

The Diabetes Prevention Program's
Lifestyle Change Program

Manual of Operations - Introduction

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Overview

The Diabetes Prevention Program (DPP) Lifestyle Intervention Manual of Operations provides detailed information and instructions for implementing the lifestyle intervention for the DPP. The intent of this manual is to instruct and support the Case Managers and other DPP staff at the clinical centers in the delivery of a consistent and high quality lifestyle intervention program.

How to Use This Manual

The purpose of this manual is to provide:

- C Detailed information on the lifestyle intervention goals,
- C A description of the key principles underlying the intervention,
- C Detailed instructions for leading each intervention session,
- C Strategies for responding to adherence problems (“tool box” guidelines),
- C Instructions for the completion of forms related to the lifestyle intervention, and
- C Supplementary materials for participants and Case Managers.

The information in this manual should be used in combination with the DPP Protocol and Lifestyle Balance, the manual for DPP participants in the lifestyle intervention.

Revision Policy

Suggested revisions to this manual will be reviewed and approved by the Lifestyle Resource Core (LRC) under the direction of the DPP Interventions Subcommittee. Revisions will be distributed periodically to the clinical centers and DPP Coordinating Center.

Acknowledgments

The DPP lifestyle intervention was developed by the Lifestyle Resource Core, working in close collaboration with the DPP Lifestyle Advisory Group and other members of the Interventions Subcommittee. Invaluable feedback and contributions were made by the DPP clinical centers. The procedures for the lifestyle intervention were discussed and approved by the DPP Steering Committee.

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The Women's Health Initiative
The TONE Weight Reduction Program to Control High Blood Pressure
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The Black American Lifestyle Intervention (BALI)
The Eat Well, Live Well Nutrition Program Workbook:
Women Helping Women Make Healthy Choices

**Lifestyle Balance:
Diabetes Prevention Program Lifestyle Change Program
Manual of Operations
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Session 5 or 3:	Three Ways to Eat Less Fat
Session 6 or 4:	Healthy Eating
Session 7 or 8:	Take Charge of What's Around You
Session 8 or 7:	Tip the Calorie Balance
Session 9:	Problem Solving
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SM2	Quick Track
SM3	Count 100 Cards
SM4	Personal Fat Counter
SM5	Lifestyle Balance Eating Plans
SM6	DPP Lifestyle Balance Calendar
SM7	Why Weigh Myself?

- SM8 Blueprints for Weight Loss
- SM9 Seven Ways to Size Up Your Servings (from the Dairy Council)
- SM10 How Hungry Are You?
- SM11 Food Journal
- Handling the Holidays
 - HL1 Happy Holidays (mailer distributed with Dec. '96 newsletter)
- Motivation
 - MT1 What's Your Pleasure?

E.2. Nutrition Topics

Cooking

- CK1 Build a Better Recipe
- CK2 How to Lower the Fat in Recipes
- CK3 Add Flavor Without Fat

Fat Intake

- FT1 The Big Picture on Fat

Shopping

- SH1 Quick Guide to Low-Fat Shopping
- SH2 Meat Meets Its Match (from Consumer Reports)

E.3. Physical Activity

Barriers to Physical Activity

- BP1 Beat the Heat
- BP2 Keep Warm in the Cold
- BP3 A Traveler's Workout Guide (Physician and Sports Medicine)

Benefits of Physical Activity

- BN1 Taking the Lead (American Fitness)
- BN2 Menopause and Your Weight

Cross Training

- CR1 Cross Training: Switching Off Pays Off (from Consumer Reports)

Exercise Equipment and Clubs

- EE1 Health Clubs, The Right Choice for You? (Consumer Reports)
- EE2 Mountain Bikes for Light Riding (Consumer Reports)
- EE3 Exercising Choice, Which Workout Machine (Consumer Reports)
- EE4 Step, Two, Three! (Consumer Reports)
- EE5 Workouts That Work (Consumer Reports)
- EE6 Child Carriers: Tips for Runners, Bikers, and Hikers (Physician and Sports Medicine)
- EE7 Traveler's Workout Guide (Physician and Sports Medicine)

Walking

WK1 How to Start Brisk Walking

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- EV1 Pacific-Islanders (PACISLAN.WRK)
 - EV2 Mexican-Americans (HISPANIC.WRK)
 - EV3 American Indians (AMINDIAN.WRK)
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Spell DPP

How Is the DPP Doing?

20,000 Pounds Lost Forever!

Exercise Scavenger Hunt from Pennington

Don't Let Our Success Slip Away

The DPP National Lottery Was a Success

The National DPP Lifestyle Walk

The Gift That Gives

The 10,000 Steps Campaign

Holiday Support 2000

DPP Lifestyle Survival Skills

DPP Lifestyle World Series

DPP Peak Performance Campaign

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Problem Solving Tools for Physical Activity
 Pedometers
 Just Move It (from Cooking Light)

Section 3: Ideas to Enrich the Lifestyle Intervention

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Volume 1, Number 1:	June 1996
Volume 1, Number 2:	September 1996
Volume 1, Number 3:	September 19, 1996
Volume 1, Number 4:	December 1996
Volume 2, Number 1:	March 7, 1997
Volume 2, Number 2:	May 1, 1997
Volume 2, Number 3:	July 20, 1997
Volume 2, Number 4:	October 1, 1997
Volume 2, Number 5:	November 7, 1997
Volume 3, Number 1:	January 26, 1998
Volume 3, Number 2:	April 3, 1998
Volume 3, Number 3:	June 29, 1998
Volume 3, Number 4:	October 15, 1998
Volume 4, Number 1:	March 8, 1999
Volume 4, Number 2:	May 14, 1999
Volume 4, Number 3:	August 20, 1999
Volume 4, Number 4:	November 19, 1999
Volume 5, Number 1:	May 5, 2000
Volume 5, Number 2:	July 28, 2000
Volume 6, Number 1:	January 26, 2001

