



**Figure 2.2 Body Mass Index Chart**

Height (inches)	Normal										Overweight										Obese										Extreme obesity									
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54				
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285				
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295				
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304				
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314				
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324				
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334				
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344				
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354				
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365				
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376				
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386				
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397				
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408				
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420				
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431				
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443				

Source: *The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute and North American Association for the Study of Obesity. Bethesda, Md: National Institutes of Health; 2000. NIH Publication number 00-4084, October 2000.

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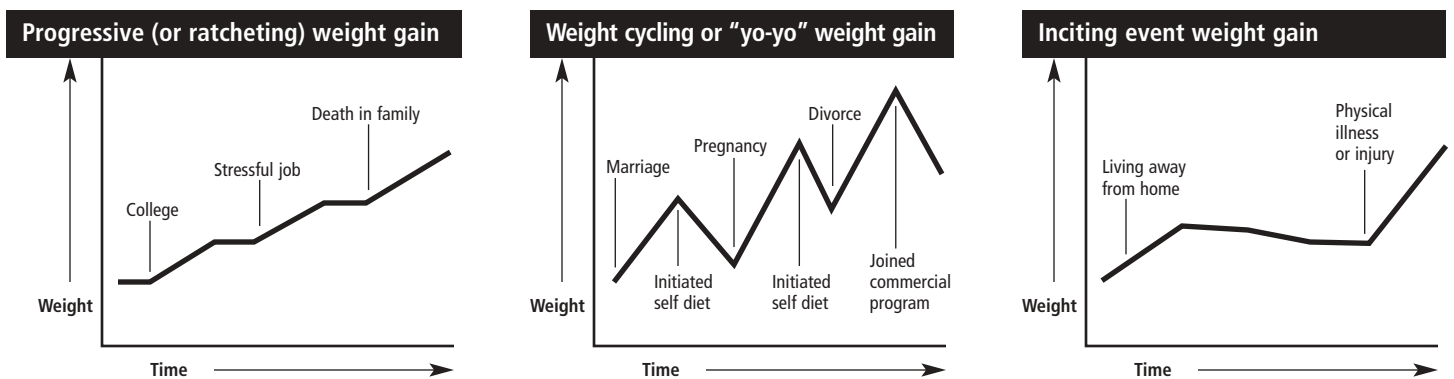
Figure 2.10

## Graphing Your Weight Gain

Patient name \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

People gain weight in different ways — some gain in a progressive upward fashion, others gain in an up and down cyclical fashion, and others after a long period of controlled weight see their weight climb steadily after one inciting event. Commonly, though, most people can relate their changes in weight to different life events. See the examples below.



Please graph your own weight gain. Fill in the life events that you relate to your weight. Take note of your pattern so you can better understand your weight gain, that is, how you got to where you are at today. Thank you for taking the time to complete this chart.





Figure 3.3

# Weight Loss Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Please complete this questionnaire, which will help you and your physician develop the best management plan for you.

- Is there a reason you are seeking treatment at this time?  
\_\_\_\_\_
- What are your goals about weight control and management? \_\_\_\_\_
- Your level of interest in losing weight is:  

Not interested	1	2	3	4	5	Very interested
----------------	---	---	---	---	---	-----------------
- Are you ready for lifestyle changes to be a part of your weight control program?  

Not ready	1	2	3	4	5	Very ready
-----------	---	---	---	---	---	------------

- How much support can your family provide?  

No support	1	2	3	4	5	Much support
------------	---	---	---	---	---	--------------
- How much support can your friends provide?  

No support	1	2	3	4	5	Much support
------------	---	---	---	---	---	--------------
- What is the hardest part about managing your weight?  
\_\_\_\_\_
- What do you believe will be of most help to assist you in losing weight? \_\_\_\_\_
- How confident are you that you can lose weight at this time?  

Not confident	1	2	3	4	5	Very confident
---------------	---	---	---	---	---	----------------

## Weight history

- As best as you can recall, what was your body weight at each of the following time points (if they apply)?  
 Grade school \_\_\_\_\_ High school \_\_\_\_\_ College \_\_\_\_\_ Ages 20-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_
- What has been your lowest body weight as an adult? \_\_\_\_\_ What has been your heaviest body weight as an adult? \_\_\_\_\_
- At what age did you start trying to lose weight? \_\_\_\_\_
- Please check all previous programs you have tried in order to lose weight. Include dates and your length of participation.

