



Hello again!!

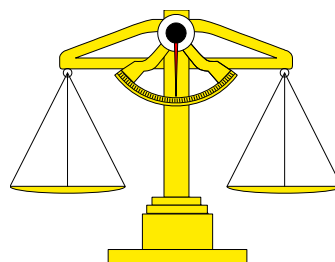
Welcome to month nine of Choose to Lose. As always, remember that it is important to review the information we provide. We hope these reports help you stay interested in doing things that keep physical activity a part of your life. Keep up the good work in reading these reports!!

How Ready Are You

Congratulations! Since beginning this program you have made definite plans to exercise regularly and have been able to make regular physical activity a part of your lifestyle. Like others in this program you have made great strides toward being active for life!

Consider The Benefits

Since we last heard from you, you have been quite a lot about the benefits of regular physical activity. Your knowledge and attitudes compare very well with others who have succeeded in becoming and regularly active.



learning
activity.
with
staying

To remain regularly active it is important that you:

- Set realistic goals
- Be aware of the people, places and feelings that may tempt you to be inactive.
- Continue to use the strategies which helped you get active.
- Think about the ideas and strategies suggested in this program.

Keep up the good work!

Your Confidence

You have begun to be regularly active, but you seem unsure of your ability to stick to your plan and stay regularly active. An important part of staying active is having the confidence that you can be active even when unexpected situations come up. Being able to stay active in spite of bad weather or when you are feeling blue will help you keep up your healthy lifestyle.

Remember that being active can improve your mood, help you relax, and may improve your confidence in your ability to remain active even when unexpected situations arise.

[Get Support](#)

Your answers on the most recent survey show that you are not aware of others who would share an interest in physical activity. You don't appear to be talking to others very much about physical activity. In fact, you seem to be doing this even **less than before**. Many active people tend to have others with whom they can talk and share their exercise interests.

To make more progress you may find it helpful to look for more support from other people who can be helpful and supportive. Having a friend or two who exercise can help you stay motivated. Try talking over your concerns with other people who might be especially helpful. Many people find it helps greatly to have someone around who can help motivate them to be active.

[Reward Yourself](#)

You are learning more about how important it is to reward yourself when you achieve a goal. And you are rewarding yourself for being active. **This is very important to your future success**. However, there is some room for more improvement. You are making less use of rewards than many other active people.

To make more progress we encourage you to pay even more attention to the value of rewards. Rewards can very powerful sources of motivation. When you think about being active, do you tell yourself negative things like "I can't do that" or do you say positive things like "yes, I can do that" and "Its great that I'm doing this"? The messages you give yourself are important. So keep thinking positively!

[Make A Commitment.](#)

Your answers show that since we last heard from you, you have been taking more responsibility for your health and well-being, and you are becoming more aware of the importance of believing in yourself and your ability to remain active. **That's great progress!** However, other active people tend to do this even more than you do.

To make more progress, try making a commitment to be more active. Think about the things you have done before, achievements you have made, goals you have reached. And be sure your activity goals are realistic. By setting goals that you can achieve, you will strengthen you sense of accomplishment.

[Think About Yourself As An Active Person](#)

Compared to other active people, **you don't seem to think of yourself as an active person**. You also may be thinking less than before about the ways in which being active affects the way you see yourself. Many people who have succeeded in making regular physical activity part of their lives tend to think about themselves as "active people". Being active is part of who they are. Thinking about yourself in this way may help you to stay active.

Get Active!

Since we last heard from you, you have been discovering that being active is a good way to get relief when you feel tired or stressed. That's good news! However, other people who are active tend to think this way about exercise even more than you do now. But don't get discouraged. Remember that when you set aside time for exercise, you are creating special time for taking care of yourself.

Notice Your Influence On Others

Just as we can be helped to be active by having active friends, we can also influence others to be active. Compared to other active people, you are not thinking much about the ways in which **people who exercise can be role models for others**. And you are thinking about this issue less than the last time we heard from you. Remember, thinking about the ways that your behavior affects others around you, like friends and family, can help you deepen your commitment to leading an active life.

Summary

You have just completed your ninth month of Choose to Lose! Congratulations! We hope the information that you have been receiving each month is helping you to become more active. Just by reading these reports you have been showing your interest in taking steps to be as healthy as possible. That's great! Keep up the good work!

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Choose To Lose

Clinical Studies Center, Memorial Hospital of Rhode Island

Report 3 (12 Month Visit Report)

RE: Participant

Doctor,

As of , your patient , has successfully completed their 12 month Choose to Lose Weight Loss Study visit. The results of this visit are displayed below.

For the integrity of this study, we ask that you try to stay blind to the intervention arm your patient has been randomized to (Intervention Group vs. Enhanced Intervention Group).

Patient 12 Month Profile

▪ Date Of Exam: _____

▪ Age: _____

▪ Gender: _____

▪ Height: _____

Values

Baseline

6 month

12 month

18 month

24 month

- Weight
- Waist circumference
- BMI
- Systolic BP
- Diastolic BP
- Physical Activity; # of minutes of PA per week

	Baseline	6 month	12 month	18 month	24 month
Weight					
Waist circumference					
BMI					
Systolic BP					
Diastolic BP					
Physical Activity; # of minutes of PA per week					

Medical Risk Factors (Baseline):

Hypertension:

CAD:

Hyperlipidemia:

Diabetes:

Musculoskeletal:

Asthma:

Weight Loss Goal

The study weight loss goal is lbs.

Self-Monitoring Goal

Food and Exercise journal.

Calorie Goal

calorie diet.

Exercise Goal

minutes of exercise per week.

Fat Gram Goal

grams of fat per day.

Thank you for your participation in the Choose to Lose Study.

Sincerely,

Charles B. Eaton, MD, MS
Principal Investigator



Choose to Lose

Questionnaire Packet

MARKING INSTRUCTIONS
<ul style="list-style-type: none"> Use a No. 2 pencil only. Make solid marks that fill the response completely. Make no stray marks on this form.
CORRECT: ● INCORRECT: ⊗ ⊘ ○ ○

Section 1. Basic Information

INSTRUCTIONS: Please fill in the items in this section completely. Be sure to follow the marking instructions carefully. Remember your prompt response is essential in order to process your personalized feedback. We look forward to receiving these completed forms from you within one week.

DATE						
MONTH	DAY		YEAR			
<input type="radio"/> Jan						
<input type="radio"/> Feb						
<input type="radio"/> Mar	0	0	0	0	0	0
<input type="radio"/> Apr	1	1	1	1	1	1
<input type="radio"/> May	2	2	2	2	2	2
<input type="radio"/> June	3	3	3	3	3	3
<input type="radio"/> July	4	4	4	4	4	4
<input type="radio"/> Aug	5	5	5	5	5	5
<input type="radio"/> Sept	6	6	6	6	6	6
<input type="radio"/> Oct	7	7	7	7	7	7
<input type="radio"/> Nov	8	8	8	8	8	8
<input type="radio"/> Dec	9	9	9	9	9	9

ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ASSESSMENT
① 1 Intervention
② 2 Intervention
③ 3 Intervention
④ 4 Intervention
⑤ 5 Intervention
⑥ 6 Intervention
⑦ 7 Intervention
⑧ 8 Intervention
⑨ 9 Intervention
⑩ 10 Intervention
<input type="radio"/> 11 Intervention
<input type="radio"/> 12 Intervention

GROUP
<input type="radio"/> Print
<input type="radio"/> Web - Tailored
<input type="radio"/> Web - Non-Tail



Date: _____ ID: _____ Session: _____

Section 2. Current Physical Activity Level

INSTRUCTIONS: For each question below, please mark the most appropriate response. Answer the questions for the total amount of time you spend participating in physical activity. *If you currently do not participate in any physical activity, please fill in **zeros** for the questions in this section.*

Physical activity or exercise includes such activities as brisk walking, cycling, jogging, swimming or any other activity where the exertions similar to these activities. Your heart rate and breathing should increase.

1. How many days per week are you physically active?

- | |
|-----------|
| ① No days |
| ① 1 Day |
| ② 2 days |
| ③ 3 days |
| ④ 4 days |
| ⑤ 5 days |
| ⑥ 6 days |
| ⑦ 7 days |

2. Approximately how many minutes do you participate in physical activity each of those day(s)?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

- | | | |
|---|---|---|
| ① | ① | ① |
| ① | ① | ① |
| ② | ② | ② |
| ③ | ③ | ③ |
| ④ | ④ | ④ |
| ⑤ | ⑤ | ⑤ |
| ⑥ | ⑥ | ⑥ |
| ⑦ | ⑦ | ⑦ |
| ⑧ | ⑧ | ⑧ |
| ⑨ | ⑨ | ⑨ |

Section 3. Physical Activity Stages of Change

INSTRUCTIONS: For each question below, please fill in the blank, **Yes** or **No**. Please be sure to follow the instructions carefully.

	No	Yes
1. I am currently <u>physically active</u> .	Ⓝ	Ⓨ
2. I intend to become more <u>physically active</u> in the next 6 months.	Ⓝ	Ⓨ

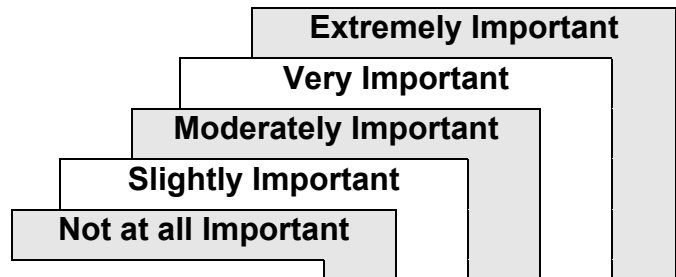
For activity to be **regular** it **must add up to a total of 30 or more minutes per day**, and be done **at least 5 days per week**. For example, you could take a 30 minute walk or take 3 10 minute walks each day.