Revision History

Date	Revision
3/15/96	Sent to Program Coordinators before April 1996 Training: Version 1 of Manual of Operations Participant Notebook for Core Curriculum
6/6/96	Given to Lifestyle Coaches at May 1996 Training: Appendix B (pp. B-1 -- B-21) Session Prompts and Notes for Sessions 1-8 Lifestyle Balance Update
6/24/96	In the Lifestyle Balance News (Vol.1, No. 1), sent to Program Coordinators: For the Manual of Operations: Title Page (with copyright statement) Pages i, ii, iii, iv, v, vi Page D-8 Session Prompts and Notes for Sessions 9-16 Optional Materials: How to Count the Grams of Fat in Recipes, SM1 Quick Track, SM2 Count 100 Cards, SM3 Personal Fat Counter, SM4 Lifestyle Balance Eating Plans, SM5 Build a Better Recipe, CK1 How to Lower the Fat in Recipes, CK2 Beat the Heat, BP1 Keep Warm in the Cold, BP2 Health Clubs, the Right Choice for You, EE1 Mountain Bikes for Light Riding, EE2 Exercising Choice, Which Workout Machine, EE3 Ethnic handouts to centers that would need them (for Pacific Islanders, Mexican-Americans, American Indians, Southern-Soul, Asian Indians) Pages about the lifestyle forms: F-1, F-2, F-3, F-4, F-5 List of planned revisions to the manual, dated June 13, 1996. For the Participant Notebook, these revised pages: Welcome to Lifestyle Balance Program, page 6 Move Those Muscles, pages 1 and 2, handout Wear a Good Pair of Shoes Being Active: A Way of Life, page 1 Be a Fat Detective, pages 2, 3, 8 Three Ways to Eat Less Fat, pages 2, 3, 4

	Healthy Eating, pages 4, 9, 10, last 4 pages (Rate Your Plate)
	Jump Start Your Activity Plan, pages 3, 5
	You Can Manage Stress, page 1
	Spanish translation for Sessions 1-4
	Large-print Fat Counter
7/1/96	The printer sent to Program Coordinators: 20 Fat Counters 1,000 Keeping Track booklets 40 cover pages for Participant Notebooks 800 Lifestyle Balance Calendars for participants
8/28/96	In Lifestyle Balance News (Vol. 1, No. 2), sent to Program Coordinators: For the Participant Notebook: Revised Table of Contents pages iii and iv Revised Four Keys to Healthy Eating Out, pages 5, 6 New Optional Material: Add Flavor Without Fat, CK3 Revised Spanish translation for Sessions 1-16, including Hispanic food choices Told staff to modify by hand: For the Asian Indian, Southern/Soul, and Hispanic handouts: Change Healthy Eating, page 5 to page 3 For the Asian Indian handouts: Change Healthy Eating, pages 3 and 4, to Three Ways to Eat Less Fat, pages 3 and 4
9/19/96	In Lifestyle Balance News (Vol. 1, No. 3), sent to Program Coordinators: Revised pp. F4, F5 with new codes for In-Person Contact Form Checklist for Lifestyle Balance Sessions Master copies of all ethnic versions of handouts (revised footers) Revisions of 4 pages of the Spanish translation for the pt. notebook
10/11/96	Sent Program Coordinators Appendix G: Tool Box.
12/12/96	Printer sent to the Program Coordinators: 40 Fat Counters In Lifestyle Balance News (Vol. 1, No. 4), sent to Program Coordinators: Optional holiday mailer, Happy Holidays! Revised pp. F2, F3 with new instructions on coding L03.1 form Revised page 2 of Checklist for Lifestyle Balance Sessions Sample audiotaping consent form Optional pt. handout Why Weigh Myself? SM7 Revised Map of Miles handout of US for Tool Box Weekly activity graphs (2 for weeks 1-24, 1 for weeks 25-49) Optional pt. handout How to Start Brisk Walking WK1 Appendix G, Section 1, DPP Dollars, page 2 Optional pt. handout The Big Picture on Fat, FT1
2/3/97	Sent Program Coordinators the Manual for Contacts After Core.

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- 3/6/97 In Lifestyle Balance News (Vol. 2, No. 1), sent to Program Coordinators:
Resources for Coaches:
 "Lifestyle Changes May Reverse Development of the Insulin Resistance Syndrome," Diabetes Care, 20:1, Jan. 1997.
 Revised Lifestyle Balance Update Sheet, Core Curriculum
 Revised How Am I Doing? graphs for weight and activity
Optional participant handouts:
 Blueprints for Weight Loss, SM8
 Seven Ways to Size Up Your Servings, SM9
 Quick Guide to Low-Fat Shopping, SH1
 Taking the Lead, BN1
- 4/28/97 In Lifestyle Balance News (Vol. 2, No. 2), sent to Program Coordinators:
 38 Mail-In Monday cards
 Walking: A Step in the Right Direction (WIN brochures, 22 per center except American Indian centers)
 How Am I Doing? graph for activity for participants who enter the trial at more than 110 minutes of activity per week.
 Step, Two, Three! (Consumer Reports review of exercise videos)
 Pages F2-F7, Instructions for In-Person Contact Form and Code Book.
- 7/20/97 In Lifestyle Balance News (Vol. 2, No. 3), sent to Program Coordinators:
 1,000 Keeping Track booklets per center
 250 Mail-In Monday cards per center
Resources for Coaches:
 A copy of the software for Nutritionist IV (if the center requested a copy) will be sent to each center as soon as the order arrives.
 Inserts for the covers and spines of Manual for Contacts after Core.
Optional participant handouts:
 Menopause and Your Weight, BN2
 What's Your Pleasure?, MT1
 Indian Food Guide Pyramid
Four journal articles for Coach reference.
And Miles to Go Before I Sleep, motivational handout for Tool Box
Spell DPP, motivational handout for Tool Box
Revision of Sections 1-7 and Appendix A (Scripts for Core Curriculum Sessions), incorporating planned revisions dated June 13, 1996
- 7/21-23/97 Distributed at DPP Training in Pittsburgh:
Revision of entire Appendix F
- 10/1/97 In Lifestyle Balance News (Vol. 2, No. 4), sent to Program Coordinators:
Revised pages i through xi (includes the Table of Contents, Revision History) of the Lifestyle Manual of Operations.
Revised pages 2-2 and 2-3 of the Lifestyle Manual of Operations.
Ultra Slim Fast materials.