Program	Date	Weight (lost or gained)	Length of participation
• TOPS	_____	_____	_____
• Weight Watchers	_____	_____	_____
• Overeaters Anonymous	_____	_____	_____
• Liquid diets (eg, Optifast)	_____	_____	_____
• Diet pills: Meridia, Xenical	_____	_____	_____
• Diet pills: phen-fen, Redux,	_____	_____	_____
• NutriSystem / Jenny Craig	_____	_____	_____
• OTC diet pills	_____	_____	_____
• Obesity Surgery	_____	_____	_____
• Registered Dietitian	_____	_____	_____
• Other	_____	_____	_____

- Have you maintained any weight loss for up to 1 year on any of these programs? Yes  No
- What did you learn from these programs regarding your weight? \_\_\_\_\_
- What did not work about these programs? \_\_\_\_\_
- Have you been involved in physical activity programs to help with weight loss? Yes  No   
 Which ones or in what way? \_\_\_\_\_

Adapted with permission from the Wellness Institute, Northwestern Memorial Hospital.



Figure 4.1

## Eating Pattern Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions and check the appropriate boxes that most closely describe your eating patterns.

1. Do you follow a special diet?
- No       Diabetic       Low sodium
- Low fat       Kosher       Vegetarian
- Other

Give examples of what guidelines or diets, if any, you follow: \_\_\_\_\_

\_\_\_\_\_

2. Which meals do you regularly eat?
- Breakfast       Lunch       Brunch       Dinner

3. When do you snack?
- Morning       Afternoon       Evening
- Late night       Throughout the day

What are your favorite snack foods? \_\_\_\_\_

\_\_\_\_\_

4. Do you eat out or order food in?
- Yes       No
- How often?
- Daily       Weekly       Monthly       Other

What kind of restaurant(s)/eating facilities? \_\_\_\_\_

\_\_\_\_\_

What kinds of cuisine? \_\_\_\_\_

\_\_\_\_\_

5. How is your food usually prepared? (check all that apply)
- Baked       Broiled       Boiled       Fried
- Steamed       Poached       Other

6. How many times each day do you have the following food items?

a. Starch (bread, bagel, roll, cereal, pasta, noodles, rice, potato)

Never       Less than 1       1-2       3-5       6-8       9-11

b. Fruit

Never       Less than 1       1-2       3-5       6-8       9-11

c. Vegetables

Never       Less than 1       1-2       3-5       6-8       9-11

d. Dairy (milk, yogurt)

Never       Less than 1       1-2       3-5       6-8       9-11

e. Meat, fish, poultry, eggs, cheese

Never       Less than 1       1-2       3-5       6-8       9-11

f. Fat (butter, margarine, mayonnaise, oil, salad dressing, sour cream, cream cheese)

Never       Less than 1       1-2       3-5       6-8       9-11

g. Sweets (candy, cake, regular soda, juice)

Never       Less than 1       1-2       3-5       6-8       9-11

7. What beverages do you drink daily and how much?

Water      \_\_\_\_\_ times or glasses per day (8 oz)

Coffee      \_\_\_\_\_ times or cups per day

Tea      \_\_\_\_\_ times or cups per day

Soda      \_\_\_\_\_ times or glasses per day (12 oz)

Alcohol      \_\_\_\_\_ times or glasses per day (12 oz)

Other      \_\_\_\_\_ times or glasses per day

(Specify) \_\_\_\_\_

\_\_\_\_\_

8. Would you like to change your eating habits?

Yes       No

Which habits would you like to begin to change?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Figure 4.2

### Food and Activity Diary

As part of your dietary management plan, you may want to utilize a Food and Activity Diary. This sample log is a good tool to help you keep track of what you are eating and doing and when. Be sure to record the following information each day and review it with your health care provider at your next visit.