	No	Yes
3. I currently engage in <u>regular physical activity</u> .	Ⓝ	Ⓨ
4. I have been <u>regularly physically active</u> for the past 6 months.	Ⓝ	Ⓨ

Date: _____ ID: _____ Session: _____

Section 4. Physical Activity Decisional Balance

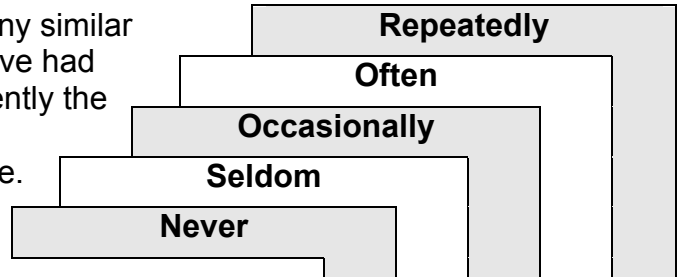
INSTRUCTIONS: Please rate how important each of these statements is in your decision whether or not to be physically active. In each case, think about how you feel right now, not how you have felt in the past or would like to feel. Please blacken the number that best describes your answer.



	①	②	③	④	⑤
1. I would have more energy for my family and friends if I were regularly physically active.	①	②	③	④	⑤
2. Regular physical activity would help me relieve tension.	①	②	③	④	⑤
3. I think I would be too tired to do my daily work after being physically active.	①	②	③	④	⑤
4. I would feel more confident if I were regularly physically active.	①	②	③	④	⑤
5. I would sleep more soundly if I were regularly physically active.	①	②	③	④	⑤
6. I would feel good about myself if I kept my commitment to be regularly physically active.	①	②	③	④	⑤
7. I would find it difficult to find a physical activity that I enjoy that is not affected by bad weather.	①	②	③	④	⑤
8. I would like my body better if I were regularly physically active.	①	②	③	④	⑤
9. It would be easier for me to perform routine physical tasks if I were regularly physically active.	①	②	③	④	⑤
10. I would feel less stressed if I were regularly physically active.	①	②	③	④	⑤
11. I feel uncomfortable when I engage in physical activity because I get out of breath and my heart beats very fast.	①	②	③	④	⑤
12. I would feel more comfortable with my body if I were regularly physically active.	①	②	③	④	⑤
13. Regular physical activity would take too much of my time.	①	②	③	④	⑤
14. Regular physical activity would help me have a more positive outlook on life.	①	②	③	④	⑤
15. I would have less time for my family and friends if I were regularly physically active.	①	②	③	④	⑤
16. At the end of the day, I am too exhausted to be physically active.	①	②	③	④	⑤

Section 5. Physical Activity Processes

INSTRUCTIONS: The following experiences can affect the exercise habits of some people. Think of any similar experiences you may be having currently or have had **during the past month**. Then rate how frequently the event occurs. Please blacken the number that best describes your answer for each experience. How frequently does this occur?



	①	②	③	④	⑤
1. Instead of remaining inactive I engage in some physical activity.					
2. I tell myself I am able to be physically active if I want to.					
3. I put things around my home to remind me to be physically active.					
4. I tell myself that if I try hard enough I can be physically active.					
5. I recall information people have personally given me on the benefits of physical activity.					
6. I make commitments to be physically active.					
7. I reward myself when I am physically active.					
8. I think about information from articles & advertisements on how to make physical activity a regular part of my life.					
9. I keep things around my place of work that remind me to be physically active.					
10. I find society changing in ways that make it easier to be physically active.					
11. Warnings about health <u>hazards</u> of inactivity affect me emotionally.					
12. Dramatic portrayals of the evils of inactivity affect me emotionally.					
13. I react emotionally to warnings about an inactive lifestyle.					
14. I worry that inactivity can be harmful to my body.					
15. I am considering the idea that regular physical activity would make me a healthier, happier person to be around.					
16. I have someone on whom I can depend when I am having problems with being physically active.					
17. I read articles about physical activity in an attempt to learn more about it.					

Section 5. Physical Activity Processes (continued)

	Never	Seldom	Occasionally	Often	Repeatedly
18. I try to set realistic physical activity goals for myself rather than setting myself up for failure by expecting too much.	①	②	③	④	⑤
19. I have a health friend that encourages me to exercise when I don't feel up to it.	①	②	③	④	⑤
20. When I am physically active, I tell myself that I am being good to myself by taking care of my body.	①	②	③	④	⑤
21. The time I spend being physically active is my special time to relax & recover from the days worries, not a task to get out of the way.	①	②	③	④	⑤
22. I am aware of more and more people encouraging me to be physically active these days.	①	②	③	④	⑤
23. I do something nice for myself for making efforts to be more physically active.	①	②	③	④	⑤
24. I have someone who points out my rationalizations for not being physically active.	①	②	③	④	⑤
25. I have someone who provides feedback about my physical activity.	①	②	③	④	⑤
26. I remove things that contribute to my inactivity.	①	②	③	④	⑤
27. I am the only one responsible for my health, and only I can decide whether or not I will be physically active.	①	②	③	④	⑤
28. I look for information related to physical activity.	①	②	③	④	⑤
29. I avoid spending long periods of time in environments that promote inactivity.	①	②	③	④	⑤
30. I feel I would be a better role model for others if I were regularly physically active.	①	②	③	④	⑤
31. I think about the type of person I will be if I am physically active.	①	②	③	④	⑤
32. I notice that more businesses are encouraging their employees to be physically active by offering fitness courses & time off to work out.	①	②	③	④	⑤

Section 5. Physical Activity Processes (continued)

	Never	Seldom	Occasionally	Often	Repeatedly
34. I realize that I might be able to influence others to be healthier if I would be more physically active.	①	②	③	④	⑤
35. I get frustrated with myself when I am not physically active.	①	②	③	④	⑤
36. I am aware that many health clubs now provide free baby-sitting services to their members.	①	②	③	④	⑤
37. Some of my close friends might be more physically active if I would be.	①	②	③	④	⑤
38. I consider the fact that I would feel more confident in myself if I were regularly physically active.	①	②	③	④	⑤
39. When I feel tired I make myself be physically active anyway because I know I will feel better afterward.	①	②	③	④	⑤
40. When I'm feeling tense, I find that being physically active helps to relieve my worries.	①	②	③	④	⑤

Section 6. Physical Activity Self-Efficacy

INSTRUCTIONS: Blacken the response that best indicates how confident you are that you could exercise in each of the following situations.

	Not at all Confident	Slightly Confident	Moderately Confident	Very Confident	Extremely Confident
1. When I am tired.	①	②	③	④	⑤
2. When I am in a bad mood.	①	②	③	④	⑤
3. When I feel I don't have time.	①	②	③	④	⑤
4. When I am on vacation.	①	②	③	④	⑤
5. When it is raining or snowing.	①	②	③	④	⑤



1500 Calorie Meal Plan



MY BREAKFAST

Selection	Servings	Menu	Calories	Fat (g)
Totals:				



BREAKFAST SUGGESTIONS - 300 - 350 CALORIES

BREAKFAST 1 (COLD CEREAL OPTION)

Selection	Serving	Sample Menu	Calories	Fat (g)
Cold Cereal	2 svgs	Kashi 7 Whole Grain Flakes, 1 cup	180	1
Milk	1 svg	Skim Milk, 1 cup	90	0.5
Fruit	1 svg	Blueberries, ¾ cup	60	0
Totals:			330	1.5



BREAKFAST 2 (HOT CEREAL OPTION)

Selection	Servings	Sample Menu	Calories	Fat (g)
Hot Cereal	1 svg	Hearty Oatmeal, 1/3 cup dry	105	2
Fruit	1 svg	Raisins, 2 Tbs	85	0
Add-in	1 svg	Chopped Walnuts, 1 Tbs	50	5
(optional)		Brown Sugar, 1 tsp	16	0
Milk	1 svg	Skim Milk, 1 cup	90	0.5
Totals:			346	7.5



BREAKFAST 3 (BAGEL/TOAST OPTION)

Selection	Servings	Sample Menu	Calories	Fat (g)
Bread	2 svgs	Toasted Whole Wheat Bagel or English Muffin	140	1
Protein	1 svg	Peanut Butter, 1 Tbs	105	8.5
Fruit	1 svg	Banana, 1 half	60	0
Totals:			305	9.5

BREAKFAST 4 (EGG OPTION)

Selection	Servings	Sample Menu	Calories	Fat (g)
Protein	1 svg	Egg, scrambled in 1 tsp olive oil	120	9.5
Bread	1 svg	Whole Wheat Toast, light, 2 slices	80	0
Add-in	1 svg	Butter, 1 tsp	35	3
Fruit	1 svg	Orange	70	0
Totals:			305	12.5



BREAKFAST 5 (SMOOTHIE OPTION)

Selection	Servings	Sample Menu	Calories	Fat (g)
Milk	1 svg	Yogurt, plain, fat free, 1 cup	125	0
Fruit	1 svg	Frozen Strawberries, 1 cup	50	0
Add-in	1 svg	Honey, 1 Tbs	65	0
Add-in	1 svg	Wheat Germ, 2 Tbs	50	1
Totals:			290	1





1500 Calorie Meal Plan

Lunch



MY LUNCH

Selection	Servings	Menu	Calories	Fat (g)
Totals:				