- Revised Appendix F, Code Book, pages F10-F17.
Two articles from Consumer Reports on Health, one on reduced-fat meat alternatives and one on cross-training.
- 11/11/97 In Lifestyle Balance News (Vol. 2, No. 5), sent to Program Coordinators:
Revised Tables of Contents pages iii-iv, Revision History pages xi-xii.
Revised Section 3: Role and Training of DPP Intervention Staff
(Section 3.1 has been expanded; Section 3.5 has been added).
Revised Appendix G (Tool Box): (Section G.2 has been expanded to include Tool Box policy details; Section G.3 has been added.)
Revised Appendix F, Code Book, pages F10-F19 .
- 1/28/98 In Lifestyle Balance News (Vol. 3, No. 1), sent to Program Coordinators:
Revised Table of Contents, pages vii, viii; Revision History page xii
Revised Session 1A: Welcome to the Lifestyle Balance Program, pages 1 and 2 (now include reference to Standard Healthy Lifestyle Guidelines)
Revised Appendix F, Code Book, page F14.
Additions to Appendix G (Tool Box): Example of a DPP Dollars Contract
- 4/3/98 In Lifestyle Balance News (Vol.3, No.2) to Program Coordinators:
Revised Table of Contents and Revision History
Revision to Appendix A:
Session 1A: Welcome to the Lifestyle Balance Program, page 1 (now includes reference to Session 1 weight)
Session 16: Ways to Stay Motivated, page 2 (now emphasizes waiting until After-Core Session 1 to discuss frequency of contact during the after-core period)
Addition to Appendix D: Attendance at Supervised Activity Sessions and Group Sessions (log)
Revisions to Appendix F (pages F-4, F10-F20 of Code Book)
Additions to Appendix G (Tool Box): Pedometers, How Is the DPP Doing?, 20,000 Pounds Lost Forever
Miscellaneous: Sample lifestyle participant newsletters (Pittsburgh, Colorado)
- 6/26/98 In Lifestyle Balance News (Vol. 3, No. 3) to Program Coordinators:
Revised page 2 of Participant Notebook
Revised Table of Contents pages vii and viii, Revision History p. xiii.
Revision to Appendix F (page F-20 of Code Book)
Addition to Appendix G (Tool Box): Exercise Scavenger Hunt from Pennington
- 10/15/98 In Lifestyle Balance News (Vol. 3, No. 4) to Program Coordinators:
Revised pages (all) from Table of Contents and Revision History.
Revised Appendix F (Code Book) pages F10-F22.

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- Page H-1, introductory page for Appendix H: Lifestyle Balance News.
- 12/16/98 In Lifestyle Balance News (Vol. 3, No. 5) to Program Coordinators:
Revised pages iii, iv, and xiii from Table of Contents, Revision History.
Section 3.6, Location for Conducting Lifestyle Sessions
Revision to Section 6.4, Supervised Activity Sessions
Revised Appendix F (Code Book) pages F11, F12, F16, F18, F21, F22
Appendix G (Tool Box), pages G-4, G-5: Target Five.
- 3/8/99 In Lifestyle Balance News (Vol. 4, No. 1) to Program Coordinators:
Revised pages vii, viii, and xiii from Table of Contents, Revision History.
Optional pt. handout EE5, Workouts That Work (Consumer Reports).
Revised Appendix F (Code Book) pages F13, F20.
Addition to Appendix G (Tool Box): Examples of lotteries (from Pittsburgh
and Johns Hopkins)
Distributed at February 1999 Steering Committee Meetings: Appendix G (Tool
Box): Updated How Is the DPP Doing? graphs (data as of 12/31/98)
Mailed directly from the printer: 1000 Keeping Track booklets per center,
New master copy of Lifestyle Manuals
- 4/19/99 Sent to Program Coordinators:
Addition to Appendix G (Tool Box): Don't Let Our Success Slip Away
- 5/14/99 In Lifestyle Balance News (Vol. 4, No. 2) to Program Coordinators:
Revised entire Table of Contents and Revision History.
Optional pt. handouts: SM10, How Hungry Are You?; BP3, A
Traveler's Workout Guide (physician and Sports Medicine); EE6, Child
Carriers (Physician and Sports Medicine).
Revision to Appendix F (Code Book): pp. F13, F18, F21, F22.
- 8/20/99 In Lifestyle Balance News (Vol. 4, No. 3) to Program Coordinators:
Revised pages v, viii, and xiii from the Table of Contents (the Food Journal and
Travelers Workout Guide are now included), Revision History.
Revised Appendix F (Code Book) pages F13, F20, F21.
- 11/19/99 In Lifestyle Balance News (Vol. 4, No. 4), sent to Program Coordinators:
Revised pages v, vii, viii, and xiii (Table of Contents and Revision History).
Revisions/additions to Appendix B: Pages B-1, B22-24 (now includes resource
materials on motivational interviewing from the annual training meetings).
Revised Appendix D (Professional Resources): Now includes books and articles
recently distributed to Coaches.
Revised Appendix F (Code Book) pages F20, F21 and F22.
Additions to Appendix G (Tool Box): The DPP National Lottery Was a
Success, The National DPP Lifestyle Walk, The Gift That Gives, "Just
Move It."
- 5/5/00 In Lifestyle Balance News (Vol. 5, No. 1), sent to Program Coordinators:
Revised pages viii, xiii, xiv (Table of Contents and Revision History).
Revised Appendix F (Code Book) pages F18-21.