1. Date, time, and place of your meals, snacks, or nibbles.
2. Describe the foods eaten and estimate the portion size:
  - Meat, poultry, fish, and cheese are best described in ounces (3 oz. is approximately equal to the size of a deck of cards)
  - Vegetables and cut fruit are best described in relation to cups (1 cup is approximately the size of a woman's fist)
  - Beverages are best described in terms of fluid ounces (1 cup = 8 fluid ounces)
3. Rate your hunger before eating:
  - 0 = Not hungry and uninterested in eating
  - 1 = Not hungry but could still be interested
  - 2 = Neutral
  - 3 = Mild to moderately hungry
  - 4 = Moderately to extremely hungry
4. List, describe, and estimate the time spent on any physical activity performed throughout the day. Be specific.
5. Remember to also record the following:
  - All condiments (1 t. butter, 1 T. mayonnaise, 3 T. sour cream, etc.)
  - Combination foods by breaking them down (eg. 2 c. noodles, 1/2 c. marinara sauce)
  - How food is prepared (home, restaurant, fast food — baked, broiled, fried, etc.)

Time	Amount	Food selection	Hunger rating
12:30	1 large	onion pita	3
	3 oz.	turkey, white	
	2 oz.	American cheese	
	1 c.	lettuce	
	1 slice	tomato	
	8 oz.	yogurt, custard style	
	1 large	banana	
	16 oz.	root beer	

Laundry, cleaning house ●●○

**Sunday**

Time	Amount	Food selection	Hunger rating

Type of activity (10 minutes per circle)

○ ○ ○ ○

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Water (8 fluid oz per circle)

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

**Monday**

Time	Amount	Food selection	Hunger rating

Type of activity (10 minutes per circle)

○ ○ ○ ○

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Water (8 fluid oz per circle)

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

**Tuesday**

Time	Amount	Food selection	Hunger rating

Type of activity (10 minutes per circle)

○ ○ ○ ○

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Water (8 fluid oz per circle)

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Figure 4.2 Food and Activity Log (front)

Enlarge the activity log 127% from letter (8 1/2" x 11") to legal size (8 1/2" x 14") on a copy machine. You may make copies of this sheet to record information weekly.

Wednesday

Time Amount Food selection Hunger rating

12 horizontal lines for recording data on Wednesday.

Type of activity (10 minutes per circle)
○○○
○○○
○○○
○○○
○○○
○○○
○○○
Water (8 fluid oz per circle)
○○○○○○○○○○○○

Thursday

Time Amount Food selection Hunger rating

12 horizontal lines for recording data on Thursday.

Type of activity (10 minutes per circle)
○○○
○○○
○○○
○○○
○○○
○○○
○○○
Water (8 fluid oz per circle)
○○○○○○○○○○○○

Friday

Time Amount Food selection Hunger rating

12 horizontal lines for recording data on Friday.

Type of activity (10 minutes per circle)
○○○
○○○
○○○
○○○
○○○
○○○
○○○
Water (8 fluid oz per circle)
○○○○○○○○○○○○

Saturday

Time Amount Food selection Hunger rating

12 horizontal lines for recording data on Saturday.

Type of activity (10 minutes per circle)
○○○
○○○
○○○
○○○
○○○
○○○
○○○
Water (8 fluid oz per circle)
○○○○○○○○○○○○
Record your weight

Figure 4.2 Food and Activity Log (back)

Enlarge the activity log 127% from letter (8 1/2" x 11") to legal size (8 1/2" x 14") on a copy machine. You may make copies of this sheet to record information weekly.