LUNCH SUGGESTIONS - 400 - 450 CALORIES

LUNCH 1 (SANDWICH OPTION)

Selection	Serving	Sample Menu	Calories	Fat (g)
Protein	1 svg	Deli Ham, 3 oz	90	
Bread	2 svgs	100% Whole Wheat Bread, 2 slices	140	
Add-in	1 svg	Mayonnaise, light/reduced fat, 1 Tbs	45	
Vegetables	2 svgs	Romaine Lettuce, Sliced Tomato	Free Food	
		Simple Coleslaw (<i>see Recipes</i>), 1 cup	50	
Fruit	1 svg	Peach, sliced, mixed in with yogurt, 1 cup	65	
Milk	½ svg	Yogurt, plain, fat free, 4 oz.	60	
Totals:			450	



LUNCH 2 (SALAD OPTION)

Selection	Servings	Sample Menu	Calories	Fat (g)
Protein	1 svg	White Tuna, canned in water, 3 oz	110	2.5
Vegetables	Free Food	Salad Greens, Tomatoes, Bell Pepper Slices	Free Food	Free Food
Add-in	2 svgs	Olive Oil, 2 tsp, Red Wine Vinegar, to taste	90	10
Bread	1 svg	Whole Wheat Pita Bread, 1 small (4" diameter)	90	0
Fruit	1 svg	Grapes, ¾ cup	80	0
Milk	½ svg	Skim Milk, ½ cup	45	0
Totals:			415	12.5

LUNCH 3 (LOW-CALORIE FROZEN ENTRÉE)

Selection	Servings	Sample Menu	Calories	Fat (g)
Low-Calorie Frozen Entrée	1 svg	Lean Cuisine Linguine Carbonara	300	8
Vegetables	Free Food	Salad Greens, Grated Carrots, Cucumbers	Free Food	Free Food
Add-in	1 svg	Olive Oil Vinaigrette, 2 Tbs (<i>See Recipes</i>)	80	5
Fruit	1 svg.	Strawberries, 1 cup	50	0
Totals:			430	13

Note: Choose a Low-Calorie Frozen Entrée that is less than or equal to 300 Calories with less than or equal to 10g of fat. If less than 300 Calories add a serving of fruits, vegetables or wholegrain bread to your meal.

LUNCH 4 (HOT MEAL/LEFT-OVERS)

Selection	Servings	Sample Menu	Calories	Fat (g)
Protein	1 svg	Chicken Breast, grilled, 2 oz.	95	2
Vegetables	Free Food	Broccoli Florets, Carrot Slices, Diced Red Pepper, 1 cup	Free Food	Free Food
Bread	2 svgs	Whole Wheat Rotini, 1 cup	180	1
Add-in	1 svg	Olive Oil Vinaigrette, 2 Tbs (<i>See Recipes</i>)	80	5
Fruit	1 svg	Apple, medium	70	0
Totals:			425	8





1500 Calorie Meal Plan

Dinner



MY DINNER

Selection	Servings	Menu	Calories	Fat (g)
Totals:				



DINNER SUGGESTIONS - 500-600 CALORIES

DINNER 1 (TRADITIONAL MEAL)

Selection	Serving	Sample Menu	Calories	Fat (g)
Protein	1 svg	Salmon, broiled with lemon juice, 3 oz	160	5
Starch	2 svgs	Potato, with skin, cut in wedges, broiled in olive oil, 1 medium	180	0
Added Fat	1 svg	Olive Oil, for potato, 1 tsp	45	5
Add-in		Lemon Juice and Parsley, for salmon	Free Food	Free Food
Vegetables	1 svg	Green Beans, steamed, 1 cup	35	0
Add-in	1 svg	Olive Oil Vinaigrette, reduced fat, for green beans, 2 Tbs (<i>See Recipes</i>)	80	5
Fruit	1 svg	Strawberries, 1 cup	50	0
Totals:			550	15

DINNER 2 (LOW-CALORIE FROZEN ENTRÉE)

Selection	Servings	Sample Menu	Calories	Fat (g)
Low-Calorie Frozen Entrée	1 svg	Healthy Choice Sweet and Sour Chicken	400	10
Salad	Free Food	Salad Greens, Grated Carrots, Sliced Cucumbers, 2 Cups	Free Food	Free Food
Add-in	1 svg	Olive Oil Vinaigrette, reduced fat, 2 Tbs, (<i>See Recipes</i>)	80	5
Fruit	1 svg	Apple, fresh or baked with Cinnamon (<i>See Recipes</i>), 1 small	77	0
Totals:			557	15

Note: Choose a Low-Calorie Frozen Entrée that is less than or equal to 400 Calories with less than or equal to 12 grams of fat. If less than 400 Calories add a serving of fruits, vegetables or whole-grain bread to your meal.

DINNER 3 (PASTA MEAL)

Selection	Servings	Sample Menu	Calories	Fat (g)
Starch	2 svgs	Whole Wheat Spaghetti, 1 cup cooked	180	1
Vegetables	1 svg	Marinara Sauce, ½ cup	90	3
Salad	Free Food	Salad Greens, Sliced Red Peppers, Sliced Cucumber, 2 cups	Free Food	Free Food
Protein	1 svg	Turkey, ground, 93% lean, skinless, 3 oz	120	6
Add-in	½ svg	Parmesan Cheese, 1 Tbs	20	1.5
Add-in	1 svg	Olive Oil Vinaigrette, 2 Tbs, (<i>see Recipes</i>)	80	5
Vegetables	1 svg	Broccoli, steamed, 1 cup chopped	30	0

DINNER 4 (CHINESE STIR-FRY)

Selection	Servings	Sample Menu	Calories	Fat (g)
Chinese Stir Fry	1 ½ svgs	Chinese Stir Fry, 1 ½ cups (<i>see Recipes</i>)	270	13.5
Add-in	1 svg	Chopped Cashew or Peanuts, 1 Tbs	50	5
Grain	1 ½ svgs	Brown Rice, ¾ cup cooked	165	1.5
Fruit	1 svg	Pineapple Chunks, canned, ½ cup drained, in juice	75	0
Totals:			560	20

DINNER 5 (VEGETARIAN BURRITO)

Selection	Servings	Sample Menu	Calories	Fat (g)
Protein	1 svg	Quick Bean Burrito (<i>See Recipes</i>)	295	10.5
Starch	2 svgs			
Add-in	1 svg			
Add-in	½ svg	Black Olives, 5 sliced	30	2.5
Add-in	1 svg	Guacamole, 2 Tbs	45	4
Add-in	1 svg	Sour Cream, fat free, 2 Tbs	25	0
Vegetables	Free Food	Salsa, Green and Red Pepper Slices	Free Food	Free Food
Milk	1 svg	Yogurt, light, 8 oz	125	0.5
Fruit	1 svg	Blueberries, ¾ cup	60	0
Totals:			590	17.5



ID: _____ Interviewer: _____

Baseline Goal Setting Sheet

Date: _____

Session: _____

Starting Activity goal: _____ days a week _____ minutes

Activity	Where	Days	Time	Minutes

Start date: _____/_____/_____

300 minutes of moderate to vigorous intensity physical activity each week is recommended to lose weight and maintain weight loss



Choose to Lose Weight Loss Study

DVDs for Enhanced Intervention Participants (4 DVDs Total)

1. **DVD 1:** Choose to Lose with Exercise (Physical Activity Themed; month 1)
2. **DVD 2:** Walk Away The Pounds with Leslie Sansone (Physical Activity Themed; month 3)
3. **DVD 3:** Tips and Tricks to Maintain Weight Loss (Nutrition Themed; month 16)
4. **DVD 4:** Healthy Eating (Nutrition Themed; month 21)

For Office Use Only:

Participant Id ___/___/___/___

Date ___/___/___ **Staff ID** ___-___-___

Contact Type Phone Visit Mail

Visit Type

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Homework 1 | <input type="checkbox"/> 6 Months |
| <input type="checkbox"/> Screening | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> Homework 2 | <input type="checkbox"/> 18 Months |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> 24 Months |



Treadmill Walk Documentation Form

1) Age: _____

2) Target heart rate:

64%: _____ [(220-age) X .64] ***minimum HR at 64% = 100*

76%: _____ [(220-age) X .76]

Examiner information: Is participant on a Beta Blocker? Yes (If yes, adjust to 40% and 65%) No

3) Have you had caffeine (coffee, cola, etc.) or nicotine in the past 3 hours? Yes No

If yes: Time: _____ Amount: _____

4) Have you had alcohol in the past 3 hours? Yes No

If yes: Time: _____ Amount: _____

5) Have you eaten within the past 3 hours? Yes No

If yes: Indicate: _____

6) Did you drink fluids (water, juice) today? If no, give water. Yes No

7) Has there been any change in your medication? Yes No

If yes: Indicate:

Name: _____

Dose: _____ Time last taken: _____

Name: _____

Dose: _____ Time last taken: _____

8) Are you experiencing any symptoms of a cold or the flu? Yes No

If yes: Explain: _____

9) Any special considerations such as a change in your health, MD or ER visit? Yes No

If yes: Indicate: _____

10) Has there been any med., weight loss aid or lifestyle changes that could effect your HR such as lack of sleep or stress? Yes No

If yes: Explain: _____

11)) Standing resting heart rate: Polar: _____ Palpation: _____

(If HR \geq 110, do not proceed with TM walk and ask if anything could have impacted HR)

12) If applicable,

A. 10-sec hall walk standing resting heart rate \Rightarrow Polar: _____ Palpation: _____
 (If HR \geq 110BPM or \leq 40BPM do not proceed with walk and ask if anything could have impacted HR)