	Additions to Appendix G (Tool Box): Ideas to Enrich the Lifestyle Intervention
	Miscellaneous: Top Ten Things We Think About (Northwestern)
5/25/00	To Program Coordinators: Participant evaluation form for DPP Spring Training
7/19/00	Distributed at the DPP Program Coordinators Meeting: The 10,000 Steps Campaign (with diskettes) Table of Contents page vii Code Book page F-23
7/28/00	In Lifestyle Balance News (Vol. 5, No. 2), sent to Program Coordinators: Revised Revision History page xiv. Revised Appendix F (Code Book) page F23. Addition to Appendix G (Tool Box): Ideas to Enrich the Lifestyle Intervention
	Miscellaneous articles for Coaches: Bashing Through Barriers, Type 2 Diabetes Can Be Prevented by Lifestyle Intervention (abstract)
8/5/00	Sent to Program Coordinators: Newsweek cover article on diabetes for 10,000 Steps Campaign (optional)
8/8/00	Sent to Principal Investigators and Program Coordinators: Overheads for 10,000 Steps Campaign
9/25/00	Sent to Program Coordinators: Revised Table of Contents, Page viii.
	Addition to Appendix G (Tool Box): Holiday Support 2000
11/30/00	Sent to Program Coordinators: Revised Table of Contents, Page viii.
	Addition to Appendix G (Tool Box): DPP Lifestyle Survival Skills
12/4/00	Sent to Program Coordinators via on-line discussion list: 1200 and 1500 calorie meal plans to use as an option in the Lifestyle Survival Skills campaign.
1/8/01	Sent to Program Coordinators: Hard copy of 1200 and 1500 calorie meal plans to use as an option in the Lifestyle Survival Skills campaign.
1/26/01	In Lifestyle Balance News (Vol. 6, No. 1), sent to Program Coordinators: Revised Revision History page xiv. Revised Appendix F (Code Book) pages F12, F13, F18-F25. Addition to Appendix G (Tool Box): Ideas to Enrich the Lifestyle Intervention, pages 6-7 and attachments.
2/28/01	To Program Coordinators at Steering Committee Meeting: Revised Table of Contents page viii, Revision History page xiv. Revised Appendix F (Code Book) pages F24. Addition to Appendix G (Tool Box): DPP Lifestyle World Series

5/23/01 To Program Coordinators:
Revised Table of Contents page viii, Revision History page xv.
Revised Appendix F (Code Book) page F24.
Addition to Appendix G (Tool Box): DPP Peak Performance Campaign

Section 1: Protocol-Based Intervention

The DPP lifestyle intervention is to be implemented according to the DPP Protocol developed by the Interventions Subcommittee and approved by vote of the DPP Steering Committee.

The Protocol specifies the following:

- The goals to be set for all participants in the lifestyle intervention.
- The minimum frequency of contact to be given to all participants in the lifestyle intervention.
- The role and training of the DPP lifestyle intervention staff.
- A 16-session “core curriculum” that all participants will receive at the start of the lifestyle intervention. The core curriculum ensures that all participants receive a standard intervention that can be easily described and translated for use in the future.
- A “tool box” of strategies to use when participants are not achieving the study goals.
- An emphasis on tailoring the intervention to make it more appropriate for specific populations at each clinical center. The purpose is to achieve individualization and flexibility within the context of a common protocol applied to all participants randomized to the lifestyle intervention.

Section 2: The DPP Lifestyle Intervention Goals

All DPP participants randomized to the lifestyle intervention are to try to achieve two study goals:

- C To achieve and maintain a weight loss of 7% of their initial body weight, and
- C To achieve and maintain an energy expenditure of 700 kilocalories per week through moderate physical activity (equivalent to approximately 2 ½ hours per week of brisk walking).

2.1. Weight Goal

The weight goal for the DPP lifestyle intervention is to lose 7% of initial body weight (as measured at Session 1, the first Lifestyle Balance session) and maintain that weight loss throughout the trial (see Table 2.1.). The recommended pace of weight loss is 1 to 2 pounds per week, for a 7% loss within approximately 24 weeks. Further information on achieving the weight loss goal is found in Section 5.

Table 2.1. Example DPP Lifestyle Intervention Weight Goals*

Example Starting Weight (lb.)	Example Weight Goal (lb.)	Example Starting Weight (lb.)	Example Weight Goal (lb.)	Example Starting Weight (lb.)	Example Weight Goal (lb.)
120	112	185	172	250	233
125	116	190	177	255	237
130	121	195	181	260	242
135	126	200	186	265	246
140	130	205	191	270	251
145	135	210	195	275	256
150	140	215	200	280	260
155	144	220	205	285	265
160	149	225	209	290	270
165	153	230	214	295	274
170	158	235	219	300	279
175	163	240	223		
180	167	245	228		

*Note: The starting weight is the participant's Session 1 weight rounded to the nearest pound. Calculate weight goals for starting weights that are not included on this table.

2.1.1. Rationale for the Weight Goal

A 7% weight loss has been selected as the study weight goal because it is believed to be safe, effective, and feasible. Previous studies have shown that a 10% weight loss lowers glucose and improves cardiovascular risk factors, with an apparent dose-response relationship between magnitude of weight loss and improvement in these parameters. In addition, standard behavioral weight loss programs produce initial weight losses of approximately 10% of body weight. However, the DPP goal is not only to produce but also to maintain a weight loss for up to 6 years, and maintenance of weight loss has been shown to be difficult, with 10% weight loss at long-term follow-up rarely achieved in weight control programs or clinical trials. Therefore, the goal of a 7% weight loss has been selected as more feasible for participants to maintain over the course of the trial.

Participants who wish to lose *more* than 7% of their starting weight may be encouraged to do so, although weight loss below the DPP intervention goal should be encouraged only if the participant continues to have a BMI of greater than 21 (see Table 2.2) after achieving the DPP goal. For example, a participant who weighs 130 pounds at Session 1 would be given a weight goal of 121 pounds (Table 2.1). If the participant reaches that goal and wants to continue losing weight, the Case Manager should refer to Table 2.2. If the participant's height is 65 inches, the participant is already below a BMI of 21 (that is, below 126 pounds), so weight maintenance at 121 pounds should be encouraged rather than further weight loss. On the other hand, if the participant's height is 62 inches, the Case Manager would be able to encourage further weight loss to 115 pounds (a BMI of 21).

Sustained weight losses of more than 3 pounds per week are not to be advised because of safety issues.

Participants who wish to lose *less* than 7% of their starting weight should be encouraged to reach a 7% loss in a step-wise fashion, but the study goal should remain firm.

The weight goal is set at a level that should be challenging but reasonable. It is recognized that not all participants will achieve the goal at all times throughout the study. However, all participants, with the aid of their Case Managers, should endeavor to achieve and maintain the goal.