Figure 4.4

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## Food Weight Loss Tips

1. **Establish regular meal times.** Try not to skip any meals because skipping meals leads to overeating later in the day. If you don't have time for a full meal, try to eat a healthy snack or meal replacement bar instead.
2. **Read food labels when you are purchasing food items.** Pay attention to the portion size, the number of calories in each portion, and the amount of saturated fat in each portion. This can help you make the healthiest food choices.
3. **Make small substitutions in your diet to cut calories.** For example, drink water, diet soda, or unsweetened iced tea instead of high-calorie drinks. Choose low-calorie and low-fat versions of salad dressing, cheese, sour cream, and mayonnaise. Go easy on fried foods — bake, broil, poach, or grill your food instead.
4. **Identify “guilty pleasures” such as ice cream, cookies, or potato chips.** Continue to enjoy them by trying the low-calorie versions or eating less of the regular versions.
5. **Pre-portion your servings to control the amount.** For example, scoop your ice cream in a bowl instead of eating it out of the carton. Bag potato chips or cookies into single-serving sized containers or zip-lock bags. Eat the serving size only when you have a craving. Remember to pass on seconds.
6. **Control calories when dining out.** At fast-food restaurants, “down-size” food and drinks instead of “super-sizing” them. Check favorite fast food restaurant Web sites for nutrition information to select the healthiest options.
7. **Share an entrée with a friend at sit-down restaurants.** However, order a personal salad or side of vegetables. Ask restaurants to: “Please hold the cheese,” “Leave the sauce on the side,” “Use low-fat salad dressing,” and “Please substitute vegetables for French fries.” As always, try to avoid fried dishes.
8. **Pre-plan meals and snacks, and make certain to have the food on hand.** This makes it easier to resist trips to the vending machine and unhealthy, unplanned snacking.
9. **Avoid places and situations that trigger eating.** For example, if walking past the donut shop causes donut cravings, try changing your route. Replace the candy on your desk with fruit or avoid walking near the office candy bowl. Avoid eating while watching television, reading, or driving. Many people do not recall what they've eaten while doing other things.
10. **Try substituting other activities for eating.** For example, take a walk, talk to a friend, or listen to music. These activities avoid the extra calories and can be more satisfying than eating.



Figure 4.9

## Learning about Serving Sizes

### Starch 1 serving = 80 calories

- 1 Slice Whole Grain Bread
- 1/3 c. Cooked Pasta
- 1/3 c. Cooked Rice
- 1/4 Whole Wheat Bagel
- 1/2 English Muffin/Bun/Pita
- 1 Tortilla (7 inch)
- 1/2 c. Cooked Cereal
- 3/4 c. Cold Cereal
- 1/4 Lg. Potato
- 1/2 c. Sweet Potato
- 3 c. Popcorn, Unbuttered
- 1/2 c. Corn/Peas
- 6 Crackers (saltine type)

### Fruit 1 serving = 60 calories

- 1 small Fruit (orange, apple, etc.)
- 1/2 c. Cut Fruit
- 1/2 c. Fruit Juice
- 1/4 c. Dried Fruit

### Vegetable 1 serving = 25 calories

- 1 c. Raw
- 1/2 c. Cooked
- 1/2 c. Tomato or Vegetable Juice

### Protein 1 serving = 35-100 calories

- 1 oz. Cooked Meat, Poultry or Fish
- 1/2 c. Beans, Peas, Lentils
- 1 Egg or 2 Egg Whites
- 1/4 c. Egg Substitute
- 1 oz. Low Fat Cheese
- 1/4 c. Low Fat Cottage Cheese
- 1/2 c. Tofu
- 1 oz. Water Packed Salmon or Tuna
- 1 T. Peanut Butter (all nut butters)

### Dairy Protein 1 serving = 90-120 calories

- 1 c. Low Fat or Nonfat Milk
- 1 c. Low Fat Yogurt
- 1 c. Nonfat or Low Fat Buttermilk
- 1 c. Nonfat or Low Fat Soy Milk (calcium enriched)

### Fat 1 serving = 45 calories

- 1 tsp. Oil, Butter, or Margarine
- 1 T. Regular Salad Dressing
- 2 T. Low Fat Salad Dressing
- 3 T. Low Fat Sour Cream
- 1.5 T. Low Fat Cream Cheese
- 2 T. Avocado
- 8 Olives
- 6 Nuts
- 1 T. Seeds
- 1 slice Bacon

### Recommendations for a well-balanced diet

A healthy diet is *low in calories* and has a *good balance* between the different food groups. Follow these recommendations to help balance your diet.

- Eat at least five to nine servings of fruits and vegetables per day.
- Eat 25 to 30 grams of fiber per day (from fruits, vegetables, beans, whole grain breads, pastas, and cereals).
- Choose whole grains instead of refined, processed carbohydrates.
- Drink at least 64 ounces of water each day.
- Eat at least two servings of low-fat dairy each day (low-fat milk, cheese, etc).
- Choose more low-fat sources of protein (such as skinless chicken, turkey, and soy products) while choosing leaner cuts of beef and pork.
- Eat fish at least two times per week.
- Limit sodium intake to 2,400 milligrams per day or less.