HR: _____ **64%** to _____ **76%** If on Beta Blocker: 40% _____ 65% _____)

MIN	SPEED	HR	RPE (6-20)	Comments
Start warm-up at 2mph for 3 minutes.				
1.00 w-up				
2.00 w-up				
3.00 w-up				
Start 10 minute walk demonstration after 3 min warm up.				
1.00				
1.30				
2.00				
2.30				
3.00				
3.30				
4.00				
4.30				
5.00				
5.30				
6.00				
6.30				
7.00				
7.30				
8.00				
8.30				
9.00				
9.30				
10.00				
Imd. Post (RPE)				
Start Cool Down (2.0 mph) for 2 minutes				
12:00 c-down				
Final Resting HR post par	n/a		n/a	

Treadmill Summary:

***Total Minutes** _____ min
***At Moderate Intensity (3-4mph)**
 Highest speed _____ mph
 Heart Rate @ Highest Speed _____
 Highest RPE _____ RPE
 RPE at 3MPH _____ RPE
 Completed TM walk Yes No
 Completed Hall walk Yes No

B. Immediately after 10-sec walk \Rightarrow Heart rate: _____ RPE: _____

13) Did the heart rate exceed 76% at anytime? **Yes No**

If yes:

Explain: _____

(example: HR increased to 130, treadmill speed was decreased to 2.9 mph)

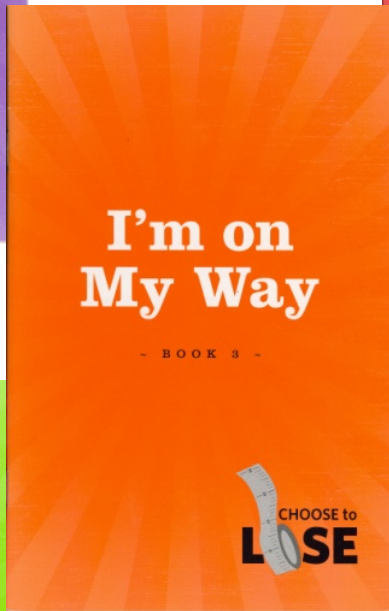
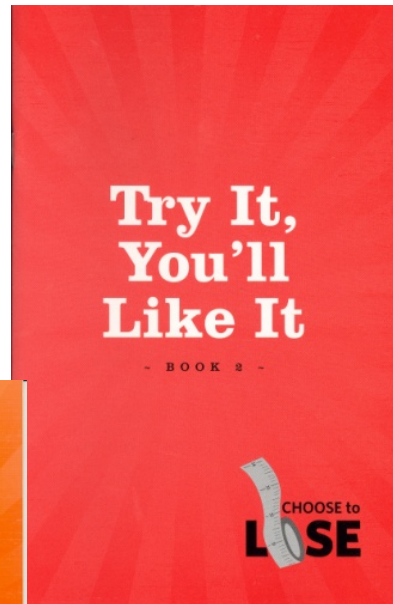
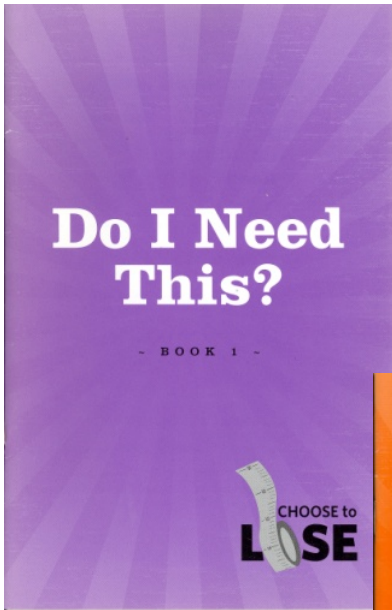
19) Completed Demonstration? **Yes No**

If No,

Explain: _____

20) Standing Resting Heart rate post completion of PAR: _____

Stage Matched Manuals



For Office Use Only:

Participant Id ___/___/___/___

Date ___/___/___ **Staff ID** _____

Contact Type Phone Visit Mail

LC START TIME _____ **AM/PM**

Visit Type

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Homework 1 | <input type="checkbox"/> 6 Months |
| <input type="checkbox"/> Screening | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> Homework 2 | <input type="checkbox"/> 18 Months |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> 24 Months |



CHOOSE TO LOSE: PARTICIPANT ORIENTATION VISIT

COUNSELOR'S WORKSHEET

Before the visit:

1. Gather:
 - Participant materials for the orientation visit (Goal setting worksheets, activity sheets, label reading sheet)
 - Notes from patient screening visit
 - Tool Kit
 - Calorie King book (LC copy)
 - Meal plan
 - Laminated RPE card (in chart)
 - Confidence ruler
 - Pen or pencil
 - Recorder
 - Laptop and/or Calendar
2. Get "Exercise Data for the Lifestyle Counselor" and heart rate calculations from the research assistant.
3. Record the participant's ID and weight on the counselor's worksheet for this visit.
4. Record 10% weight loss goal on participant's worksheet, determined from PSV weight.
5. Review the food and exercise journal for completeness, accuracy
6. Be sure that his/her name and study ID is on completed diary.

I. WELCOME/INTRODUCTION

Welcome back! Just to remind you, Choose to Lose is designed to help people lose weight and increase their physical activity.

Within the study there are two groups, intervention and enhanced intervention, and both groups are receiving the same visit today. At the end of today's visit, you will be assigned to one of the groups.

Are you still interested in participating in the study regardless of the randomized assignment?

YES NO
Circle one

What questions do you have?	
-----------------------------	--

The purpose of today’s appointment is to help you set personal goals for healthy eating and weight loss. We will also go over the steps you need to get started working towards these goals. At today’s visit we will: *(refer to participant worksheet)*

- ◆ Set personalized goals for weight loss, calories and fat and physical activity.
- ◆ Learn how to keep a food and exercise journal to help you identify areas to change and to monitor your progress.
- ◆ Review how to use the Calorie King book to determine your daily calorie and fat intake.
- ◆ Select a meal plan and tailor it to suit your tastes and lifestyle.
- ◆ Decide how to add physical activity into your daily schedule.

II. WEIGHT LOSS: GOAL SETTING AND SELF-MONITORING

Goal Setting *(refer to participant worksheet)*

The goal of this study is for you to lose 10% of your current weight in 6 months.

10% Weight Loss Goal*: (record on worksheet)	lbs
---	------------

Review benefits of 10% weight loss
**Ppt weight for calculations taken from exercise data work sheet – weight from SV visit*

Self-Monitoring of Weight

Research has shown that regular self-weighing is an effective tool for weight loss. Some people find it helpful to weigh themselves daily. CTL is asking you to weigh yourself at least once per week.

How often would you be comfortable weighing yourself (between 1 and 7 days/week)? When would that be? (specify day and time of day) Record on ppt’s worksheet	_____ #days/week _____ day _____ AM/PM
Do you have access to a scale for regular weight checks?	YES NO Circle one

Show participant where to record weight on Food and Exercise Journal.

III. CALORIES AND FAT: GOAL SETTING AND SELF-MONITORING

Goal Setting *(refer to participant worksheet)*

The recommended daily calorie and fat goals are based on your starting weight. We estimate that most participants will lose an average of 1 to 2 pounds per week.

The fat gram goal is derived from 30% of the total calorie intake.

Current Weight	Calorie Goal	Fat Gram Goal
120-170	1200	40
171-215	1500	50
216-245	1800	60
246-300	2000	67

Current Weight:	lbs
Calorie Goal:	calories
Fat Gram Goal:	Fat gram

Ppt weight for calculations taken from exercise data work sheet – weight from SV visit

Self-Monitoring *(hand out tool kit, refer to participant's F&E journal)*

The first step in changing your eating behavior is to become aware of your current behaviors. We know from research that a powerful tool for becoming aware of eating and exercise behaviors is to keep a journal. Your FEJ will help you monitor your progress toward meeting your calorie and fat gram goals.

What have you learned from keeping this record over the past week?	
--	--

- _____ ▪ Point out **Self-Monitoring Instructions** (p.3-4) and briefly review:
 - reading the instruction will help you get the most benefit from keeping a journal
 - now, in addition to writing down foods and beverages, you will be asked to record calorie and fat grams.
 - we encourage you write down the foods/beverages right away after eating them
 - measuring is very important to get an accurate calorie count.

- _____ ▪ Practice using Calorie King to calculate calories and fat grams for a meal in FEJ.
- _____ ▪ Review how to read a food label, as needed.

_____ ▪ Go over recording in journal and calculating a weekly average.

Structured Meal Plans (*refer to participant worksheet, hand-out plan*)

_____ Assess ppt’s experience with/understanding of using a meal plan. Explain how to use as needed.

A structured meal plan of breakfast, lunch, dinner, and planned snacks provides a quick and easy way to get started with low calorie eating while you learn to make your own food decisions. It may help simplify your choices and give you a model of healthy eating to help you begin to make changes. Your plan will give you guidelines as to how many calories to eat at breakfast, lunch, dinner, and snacks.

Tailoring of meal plan:

Breakfast- _____

Lunch: _____

Dinner: _____

Snacks: _____

After reviewing and tailoring the meal plan:

Summarize Dietary Changes discussed so far (weight goal, weight check plan, calorie and fat gram goals, self-monitoring and structured meal plan).

“We have gone over a lot of information. There are many ways to make these tools work for you-the choice is yours! I will support you in your efforts.

How are you feeling about the information on dietary changes at this point?”

We set your goal for the study at _____ (calorie goal).