Table 2.2. Heights and Weights Equivalent to a Body Mass Index of 21

Height (in.)	Weight (lb.)	Height (in.)	Weight (lb.)	Height (in.)	Weight (lb.)
48	69	60	108	71	151
49	72	61	111	72	155
50	75	62	115	73	159
51	78	63	119	74	164
52	81	64	122	75	168
53	84	65	126	76	173
54	87	66	130	77	177
55	90	67	134	78	182
56	94	68	138	79	186
57	97	69	142	80	191
58	100	70	146		
59	104				

2.1.2. Temporary Suspensions of Efforts to Achieve Weight Goal

Efforts to achieve the weight goal will be suspended during pregnancy and lactation (see Protocol). During these periods, women will be instructed to follow the guidelines of their own personal physician.

During 4 to 6 month periods in which a participant is making a serious attempt to stop smoking or has ceased smoking, the participant should be encouraged to continue consuming a healthy diet, to maintain a high level of physical activity, and to try to maintain current weight. Case Managers should recognize that some weight gain may occur during smoking cessation. After 4 to 6 months surrounding smoking cessation, efforts to achieve the original weight loss goal should be resumed.

Likewise, changes in body weight may occur following illness or injury. During these periods it may be necessary to temporarily suspend efforts to achieve the weight loss goal. These events should be documented and brought to the attention of the LRC.

The weight goals, however, remain in effect for all participants throughout the study. The goals are always based on weight loss from Session 1. For example, if a participant weighs 180 at Session 1, his/her DPP weight goal is 167 pounds; this remains the weight goal even if the participant at some time gains weight to 200 pounds.

2.2. Physical Activity Goal

The DPP physical activity goal is to reach and maintain an energy expenditure of 700 kilocalories per week. For ease of translation to participants, the goal is described as 2 ½ hours of moderate physical activity (such as brisk walking) per week. This is to be applied to

all participants, regardless of initial level of physical activity. The activity goal is to be achieved gradually over five weeks (see Section 6).

2.2.1. Rationale for the Physical Activity Goal

A physical activity goal of 700 kilocalories per week has been selected because previous studies have shown that this level is sufficient to produce improvements in weight, glucose, insulin sensitivity, and overall health. Although a goal of 1000 kilocalories per week has been used in many weight loss and exercise studies, a 700-kilocalorie goal has been selected as more reasonable for participants to maintain over a 6-year clinical trial.

The physical activity goal is a minimum. Participants who wish to be more active may be encouraged to do so. Participants who are already active when they enter the study will need to determine the amount of time they are currently spending in physical activity and then add further activity to reach the 2½-hour goal. For example, a participant who already does aerobic dance for 2 hours per week may continue this and add another ½ hour of aerobic dance or another type of moderate activity to reach the 2½-hour goal. In addition, participants who are active sporadically (e.g., seasonally) should be encouraged to achieve the goal consistently throughout every month of the study.

It is recognized that not all participants will achieve the activity goal at all times throughout the study. However, all participants, with the aid of their Case Managers, should endeavor to achieve and maintain the goal.

2.2.2. Adjustments to the Physical Activity Goal

The physical activity goal will be adjusted during intervals of participant illness or injury. In addition, participants who are classified by the submaximal or maximal exercise tolerance test to have a high risk of cardiovascular complications during exercise (see Protocol) will not be allowed to participate in physical activity until receiving definitive therapy. Those who have symptoms or signs of cardiovascular disease during the exercise test are eligible to participate in the physical activity program, but the physical activity goals will need to be individually adjusted.

Section 3: Role and Training of the DPP Intervention Staff

3.1. Case Managers (Lifestyle Coaches)

At randomization, each DPP participant will be assigned a Case Manager (also called a “Lifestyle Coach,” for those participants randomized to the lifestyle intervention). The Lifestyle Coach will have primary responsibility for conducting the intervention with that participant. Although it is expected that the same Lifestyle Coach will continue to work with the participant throughout the DPP, a participant may be assigned a different Coach if it seems appropriate, for example, if conflicts arise between a particular participant and Coach or if a change is viewed as potentially beneficial in helping the participant achieve the DPP goals.

All Lifestyle Coaches must receive either central training from the Lifestyle Resource Core (LRC) or, if that is not possible, local training from another DPP staff member who has been trained by the LRC. If local training is necessary, the LRC has identified four steps, outlined below, that should occur before a new Lifestyle Coach is assigned a randomized participant. These steps mirror the central training provided by the LRC and are similar to those in place for training interventionists in other large, multi-center clinical intervention trials. All four steps should occur before the Lifestyle Coach works with randomized participants, but it may be necessary for Step 4 to occur with actual study participants rather than with practice or pilot participants.

1. Required Reading

All new Lifestyle Coaches should be given their own copy of the Lifestyle Balance Manual of Operations, the Participant Notebook, the Manual for Contacts After Core, and the book chapters and journal articles which were distributed at the lifestyle training sessions. (See “Recommended Reading for Lifestyle Coaches” in Appendix D.1 of the Lifestyle Manual of Operations.) A specific schedule for reading the materials should be arranged as well as an opportunity to discuss it with previously trained lifestyle staff.

2. Videotapes

Each DPP center has a set of videotapes from the lifestyle training meetings. As with the reading materials, a specific schedule for viewing the tapes should be arranged as well as an opportunity to discuss them with previously trained lifestyle staff. Ideally, the local behavioral scientist or other key lifestyle intervention experts will meet with the Coach trainee to discuss key elements of the intervention. If no one is available, the new coach may contact the Lifestyle Resource Core for this review. Each trainee should have their own copy of the Participant Notebook available while viewing the tapes, for reference and note-taking. It is **not** recommended that the trainees be handed all ten tapes at once and asked to “take a look at them” (the first central training meeting occurred over four days with ample time for interaction and discussion).

3. Observation of Centrally Trained Personnel

Each new Coach should observe actual core curriculum sessions begin conducted, or listen to a tape of such sessions. This “modeling” of the intervention can be accomplished in one of the three following ways:

1. Sitting in on two or more core curriculum sessions with a centrally trained Coach;
2. Listening to audiotapes of two or more core curriculum sessions being conducted by a centrally trained Coach; or if neither is possible,
3. Requesting tapes of core curriculum sessions from the Lifestyle Resource Core.

