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.

[d] **Active** means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.

[e] The calorie ranges shown are to accommodate the needs of different ages within the group. For children and adolescents, more calories are needed at older ages. For adults, fewer calories are needed at older ages.

[f] Estimates for females do not include women who are pregnant or breastfeeding.

Source: U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*, page 14. http://www.cnpp.usda.gov/dietaryguidelines.htm

Calorie Log

It can be hard to keep track of everything you eat in a day. Often, we eat more than we realize! This log will help you track the foods and beverages that you consume. You can also track what you eat (and your physical activity) at www.choosemyplate.gov/supertracker. You can then compare the calories you ate to the recommended calories for you based on the *Daily Calorie Needs* handout.

Meal	Food	Calories
Breakfast	*[At home] Skim milk, 1 cup*	*83*
	[At home] Toasted oat cereal, 1 cup	*111*
	[At home] Banana, medium	*105*
	[At home] Coffee, 8 ounces 1% low-fat milk, ½ cup	*61*
	Total Breakfast Calories	360
Lunch	*[Office cafeteria] Turkey sandwich: deli turkey (2 ounces)*	*59*
	[Office cafeteria] whole-wheat bread, Swiss cheese (1 slice)	*130*
	[Office cafeteria] 2 slices lettuce, tomato, mustard	*114*
	[Office cafeteria] Coleslaw, ½ cup	*134*
	[Office cafeteria] Apple, 1 medium	*72*
	[Office cafeteria] Diet soda, 12 ounces	*0*
	Total Lunch Calories	509
Dinner	*[Restaurant] Pepperoni pizza, 2 slices*	*416*
	[Restaurant] Parmesan breadsticks, 2	*82*
	[Restaurant] Caesar salad, 1½ cups	*253*
	[Restaurant] Iced tea, unsweetened, 16 ounces	*5*
	[Restaurant] Low-fat vanilla frozen yogurt, 1 cup	*241*
	Total Dinner Calories	997
Snacks	*[Home, office] Fruit yogurt, nonfat, 8 ounces*	*87*
	[Home, office] Pretzels, 1 ounce	*107*
	[Home, office] Whole-wheat crackers, 12	*114*
	[Home, office] Cheddar cheese, 1 ounce	*114*
	Total Snacks Calories	422
	Total Daily Calories	2,261

Day 1

Meal	Food	Calories
Breakfast		
	Total Breakfast Calories	
Lunch		
	Total Lunch Calories	
Dinner		
	Total Dinner Calories	
Snacks		
	Total Snacks Calories	
	Total Daily Calories	

Day 2

Meal	Food	Calories
Breakfast		
	Total Breakfast Calories	
Lunch		
	Total Lunch Calories	
Dinner		
	Total Dinner Calories	
Snacks		
	Total Snacks Calories	
	Total Daily Calories	

Day 3

Meal	Food	Calories
Breakfast		
	Total Breakfast Calories	
Lunch		
	Total Lunch Calories	
Dinner		
	Total Dinner Calories	
Snacks		
	Total Snacks Calories	
	Total Daily Calories	

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