Importance

*On that scale of 0 to 10 how **important** is it to you to _____ ?*

Reflect. *This is _____ important to you.*

Why a _____ (higher number) and not a (lower number)?

Listen for DARN:

What would it take for it to be a _____ (choose a number 2 above the number they chose or 10 if they chose 8).

Listen for DARN:

Confidence

Keeping in mind that same 0-10 scale, how **confident** are you that you can _____ ?

Reflect. You are _____ confident that you can do this.

Why a _____ (higher number) and not a (lower number)?

Listen for DARN:

What would it take for it to be a _____ (choose a number 2 above the number they chose or 10 if they chose 8).

Listen for DARN:

What is a step that you could take between now and next week that would help you meet your **calorie** goal?

Summarize by reflecting DARN (Offer “Bouquet”!)

IV. PHYSICAL ACTIVITY

Goal Setting (refer to participant worksheet “Baseline Goal Setting”)

▪ How was the treadmill (or hall walk) for you? _____

Reflect their experience with moderate intensity for 10 minutes.

I'd like you to keep that experience in mind as we discuss your goals for physical activity. To get the most benefit of your exercise, we encourage that you work out at moderate intensity, so the 3 to 4 mph you did on the treadmill, **and for at least 10 minutes at a time.**

To help you lose weight and prevent weight gain, we are going to encourage you to work up to 300 minutes of moderate intensity activity each week. But like I said, work up to that.

A starting goal that we often recommend is to add 10 minutes 5 days a week to what you are already doing.

(refer to "Exercise Prescription Techniques for those with Chronic Disease" as needed.)

What would you like your starting goal to be? (they can chose ANY goal they want)	_____minutes _____days a week
--	-------------------------------

What activities are you going to do to meet your goal? <i>Get the details:</i>	
---	--

You said _____ was going to be one way to get your activity. Where do you plan on _____? <small>activity</small> <small>location</small>	
---	--

What days are you going to _____? <small>activity</small>	_____days
---	-----------

What time?	_____AM/PM
-------------------	------------

How long are you going to _____ for? (all at once or in multiple sessions)	_____Minutes at once/multiple sessions/both <small>circle one</small>
---	--

What is going to be the first day that you start exercising? <i>If pushing off the start date more than a few days explore reason for doing so.</i>	____/____/____ <small>date</small>
---	---------------------------------------

Summarize his/her plan, review to make sure minutes on plan add up to weekly goal. _____minutes weekly goal* <i>*starting short term goal on dashboard</i>

In order to work up to your final minutes goal, some guidelines would be to exercise 100 minutes a week by the end of 1 month and continue to increase a little each month after that.

When you are ready to increase your minutes, I encourage you to think specifically how you will

get your minutes in, like we just did.

The more specific you can be, and even plan it into your day like you would a doctor's appointment, the more likely you'll carry out your plan.

Self-Monitoring (refer to participant worksheet, page 5)

Just like it's important to monitor what you are eating, it's also important to monitor how much activity you are doing. This is a good way for you to tell if you are meeting your exercise goals or not, and can also provide a good reminder to do your activity.

_____ Show participant where and how to record activity on the Food and Exercise journal

- Write in the zero days, important to determine what were rest days vs. forgot to fill out
- Go over RPE scale here
 - Way to remind self to pay attention to the intensity of your workouts to make sure working out at a moderate intensity
 - Lead into hand outs on moderate intensity
 - Go over RPE sheet – want to be 12-14 range
 - Use treadmill walk just did as a reference guide to the 12-14

_____ **Activity Sheets:** hand-out and briefly review

- Moderate intensity
 - In addition to the RPE scale, we have a couple other ways for you to tell if you are working out in moderate intensity
 - Speed
 - 15-20 minute mile
 - 3-4 mph on treadmill
 - Heart rate
 - Great way to tell intensity, especially for activities can't easily measure (like walking)
 - Do you know how to find your pulse?
 - If no, help them find it
 - Calculate their target heart rate for them and write on sheet
 - Take heart rate for 15 seconds and multiply by 4
 - Any questions about knowing if you are working out in moderate intensity?
- Injury prevention
 - We also want to make sure you stay safe when you are exercising so we've provided you with a few sheets on injury prevention
 - Do you have good supportive shoes?
 - If yes, great, that's an important part of staying safe when exercising
 - If no, encourage them to read over these sheets and buy a good pair of shoes. Emphasize the importance for safety.
 - Stretching
 - Good to help you warm up your muscles and cool down after you exercise

- Exercising when sick
 - Main point is to listen to your body, and if take a break from routine if needed.

PHYSICAL ACTIVITY Summary

You set your goal for this week to _____. Reflect their goal.

Importance

Get in your mind a ruler with a 0 at one end and a 10 at the other end. The 0 means “not at all” and 10 means “very”.

0 1 2 3 4 5 6 7 8 9 10

On that scale of 0 to 10 how **important** is it to you to _____ ?

Reflect. *This is _____ important to you.*
Why a _____ (higher number) and not a (lower number)?
 Listen for DARN:

What would it take for it to be a _____ (choose a number 2 above the number they chose or 10 if they chose 8).
 Listen for DARN:

Confidence

Keeping in mind that same 0-10 scale, how **confident** are you that you can _____ ?

Reflect. *You are _____ confident that you can do this.*
Why a _____ (higher number) and not a (lower number)?
 Listen for DARN:

What would it take for it to be a _____ (choose a number 2 above the number they chose or 10 if they chose 8).

Listen for DARN:

What is a step that you could take between now and next week that would help you meet your physical activity goal?

Summarize by reflecting DARN (Offer “Bouquet”!)

V. WHOLE VISIT SUMMARY/CLOSING

Briefly **summarize** physical activity and nutrition goals and DARN for change! Tie all the flowers they have given you in a lovely bouquet. Focus on reflecting all of the CHANGE TALK.

Remember, you want to leave them on a note that emphasizes their reasons that these changes are important and their confidence to achieve their goals!

VI. *DETERMINE ELIGIBILITY FOR THE STUDY CHECK ONE BOX AND REASON AS APPLICABLE

Candidate for Choose to Lose

STATUS = OV_ACCEPTED

- Based on your responses you seem to be a good candidate for the Choose to Lose study. The entire staff is ready to help you successfully reach all of your goals. Are you willing to continue with the study?

Candidate for Choose to Lose – At Risk

STATUS = OV_ACCEPTED

- Based on your response today you seem to be a good candidate for the Choose to Lose study. However there is (are) a few areas of concern. Mention and discuss any areas of concern regarding the patient’s eligibility. How do you feel about the issues we just discussed?

Check any applicable issues

F&E journal compliance

Ability to adhere to study dietary goal due to compulsive overeating, emotional eating, wt. loss cycling

Importance of losing weight measure willingness to meet study requirements fewer calories, more vegetables and fruit, increasing physical activity

Readiness to make changes in diet

Access willingness to meet study requirements, barriers - fitting time/energy of losing weight into life, interference with changing of eating / PA habits, feelings of family about changing habits

Readiness to make changes in PA

The participant cannot begin immediately

STATUS = OV_ONHOLD

- This participant is eligible but is not available during any of our scheduled Orientation / Clinic Visits / Counseling Phone call times. Take note of what days and times they are free, which visit types were in conflict and we will call them back when more applicable slots are available.

Check all applicable: OV visits Clinic visit Counseling phone calls

Not a good candidate for Choose to Lose (Exclude)

STATUS = OV_REJECTED

- Based on your response today it seems that Choose to Lose is not the right study for you at this time. Discuss this with the participant if s/he feels this is not a correct assessment.

The participant declines from being in the study

STATUS = OV_DECLINED

Reason: _____

VI. Randomization

Have participant open randomization envelope and tell you their group assignment

Was patient randomized?	YES NO Circle one
if NO reason _____	
Randomization date: ___/___/___	<input type="checkbox"/> Intervention <input type="checkbox"/> Enhanced Intervention
Randomization Key: _____	
Lifestyle Counselor assigned to this ppt _____	
6 Month Visit Date: _____	

VII. Next Steps

- Review participant's welcome letter to their group assignment
- Hand-out binder-where participants can store materials
- Hand out 12 F&E journals to intervention ppts.
- Schedule 6 month appointment
- Photocopy PA Baseline Goal Setting Worksheet

For Enhanced Intervention Participants:

- Schedule monthly counseling phone calls (1st call-15-25 day window, subsequent calls every 4 weeks)
- Photocopy appointment card for monthly calls.
- Hand out 6 pre-addressed metered envelopes for return of F&E journals. Remind participant that if they have questions for their LC, they can include them in their food and exercise journal.