4. *Audio Taped Practice Sessions and Lifestyle Resource Core Review*

It is recommended that, if time permits, a new Coach submit at least one or two audiotapes of a core curriculum session conducted with practice participants (more can be submitted if desired). If this is not possible, all new Lifestyle Coaches should submit audiotapes of sessions with actual randomized participants. Nearly all current centrally trained Coaches have done this and commented that the feedback has been extremely helpful.

3.2. Home Health Care Workers and Participant Peers

We anticipate that at some clinical centers, home health care workers and participant peers will take part in implementing the intervention. These individuals may present up to four of the last eight sessions of the core curriculum and may help maintain contact with participants between the bi-monthly visits in subsequent years. These individuals must receive training and supervision by a staff member who has been trained by the LRC and must function as part of these individuals’ case management team.

3.3. Local Experts

Many clinical centers have identified local faculty and staff members with expertise in areas of relevance to the lifestyle intervention, including behavioral psychology, motivational interviewing, nutrition, and physical activity. These individuals should be consulted by the Lifestyle Coaches on an “as needed” basis or at regularly scheduled case conferences. If deemed helpful or appropriate, an individual participant can be scheduled to meet with these local experts for help in dealing with a specific problem area. More chronic or more severe problems should be discussed with the LRC (see Section 3.4.).

3.4. Outside Referrals

If a participant presents ongoing problems outside of the expertise of the Case Manager, such as a significant clinical depression, anxiety, or a clinical eating disorder, the Case Manager should consult with the local DPP behavioral psychologist and discuss the participant’s case with the LRC. If the problem/issue is within the realm of expertise of the local DPP behavioral psychologist, a decision between the local center and the LRC may be made to provide more

intensive counseling by the DPP professional. Or, if deemed appropriate, a referral to a non-DPP professional in the community may be made.

3.5. Local Supervision and Support of Lifestyle Staff

The LRC strongly recommends that each DPP center set up a regularly scheduled consultation team meeting, at least biweekly, throughout the trial, during which the adherence of all lifestyle participants is reviewed in detail. The purpose is to anticipate and manage the challenges related to the long-term maintenance of weight loss and physical activity, including coping with lapse and relapse. At these meetings, supervision should be provided by the local behavioral scientist or senior-level lifestyle intervention expert, such as a senior nutritionist. For example, in Pittsburgh, the lifestyle consultation team meets biweekly for 45 minutes to collaborate on cases, review selected audiotapes, role-play difficult intervention scenarios, and generally support one another in the long-term follow-up of participants.

It is important to recognize that although the LRC intends to remain very involved and available to the local Coaches, this should not be seen as a substitute for ongoing local supervision.

3.6 Recommended Location for Conducting Lifestyle Sessions

Each Lifestyle Coach needs adequate space and privacy to conduct lifestyle sessions, phone participants, and store and display lifestyle materials. It is recommended that Coaches have a dedicated office. If that is not possible, Coaches need at minimum a location in which a door can be closed during lifestyle sessions or phone calls to ensure privacy and where posters and lifestyle materials can be stored and displayed.

Section 4: Frequency of Contact with Lifestyle Participants and Required Staff

The DPP protocol specifies a **minimum** frequency of contact with each participant. Participants may be seen more often than specified if this seems desirable to achieve the study goals. The minimum frequency of contact is defined below:

- C Participants must be seen for at least 16 face-to-face sessions in the first 24 weeks after randomization to complete the core curriculum. The first eight of the core curriculum sessions and four of the latter eight must be presented by the Case Manager.
- C After completing the core curriculum, participants must be contacted once a month for the remainder of the years of the trial. A face-to-face contact must occur at least once every two months. The bi-monthly, face-to-face contacts must occur with the Case Manager.

See the section on Strategies to Promote Adherence to the Lifestyle Intervention for incentives for attendance and specific strategies to use in response to poor attendance.

Section 5: Overview of Strategies to Achieve the Weight Loss Goal

5.1. Achieving the Weight Loss Goal

Participants in the lifestyle intervention should try to achieve the 7% weight loss goal within the first six months after randomization and then maintain their weight loss for the remainder of the study. This recommendation is based on several factors. First, a 7% weight loss equals a weight loss of 7 to 21 pounds (the latter occurring in individuals weighing 300 pounds). These weight losses can be achieved within 24 weeks at a reasonable rate of 1 to 2 pounds lost per week. In addition, in previous weight loss studies and clinical trials of dietary intervention, the maximum weight losses achieved were reached by six months. Finally, the purpose is to achieve the weight loss goal as soon as possible after the study starts to try to prevent the onset of diabetes; a slower rate of weight loss may increase the risk of diabetes onset.

If participants do not achieve the weight goal within six months, they will be encouraged to achieve it as soon as possible thereafter.

5.2. Self-Monitoring Weight

To help participants achieve and maintain the weight loss goal, all participants will be weighed at every face-to-face lifestyle intervention session, beginning with Session 4 or 2, Be a Fat Detective. Participants should be weighed in private at the beginning of the session. Weight can be taken with either a balance beam or a digital scale. The type of scale is not important, but an effort should be made to use the same scale throughout the study. Participants should be weighed in light-weight, indoor clothes, without shoes.

The Case Manager will record the weight on the DPP Lifestyle Intervention Data Form and on the weight graph in the participant's notebook. Participants should be encouraged to complete the weight graph themselves, if possible. The Case Manager and participant should discuss the participant's weight in relation to the 7% weight loss goal, and the Case Manager should continually encourage the participant to achieve the 7% weight loss goal.

In addition to being weighed at every face-to-face session, all lifestyle participants will be encouraged to weigh themselves at home at least weekly and record their weight on the back of their self-monitoring booklets. Participants should be instructed to weigh themselves on the same day(s) of the week and at the same time of day (for example, on Monday mornings), and the Case Manager should indicate this schedule on the back of the self-monitoring records.

At the beginning of the intervention, Case Managers may want to assign more frequent self-monitoring of weight, for example, daily, and continue to encourage it if the participant finds it helpful. Some participants may respond to frequent fluctuations in their weight by becoming discouraged. However, the Case Manager can use a participant's record of frequent ups and downs in weight to teach the participant to focus on **trends** rather than on single values and to

respond promptly to slips with positive behavior changes until the results are seen consistently on the scales. In this way, frequent self-monitoring of weight can become a source of encouragement to many participants.