LC END TIME _____AM/PM

Tailored Nutrition Report 1 – FINAL – 3/31/2011

Page	Question	Response #	Responses	Paragraph
1	Biggest motivators	1	feel and look better	<p>Congratulations! By joining <i>Choose to Lose</i>, you have taken the first step in your weight loss journey.</p> <p>As you lose weight with <i>Choose to Lose</i>, you will begin to feel better, your clothes will fit better, and you'll enjoy the benefits of all your efforts! <i>Choose to Lose</i> is about taking small, manageable steps that gradually lead you toward a healthy eating lifestyle. We will help you set goals that fit into your life the way it is right now.</p> <p>Follow the program and you can safely lose 1/2 to 1 pound a week. The difference is - you'll KEEP IT OFF!</p>
		2	set good example for your family	<p>Congratulations! By joining <i>Choose to Lose</i>, you have taken the first step in your weight loss journey.</p> <p>As you lose weight with <i>Choose to Lose</i>, you'll be amazed at how your efforts can inspire your kids, spouse and other family members to be more conscious of how they eat. Using what you learn in <i>Choose to Lose</i>, you can help your loved ones lose weight if they need to, and get them started on a lifetime of healthy eating.</p> <p>Follow the program and you can safely lose 1/2 to 1 pound a week. The difference is - you'll KEEP IT OFF! Share what you learn - your family is worth the effort!</p>
		3	be healthier and prevent disease	<p>Congratulations! By joining <i>Choose to Lose</i>, you have taken the first step in your weight loss journey.</p> <p>Weight loss, the <i>Choose to Lose</i> way can help prevent heart disease, high blood pressure, stroke, Type 2 diabetes and even cancer. Losing weight can help reduce "osteoarthritis" - a joint pain that affects your knees, hips and lower back. You may even improve your heart function and blood cholesterol.</p>
2	Weight	1	Not losing yet	<p>Losing weight is a big challenge and can be a struggle for many. If you are not reaching your weight loss goal of 1/2-1 lb. per week, don't be too hard on yourself! Consider taking a step back to remember your reasons for wanting to lose weight. Next you might think of a</p>

				step you might take to lower your calories and increase your activity level. Soon you will be back on track. Be confident that you will find ways that work for you and help you achieve your goal!
		2	On target	You are off to a great start! You have made significant changes and your hard work is paying off. Losing weight at a rate of ½- 1 pound per week is considered to be safe and is more likely to be maintained than faster weight loss. The changes you have made will hopefully become good habits that will help you manage your weight now and in the future. Take a moment to think about what is working well for you and how you will maintain your progress. Keep up the good work!
		3	Losing weight quickly	You are off to a great start! You are off to a great start but you're losing weight too fast. You have made many changes in your eating and exercise patterns and it shows! It feels good to see the numbers dropping on the scale. But if you are losing more than 2 pounds per week, you may want to reflect a moment on your progress. Although people often lose more weight in the early stages of a weight loss program, consider focusing on changes that you can maintain over the long run. Hunger, deprivation or injury can all harm your progress toward your goals. Set your eyes on steady and safe weight loss and the changes you make today will become the habits that help you maintain a healthy weight tomorrow. You've got what it takes!
2	Meeting Calorie Goals	1	Calorie intake over goal, consistent with no weight loss or weight gain.	It is easy to go over one's calorie goal when trying to lose weight. There can be many reasons why-for example feeling hungry, lack of awareness of how many calories you are eating, not having the right foods available. For every challenge there is a solution! Consider filling up on fruits and vegetables and plenty of water or taking your mind off of food by keeping busy. Keep careful records of what and how much you eat. Plan meals and snacks ahead and stock your home with healthy foods. The choice is yours! Stay positive! Following the meal plan and meeting your calorie goal will help you lose weight each week. It's never too late for a fresh start!
		2	Calorie intake at goal, consistent with weight	Your journals show that you have made many changes to lower your calorie intake down to your goal. Your efforts are paying off and

			loss	you are losing weight. You probably have learned and tried new strategies to eat fewer calories. Hopefully your choices are healthy and satisfying. Thinking about what has worked well so far and what you still need to work on is a process that will keep you moving toward your goals. A new lower calorie lifestyle is within your reach!
		3	Calorie intake below goal, consistent with weight loss > 2 lbs./week	You have made many significant changes to lower your calorie intake. You can be proud of your efforts! The study goal for weight loss is about ½-1 lb. per week. A regular pattern of healthy, low calorie meals and snacks will help you feel your best and will promote a safe rate of weight loss. Skipping meals or consistently eating less than your calorie goal may leave you feeling hungry or deprived and make it harder to stay with your weight loss efforts. Strive for a healthy eating style that will be comfortable for you to maintain as you continue your weight loss efforts.
		4	Calorie intake over goal, but weight still down (if goal set low initially or PA high)	Your journals show that you are eating more than the calorie goal set for you at your first visit, but the scale tells the story best! The fact that you are losing weight means that you have lowered your calories to a range to promote weight loss or significantly increased your activity level. Good for you! You have made changes and your hard work is paying off. Continue your efforts at keeping track of your weight loss and your calorie intake in your food and exercise journal. These notes will help you adjust as needed to continue your progress toward your goal. Way to go!
		5	Calorie intake under goal, but weight up (likely under reporting)	Your food and exercise journal shows that you are meeting your calorie goal, but the scale tells the story best! It is easy to underestimate the calories you eat each day. To make your journal most helpful to you, see if any of the following would work for you: -Record everything that goes into your mouth including all food and drink between meals. -Bring your journal with you and record what you have as you eat it- don't wait to write down everything at night. -Carefully measure portion sizes and adjust calories to reflect the amount you actually ate. Once you have a clear idea of where your calories are coming from,

				you can make changes that feel right for you. Changing your way of eating is a process and by keeping careful track of what you eat, you are on the right track!
3	Exercise	1	Above Goal	Wow! It seems you are having great success in adding physical activity to your routine. By now you likely have a clear sense of the benefits of exercise to your body, mind and spirit. Make sure you are progressing at a safe pace to allow you to benefit the most while reducing chances of injury, which could set you back. Developing consistent exercise habits that you enjoy and that fit into your lifestyle are keys to maintenance. Congratulate yourself on your efforts toward the right path to an active life!
		2	On Target	Wow! It seems you are having great success in adding physical activity to your routine. By now you likely have a clear sense of the benefits of exercise to your body, mind and spirit. Developing consistent exercise habits that you enjoy and that fit into your lifestyle are keys to maintenance. Congratulate yourself on your efforts toward the right path to an active life!
		3	Close to 0 minutes	Are you a step behind in meeting your goals for physical activity? Don't worry-it's never too late to get back on track! What is getting in your way? Time? Weather? Fatigue? When you are ready to change, you'll find the solution that's just right for you. Might you: Schedule 10 minutes (or more) on your calendar each day to walk? Try walking at a mall or doing an exercise DVD? Invite a friend to exercise with you? Many people say that once they start exercising regularly they actually have MORE energy. Starting any new habit can be hard, but soon exercise will become part of your new healthy lifestyle. So consider starting again with at even just 10 minutes at a time and work your way up. You can do it!
3	Journal Compliance	1	Most Days Completed	Fantastic! You're filling out your food journal regularly. Keep it up! Completing your journal every day is important for your continued success in Choose to Lose. Journaling daily will continue to make you aware of your eating and physical activity behavior. You're doing great, give yourself a nice reward! As you probably already know, keeping a daily food and exercise

				<p>journal can be a powerful tool in your weight loss efforts. Many research studies show that people who keep track of their eating on a regular basis are the most successful in meeting their goals. One study showed that people who self-monitored 5 or more days each week lost six times as much weight over a year compared to those who didn't keep track at all. Writing down what you eat can help make you aware of what you eat and point out areas to change. It can also show your progress and keep you from drifting back to old eating patterns. Take a look at your own practice of self-monitoring. What have you learned from keeping your food journal? What strategies will make it easy to continue your daily record keeping? Keep up your good work-it is an important key to successful change!</p>
		2	Only partially completed	<p>Keep going! You're filling out your food journal regularly but more detail about the foods you are eating will help you and your lifestyle counselor to see the whole picture. It's important to make your journal as complete as possible without forgetting to write down any of your meals and snacks. Completing your journal every day is important for your continued success in Choose to Lose. We know you can do it!</p>
		3	Some days completed	<p>Keep going! Did you know that many research studies show that people who keep track of their eating on a regular basis are the most successful in meeting their goals for eating fewer calories and losing weight? In fact, one study showed that people who self-monitored 5 or more days each week lost six times as much weight over a year compared to those who didn't keep track. Writing down what you eat can help make you aware of what you eat and point out areas to change. It can also show your progress and keep you from drifting back to old eating patterns. You probably already have some idea of how keeping track of your eating and exercise can help you.</p> <p>With your benefits in mind, think about recording another day or two in addition to what you are already doing. Soon you'll be seeing the full advantage of daily self-monitoring-it can truly be an important key to your success! We know you can do it!</p>
		4	Few journals	<p>What happened? It seems that you haven't filled out your daily food</p>

			completed	<p>journal. This is an important part of Choose to Lose because it helps to make you aware of your eating and physical activity behavior and it also helps your lifestyle counselor to identify your current issues. We want to help you but we will need to get your journal information from you first. Try to work it into your daily routine from this point on. We know you can do it!</p> <p>Did you know that many research studies show that people who keep track of their eating on a regular basis are the most successful in meeting their goals? One study showed that people who self-monitored 5 or more days each week lost six times as much weight over a year compared to those who didn't keep track. We know it's not always easy. The good news is that, if you decide to self-monitor on a regular basis, there are a number of ways to make it easier. Consider making a fresh start and keep a journal today!</p>
3	Food	1	Portion Sizes	<p>One of the most important steps you can take to reduce your calorie intake is to carefully monitor your portion sizes. As you begin to create new food habits, using measuring cups and spoons and a small food scale can be extremely valuable to help you recognize appropriate servings of food and to calculate an accurate calorie count. Soon you will find shortcuts-you'll know how full the bowl looks with a cup of your favorite cereal; you might package snack foods into single serving packets; using a smaller plate might be more satisfying; filling $\frac{1}{4}$ of your dinner plate with your protein, $\frac{1}{4}$ with a grain and $\frac{1}{2}$ with vegetables may help you balance your meal. Look to weekly mailing #5 for more on healthy portion sizes. Soon <i>your</i> size will be decreasing too!</p>
		2	Beverages	<p>When we think of the calories in our diet, most of us think about the foods we eat. Many people may not be aware of the calories sneaking into their diet in liquid form from sweetened high calorie beverages such as soda, fruit drinks, iced teas, sports drinks and sweetened coffee drinks. One study done at Penn State showed that when people consume sweetened calorie containing beverages, they don't compensate by cutting back on the calories they eat from food. These findings support the idea that liquids are less filling than solid foods. Drinking calorie containing beverages on a daily</p>

				basis can make it much more difficult to follow a lower calorie eating plan. So if you are looking to reduce your liquid calories, think about switching to the best thirst quencher of all-cool, refreshing water at zero calories per serving!
		3	Alcoholic Beverages	Is it worth it? This is often a good question to ask yourself when you're considering an alcoholic cocktail. Alcoholic beverages contain "empty" calories, which provide no nutritional value, and do nothing to conquer hunger. Alcoholic drinks often have the <i>opposite</i> effect and can stimulate your appetite, which can lead you to eat more than you otherwise would. If you decide to drink, you might try a lower-calorie mixer such as club soda, diet cola, diet cranberry juice, or diet tonic. Another way to control calories from alcoholic beverages is to limit your intake to a single serving. A 12 oz. beer or light beer, 5 oz. wine or 1 ½ oz. liquor are all equal to a serving. You might also consider an alcohol beverage as an occasional treat instead of a daily ritual. Thinking about whether or not to include alcohol as part of your overall weight management strategy is important. If you decide to include a drink, thoughtful choices can help you plan it in to your overall healthy eating pattern.
		4	Dining Out	Eating out too often can make it a lot harder to meet your calorie and fat gram goals and to lose weight. Portion sizes in restaurants are often larger than what you would serve yourself at home and the meal is likely to be higher in calories and fat than what you would choose and prepare at home. If you mainly eat out because of time pressure, consider jotting down five "emergency" meals that can be put together in 15 minutes or less. Stock up on the ingredients to make these meals and your next "take-out" meal can be from your freezer or pantry! When you do choose to go out, planning ahead and choosing wisely the items you will eat can go a long way in helping you to stick to your weight loss goals and enjoy yourself!

		5	Dairy	<p>Dairy products are a terrific source of nutrients like calcium and protein, and an important part of building strong bones and teeth. Despite the many benefits of dairy products, they also can be high in calories, saturated fat, and cholesterol. But, have no fear! There are lots of ways that you can still enjoy your favorite dairy foods. Choose dairy products that are fat-free, skim, or part-skim. If you're not used to the taste, start slowly or experiment with different brands. Before you know it, you'll enjoy some new foods <i>and</i> you will find it easier to stay within your calorie goals!</p>
		6	Desserts and Sweets	<p>Do you have a sweet tooth? Here are some ideas to satisfy your sweet tooth while maintaining progress toward your healthy eating and weight loss goals:</p> <ul style="list-style-type: none"> ▪Satisfy hunger with a regular pattern of healthful meals and snacks. ▪Adjust gradually to eating less sugar and come to appreciate the natural flavors in food. ▪Use small amounts of sweetener to increase the appeal of healthful foods or include naturally sweet foods such as fruits or roasted vegetables as part of your meals. ▪Choose to eat sweets less often, for example have dessert every other night instead of daily. ▪Look for lower calorie versions or recipes of favorite desserts. ▪Consider quality over quantity. Pick a dessert that you love and have a small serving. Savor every sweet spoonful! Or share a dessert with a friend!
		7	Junk Food	<p>Smart snacking can be invaluable in helping with your weight loss efforts. Well-planned snacks can help you eat less at mealtimes, get all the nutrients you need for good health, put you in a good mood and conquer food cravings. A smart snack might include a mixture of protein, healthy fats and good for you carbohydrates. Fresh fruits and vegetables, whole grains, nuts, lower fat cheese and yogurts can all be the stars of a super snack. Refer to the "Snack Options" list in your meal plan for some ideas to get started. Substituting a power snack for an empty calorie snack can give you the fuel you need to get through a busy day and keep you on the road to healthy weight loss.</p>

		8	Fats, Condiments/Sauces	Condiments and sauces add flavor and moisture to our foods. So the question is: How can we add flavor and moisture without the fat and calories? One answer is “little dishes.” These intensely flavored mixtures of fruits, vegetables, herbs, spices, vinegars and chili peppers can bring excitement to everyday eating. Some call them condiments; others call them salsas, chutneys, or relishes. Another idea is to try lower fat toppings such as mayo, salad dressing and sour cream. Blended in with many foods, the taste of these lower-fat options is fantastic!
		9	Fried Foods	What may start out as a healthy choice like chicken, fish, or vegetables becomes loaded with fat and calories once it comes out of the fryer or pan. For example, a 4 oz. portion of fried chicken breast contains 315 calories and 17 grams of fat. The same size portion of roasted skinless chicken breast is only 175 calories and 5 grams of fat. There are plenty of other ways to cook your food without frying and still get juicy meats, smoky flavors, crispy textures and just downright great taste! Try grilling, roasting or baking with marinades that are full of flavor. If you choose to pan-fry, using just a teaspoon of oil per serving can help keep your calories and fat within goal. An oven fried method of coating skinless chicken in breadcrumbs, drizzling with a measured amount of oil and baking in a hot oven can substitute for deep fried chicken. Preparing foods these ways can help keep you “cooking” toward your goals for a healthier weight!
4	Comorbid Conditions	1	High Blood Pressure	By joining the Choose to Lose study, you have taken an important step toward lowering your blood pressure. Getting your blood pressure under control can help reduce the chances of heart disease, stroke, or kidney disease. The good news is that there are many things that you can do to lower your risk. Even small amounts of weight loss can show significant decreases in blood pressure. Here are some suggestions for a healthy lifestyle to manage high blood pressure: <ul style="list-style-type: none"> • Continue your weight loss efforts. • Work toward the physical activity goal of 300 minutes

				<p>per week</p> <ul style="list-style-type: none"> • Stop smoking • Limit your alcohol intake • Eat 8 to 10 servings of fruits and vegetables each day • Eat at least 2 to 3 servings of low-fat dairy foods every day <p>As you lose weight, you may find that you need less medication to maintain good blood pressure control. Regular blood pressure checks and contact with your doctor can monitor your progress. You have what it takes to make choices that will help maintain a healthy blood pressure!</p>
		2	High Cholesterol	<p>By joining Choose to Lose, you have taken an important step to improving your health. High cholesterol can be an important risk factor for heart disease. The changes you have been working on to lose weight, make healthy food choices and get regular physical activity can also help to lower your LDL cholesterol and triglycerides and raise your HDL cholesterol. Wise food choices also play a key role in improving blood fat levels. A heart healthy eating pattern includes:</p> <ul style="list-style-type: none"> ●A plant-based diet rich in fruits, vegetables, whole grains and beans. ●Healthy fats such as olive oil, canola oil, nuts, seeds-measure portion sizes per meal plan ●Lean protein choices such as fish (aim for twice weekly,) poultry, lean cuts meat, eggs -see meal plan for portion sizes. ●non-fat or low fat dairy foods ●Limited intake of foods high in trans-fats from processed snack foods and baked goods, stick margarines, and fried foods. <p>A healthy heart is within your reach as you strive to achieve your study goals-keep up the good work!</p>
		3	Diabetes	<p>By joining Choose to Lose, you have taken an important step to improve your control of Type 2 diabetes. As you may already know, keeping your blood sugar under control is the single most important factor in preventing complications from diabetes. By controlling your blood sugar, you can slow down the damage to your body's nerves and blood vessels; sometimes you can stop the damage</p>

				<p>altogether. Managing your blood sugar doesn't have to be difficult. Lifestyle changes, like the changes we are asking you to do in <i>Choose to Lose</i> – eating right, getting regular exercise, and losing weight are the keys to better management of your blood sugar. As you lose weight, your body will handle sugar better, and your blood sugar control may become much easier. Be sure to check with your doctor regularly to monitor you blood sugar levels especially as you lose weight.</p>
		4	Heart Disease	<p>By joining Choose to Lose, you have taken an important step to improving your heart health. The changes you have been working on to lose weight, make healthy food choices and get regular physical activity will help your heart stay strong. A heart healthy eating pattern includes:</p> <ul style="list-style-type: none"> ●A plant-based diet rich in fruits, vegetables, whole grains and beans. ●Healthy fats such as olive oil, canola oil, nuts, seeds-measure portion sizes per meal plan ●Lean protein choices such as fish (aim for twice weekly), poultry, lean cuts meat, eggs -see meal plan for portion sizes. ●Non-fat or low fat dairy foods ●Limited intake of foods high in trans-fats from processed snack foods and baked goods, stick margarines, and fried foods. <p>A healthy heart is within your reach as you strive to achieve your study goals-keep up the good work!</p>
		5	Arthritis	<p>Did you know that your decision to lose weight by joining the Choose to Lose study might help you feel better? Regular moderate exercise can reduce joint pain and stiffness, build strong muscle around your joints, and increase flexibility and stamina. Daily physical activity can also help reduce inflammation from arthritis and contribute to overall wellness. An exercise program might include walking or gentle yoga. Water exercises are an excellent choice to minimize arthritis pain. Water will make your body buoyant and can reduce the stress on your hips, knees, and spine. <u>Water walking</u> is a great way to increase your strength and range of motion. Be sure to check with your doctor before starting. Keep moving and feel</p>

				better than ever!
		6	At Risk for Weight Related Diseases	By joining Choose To Lose, you have taken an important step to improving your health. As you probably already know, being overweight can increase your risk of high blood pressure, heart disease, arthritis, Type 2 diabetes and other chronic health problems. Losing even a small amount of weight can reduce your chance of developing these conditions. Making wise food choices and exercising regularly contribute to a healthy lifestyle that will help you feel your best now and in the years to come. You have what it takes to be successful in reaching you weight loss goals!