5.3. Setting a Fat Intake Goal

To help participants achieve and maintain the weight goal, all lifestyle participants will be given a goal for daily total fat intake in grams. The initial focus is on total fat rather than calories for several reasons. A focus on total fat is designed to accomplish a reduction in caloric intake while at the same time emphasizing overall “healthy eating” instead of a restrictive “diet” for weight loss alone. Focusing on total fat also simplifies the message and streamlines self-monitoring requirements. Although the caloric density of fat is stressed from the beginning of the dietary intervention, calorie balance is formally introduced only after 7 or 8 weeks into the program. This delay is designed to allow time for the participant and interventionist to determine whether self-monitoring of fat and increasing physical activity is sufficient to achieve weight loss.

At any time during the study, participants who are interested in monitoring both calories and fat should be given both a fat and calorie goal and encouraged to monitor both aspects of the diet.

The fat goals have been calculated based on 25% of total calories from fat, using a calorie level estimated to produce a weight loss of 1 to 2 pounds per week (described in detail below). The various fat gram levels were then collapsed into one of four goals: 33, 42, 50, or 55 grams of fat.

A level of 25% of calories from fat was selected because it is believed to be effective, safe, and feasible. In the Women’s Health Trial, a low-fat dietary-intervention trial, more than 80% of the intervention group had met their fat gram goal, calculated as 20% of baseline calories, within 3 months of randomization and maintained that goal through the end of the trial at 3 years.

Although women in this study were not encouraged to decrease energy intake or lose weight, the reduction in fat intake was associated with a 25% reduction in total calories and a weight loss of 3.1 kg after 1 year. Weight loss was more strongly associated with change in percent energy from fat than with change in total energy intake.

All participants are to be given a fat intake goal, but it should be recognized that not all participants will immediately achieve this goal. For example, a participant who eats 40% of their calories from fat may initially find it difficult to achieve the 25% goal and may first reduce to 35% fat and then to 30% fat. However, the participant should be assigned the 25% fat goal, and all progress toward reaching this goal should be praised.

Lowering fat to a specific level is used in this study as a means to achieving the weight loss goal, rather than as a goal in and of itself. Thus, if a participant is consuming more than 25% of calories as fat, but is achieving the weight goal, and does not have hyperlipidemia (see Protocol), there is no need to focus on greater reductions in dietary fat.

Table 5.1. DPP Lifestyle Intervention Fat and Calorie Goals*

Starting Wt. (lb.)	FatGoal (g)	Calorie Goal
120	33	1200
125		
130		
135		
140		
145		
150		
155		
160		
165		
170		
175	42	1500
180		
185		
190		
195		
200		
205		
210		
215		

Starting Wt. (lb.)	Fat Goal (g)	Calorie Goal
220	50	1800
225		
230		
235		
240		
245		
250	55	2000
255		
260		
265		
270		
275		
280		
285		
290		
295		
300		

*Note: To determine participants' fat and calorie goals, round their starting weight to the nearest starting weight on this table.

5.4. Setting a Calorie Goal

Some participants will achieve the weight loss goal by self-monitoring fat intake. Others, who may continue to eat large amounts of protein and carbohydrates or inaccurately estimate fat intake, will need to add calorie monitoring to achieve the weight loss goal. Participants who prefer to focus only on fat may do so until the session entitled, Tip the Calorie Balance. At that session a calorie goal will be introduced for participants who have not lost weight as expected.

It is important that the introduction of calorie self-monitoring not be conveyed as “punishment” for “failing” at fat self-monitoring but rather as another learning tool or method for understanding a participant’s energy intake patterns.

The calorie goals were calculated by first estimating the daily calories needed to maintain starting weight (starting weight multiplied by 12). Next, between 500 and 1000 calories were subtracted to estimate the calories needed to lose 1 to 2 pounds per week and achieve the weight

loss goal within the first 24 weeks. More calories were subtracted for heavier participants with the rationale that they have more weight to lose to reach the 7% weight loss goal (500 calories were subtracted for starting weights less than 150 pounds, 750 calories for starting weights between 150 and 200 pounds, and 1000 calories for starting weights over 200 pounds.) Finally, the ranges of calories estimated for weight loss were collapsed into one of four standard calorie levels: 1200, 1500, 1800 or 2000.

Some participants may report a low fat/calorie intake without losing weight. In this case, the Case Manager should review the quality of the participants' self-monitoring and if lacking, (for example, if portion sizes are being inaccurately reported, if additions such as cream to coffee are routinely forgotten, etc.), the Case Manager should help the participants improve their self-monitoring skills. If after attempts to improve self-monitoring, a participant is still not losing weight, it may be necessary to lower the calorie goal further to help him or her achieve the weight loss goal.

Guidelines for adjusting the calorie goal are given in the tool box for weight loss. Although the minimum goal has been set at 1200 calories, the goal may be reduced to 1000 calories if a participant is not losing weight and efforts to improve self-monitoring have been made. Because of the possibility of nutritional inadequacy at an intake of 1000 calories, a daily vitamin and mineral supplement at 100% of the Recommended Dietary Allowances should be prescribed for these participants, and the overall nutritional adequacy of the participant's eating pattern should be carefully monitored. Before assigning a calorie goal below 1000 calories, the Case Manager should contact the LRC.

Lowering dietary calories to a specific level is used in this study as a means to achieving the weight loss goal, rather than as a goal in and of itself. Thus, if a participant is consuming more than the assigned calorie goal, but is achieving the weight goal (and does not have hyperlipidemia, see Protocol), there is no need to focus on greater reductions in calories.

Participants assigned a calorie goal will be asked to either self-monitor calories or follow a study-provided meal plan at the prescribed calorie level. Before being distributed, the sample meal plan should be tailored to suit each participant's food preferences. The meal plan should be presented as a flexible model from which the participant can develop an individualized eating style appropriate for weight loss, rather than as a rigid prescription set in stone.