1500 CALORIE MEAL PLAN GUIDELINES

A structured meal plan of breakfast, lunch, dinner, and planned snacks provides a quick and easy guide to getting started on a healthier way of eating. This plan is designed to simplify your choices and give you a model of healthy eating for weight loss.

1. A range of calories for each meal is provided below. We encourage you to spread your calories over 3 meals and at least 1 snack each day.

Breakfast: 300-350 calories

Lunch: 400-450 calories

Dinner: 500-600 calories

Snack: 100-300 calories



2. You will work with your lifestyle counselor to come up with a personalized meal plan that suits your tastes and lifestyle.
3. Average calorie and fat gram information is provided for all the foods you will be eating.

If a particular brand differs from this average, use the calorie and fat gram information on the package's Nutrition Facts Label or the CalorieKing® book or website. Transfer the calorie and fat gram information into your Food and Exercise Journal.
4. This meal plan is designed to provide approximately 30% of your calories from fat. For your 1500 calorie meal plan, this means a daily fat goal of 50 grams.
5. We strongly suggest that you weigh and measure your food portions so you know exactly how many calories and fat grams you are eating. Read the Nutrition Facts Label on food items to help you select appropriate portion sizes

6. For each meal below, you will find suggested food groups, number of servings, serving sizes as well as sample menus.

You can choose the sample menu item or substitute another food from the same food group.

7. *We recommend that you take a multivitamin daily.*



WELCOME TO CHOOSE TO LOSE !

New Beginnings!

Welcome and congratulations on taking the first step to better health! Over the next two years, we will be working with you to modify your eating and physical activity behaviors to help you lose weight, and more importantly, to help you *maintain* the weight you will lose.

Following a low fat/low calorie diet and increasing physical activity is great for your body. When combined together, your weight loss will be much easier to achieve!

Aside from looking and feeling great, your weight loss may also help you lower your blood pressure and improve your cholesterol level.

Eating healthy foods can be fun and easy. In this program, we will give you many ideas to adapt what you're eating so it can become a lifelong change.

We'll also show you ways to make exercise



enjoyable and effective.

What this program offers is a *new* approach to thinking about your eating and physical activity habits, and the strategies and support to help you change these behaviors.

The Difference

The behavioral approach to a healthy lifestyle assumes that our diet and physical activity patterns are influenced by the environment we live in.

For example, because cars are readily available, most of us drive to work rather than walk. And since high calorie, high fat foods are readily available; most of us eat these foods too frequently.

If, however, we went to a spa with delicious low calorie/low fat foods, our behavior would be affected. We would be the same people with the same amount of willpower, but our eating behaviors would be quite different.

Our goal during this program will be to help you change your environment and behavior in a way that prompts you to eat better and be more physically active.





FOOD AND MEAL TIPS

Eating Healthy During the Holidays and At Special Celebrations

Eat Drink & Be Merry!

Holidays, special events and celebrations often pose a problem for anyone trying to lose weight.

Family get-togethers, birthdays, holidays and anniversaries are all celebrations with lots of food.

These are the times when it's especially difficult to stay disciplined. It is easy to feel pressured to eat more than you need or want, from yourself and others. But it can be easy if you keep your weight loss and physical activity goals in mind.

Here are some helpful tips on how to maintain or continue to lose weight during the holidays.

Tips for the Party Goers:

- ◆ **Never go to a party hungry.** Have a healthy snack, like apples, carrot sticks, or celery, to curb your appetite so you do not overeat at the celebration.
- ◆ If you are bringing food to the party, **take a healthy dish** such as a salad, roasted vegetables or a bean or salsa dip.
- ◆ **Look at all the food choices** before making a plate and then choose wisely.

- ◆ Try to start with the **fruit/vegetable tray**: this will help reduce temptation to fill up on other foods that are high in fat
- ◆ Instead of pouring on dips and dressings, **put a little of your favorite topping** on the side and dip your veggies.
- ◆ **Choose 2-3 foods** you *really* want and get small portions.
- ◆ **Do not overflow your plate** with food.
- ◆ **Trim off the excess fat** on meat: this can reduce calories and the amount of



LOOKING FORWARD

CHARTING YOUR FUTURE

You have made it to the 26 week mark! You have come a long way in changing your activity and eating habits. For many, this has been a very successful and rewarding time as you have started to see and feel the results of all of your effort. However, if it has been a struggle, it's helpful to remember that most individuals will have some minor setbacks along the road to success. While setbacks are normal, it's important to think about how you will get around them and maintain success over time.



REALISTIC THINKING

It is not unusual for dieters to fantasize about losing to a target weight, and then, magically being able to eat anything and everything once again. Even the long-term exerciser sometimes says "I just don't want to get out there and do it today. It would be great if we could all arrive at our weight goal and then not have to think much about it anymore. Just as we put a good deal of thought and effort into raising our children, charting our careers and finances, and maintaining our households, our new eating and exercise habits also require ongoing nurturance. Maintaining your new healthy habits takes effort. While it may be several years in the making, there is reason to believe that in the future your health habit changes will become more automatic over time. For the moment though, they are fragile, and require your continued attention.

The guidelines on the following page are offered to help you make reasonable decisions about your weight control program in the short as well as the long term.

- Keep these tips on hand
- Review them on a monthly basis

PHONE CALL ATTEMPTS

<u>DATE</u>	<u>TIME</u>	<u>LEFT MESSAGE?</u>	<u>Home#/Work#/Cell#</u>

TIME LOG

<u>DATE</u>	<u>START TIME</u>	<u>END Time</u>	<u>DURATION</u>
<u>Prep time</u>			
<u>Call time</u>			
<u>Documentation time</u>			
Total			

Participant Name: _____ **Id#:** _____ **Date:** _____ **Month#:** _____

**Choose to Lose
Telephone Counseling Call Outline**

Preparation for call:

Review dashboard notes and prepare for feedback on participant’s progress in self monitoring, weight loss, dietary changes, physical activity and goal(s) set at last visit.

Week of study: _____ Call window: _____

Date of last FEJ received: _____

Weight: _____ Change from previous journal: _____

Calories/Fat: _____ Goal: _____

Exercise minutes: _____ Goal: _____

I. Introduction: Set the Stage:

- A. Introduce self
- B. Confirm availability for scheduled call (30 minutes), check that participant materials are handy and that ppt. is in a comfortable space to work, ask permission for call.
Hi. It’s KZ from CTL. How are you? I’m calling for the 30 minute counseling session. Is this still a good time? Do you have what you need?
- C. Purpose of today’s call is to provide support and assist you in meeting your study goals and to offer you a chance to ask any questions you may have.
- D. First, I need to ask a few questions to collect data for the study.

As you know, we'll be talking about your experiences over the past weeks with changing your eating habits and physical activity, and I'm here to support you in your efforts. But first, there is some study-related information I need to gather from you before we get into everything. Is that okay?

II. Data Collection for Tailored Nutrition Report

1. The last record I received was for _____. Have you kept a FEJ since then?

When?: Week of _____

Current weight: _____

Current Calories: _____

(If no record completed, ask if they think they are below, at or above goal.)

Current Exercise minutes: _____

(If no record completed, ask if they think they are below, at or above goal)

2. TNR-

Biggest Motivator: _____

Food issue: _____

TNR monthly topic: (check each month) _____

Transition to discussion of progress toward goals, discuss diet and exercise goals separately.

III. Review Goal from last call

1st phone call: *"I know we gave you a ton of information last time. How are you doing with making changes in your diet? Physical activity?"*

Subsequent calls:

Okay, now that we've got that done, I'd love to hear how you're doing with the goals you set on our last call:

Last month you set a goal(s) to _____. I'm wondering how that is going for you?

Explore progress toward goal and reflect change talk.
(note: aim for minimum of 2 reflections per open-ended question)

How do you see your efforts to _____ fitting in with the larger goal to _____?

IV. Identify Focus Behavior of Call (New Topic)

Suggest a topic that may have come out of previous discussion (challenges)

You mentioned that _____ was a concern for you. Would it be OK to spend some time discussing that or is there something else that you'd rather talk about today?

OR

If several topics came up, summarize possible focus of call and ask:
Which of these do you think I can help you with today?

OR

Ask open-ended question to identify key topic/behavior:

*How have you been doing with making changes in your diet?
What would be most helpful to you for us to discuss on today's call?*

V. Explore Focus Behavior and Build Motivation

- A. Assess (readiness, impt, confidence, interest, motivation, etc?) to make change (informally if clear, formally)
- B. If not ready-respectfully acknowledge, consider new topic
If unsure-explore ambivalence
If ready-strengthen commitment, facilitate action planning
- C. Summarize-reflect change talk!
What do you make of this?

VI. Next Steps/Action Plan/Goal Setting.

What step could you take over the next week to _____?

Assist participant to meet criteria of SMART goal (specific, measurable, achievable, realistic, timely)

VII. Briefly address Diet/Physical Activity- (whichever not chosen as focus behavior:

Assess progress so far, new goal, next steps

VII. Closing the Call

A. Whole Call Summary

_____ is important to you.

You are somewhat confident that you can _____

Some of the steps you plan to take are _____.

What did I miss?

Closing statement

B. Next Steps

Confirm appointment for next months call

Be sure all necessary information for tailoring checklist has been obtained.