5.5. Self-monitoring Fat and/or Calorie Intake During the Core Curriculum

All participants will be instructed to self-monitor fat intake in grams **daily throughout the first 24 weeks of the study and for one week every month thereafter**. Self-monitoring of daily calorie intake will also be assigned in some cases (see above).

All participants are asked to record their intake daily for 24 weeks because of the extensive evidence that self-monitoring is highly correlated with success in reaching dietary change goals. Numerous studies have shown a dose-response relationship between frequency of self-

monitoring and level of success in losing weight and/or improving cardiovascular risk factors. **Many experts consider self-monitoring the single most effective approach to changing dietary intake.** Participants in clinical trials and behavioral weight loss studies are typically asked to record their intake daily for the first several months of the intervention.

Participants will be given the following standard self-monitoring tools:

- C Tools for weighing and measuring foods (a food scale, metal or plastic measuring cups and spoons, a glass measuring cup, ruler).
- C A pocket-sized booklet, entitled “Keeping Track,” for recording seven days of food intake with fat and/or calorie values, as well as physical activity.
- C “The DPP Fat Counter,” a nutrient counter alphabetized by food name, with the fat gram and calorie content of household portions.
- C A calculator may be provided to those who would like to use one.

Self-monitoring skills will be taught gradually over the first few weeks of the core curriculum, with self-monitoring of dietary intake and physical activity being introduced sequentially depending on which goal the participant chooses to focus on first (see Section 7.2.4., Maintaining the Basic Content and Sequence of Core Curriculum Sessions). Participants will be encouraged to be complete and accurate in self-monitoring and at the same time to feel free to use abbreviations and short-cuts that work for them (e.g., write “Breakfast, 200 calories” when they eat their standard 200-calorie breakfast, provided the Case Manager is well aware of the foods in the breakfast from past records). In other words, the **participant is NOT taught to self-monitor with the thoroughness and detail that would be required if the records were to be entered into a computer for nutrient analyses.**

It is recognized that not all participants will self-monitor daily at all times throughout the study. However, all participants should endeavor to achieve and maintain daily self-monitoring and should receive a strong and clear message that self-monitoring is the key behavior change strategy in the lifestyle intervention.

All self-monitoring records should be reviewed by the Case Manager. During the session, the review should be kept brief. Summary data should be entered on the DPP Lifestyle Intervention Data Form. After the session, the review should be more thorough, and the Case Manager should write comments on the records and return them by mail or at the next session to the participant. The comments should highlight examples of positive changes the participant has made and help the participant solve any problems encountered, particularly those related to the topics discussed at the previous session. Because the self-monitoring records are intended to help the participant make behavior changes rather than serve as a source of dietary data, the review should *not* be as detailed or extensive as would be the case when documenting food records to be entered for nutrient analysis.

5.5.1. Guidelines for Individualizing the Frequency or Method of Self-Monitoring During the Core Curriculum

In some cases, a participant may have difficulty self-monitoring daily or using the standard method and tools for self-monitoring during the core curriculum. For example, some participants may have very limited reading or math skills. In these cases a simplified form of self-monitoring may be used (see the tool box for weight loss). Likewise, over time some participants may become less adherent to self-monitoring. If weight loss is progressing as expected without self-monitoring, self-monitoring should be encouraged but not required. If weight loss is not occurring, the barriers to self-monitoring should be addressed and an alternate method or frequency of self-monitoring should be assigned, again, with high expectations expressed. See the tool box for weight loss for a description of alternate self-monitoring tools and guidelines for using them.

5.6. Self-Monitoring Fat and/or Calorie Intake After the Core

After the first 24 weeks, if weight loss is maintained at goal, self-monitoring for at least one week every month should be strongly encouraged. For participants who have achieved and maintained their weight goal, the minimum required frequency will be one week of self-monitoring every month. For participants who are not at goal, the Lifestyle Coach should problem solve with the participant. The frequency of self-monitoring should be increased as necessary until the weight goal is achieved and maintained, and/or alternate self-monitoring tools should be recommended to address any barriers to self-monitoring (see tool box for weight loss). Participants who continue frequent self-monitoring may be the ones who will be most successful at long-term behavior change.

Section 6. Overview of Strategies to Achieve the Physical Activity Goal

6.1. Achieving the Physical Activity Goal

Participants are encouraged to achieve the physical activity goal of 700 kilocalories per week (or 2 ½ hours of moderate activity) in a step-wise fashion over a five-week period and then to maintain the goal for the remainder of the study. The five-week period begins with session 1 for those participants who focus on physical activity first and with session 4 for those who focus on losing weight first. During the first week, participants are simply encouraged to do something active on 3 to 4 days per week. On subsequent weeks, the activity level is increased to 60, 90, 120, and finally 150 minutes per week.

If participants do not achieve the physical activity goal within five weeks, they will be encouraged to achieve it as soon as possible thereafter.

6.2. Self-monitoring of Physical Activity

All participants will be instructed to **self-monitor physical activity daily throughout the study.**

For the first 24 weeks participants will be asked to record physical activity in a pocket-sized booklet, entitled “Keeping Track,” in which they will also record food intake. After the first 24 weeks, participants will be given monthly calendars on which to record daily physical activity and will be asked to return the completed calendars in person or by mail every month.

Self-monitoring skills will be taught gradually over the first few weeks of the core curriculum, with self-monitoring of physical activity and dietary intake being introduced sequentially depending on which goal the participant chooses to focus on first.

Achievement of the physical activity goal is based solely on participant self-monitoring records (unlike with weight loss, there is no objective measure to verify self-report of physical activity level). Thus it is extremely important that all participants continue to record their activity daily throughout the study and that accurate information be obtained. If physical activity is not increasing as expected, alternate methods of self-monitoring should be used. See the tool box for physical activity for a description of alternate self-monitoring tools and guidelines for using them.

All self-monitoring records will be reviewed by the Case Manager. Summary data will be entered on the DPP Lifestyle Intervention Data Form. The records will be returned to the participant, with written or verbal comments from the Case Manager. The comments should highlight examples of positive changes the participant has made and help the participant address any barriers to physical activity encountered.

6.3. Definition and Examples of Moderate Physical Activities

The intent of the DPP lifestyle intervention is to encourage all types of physical activity. However, depending on the intensity of the activity, more or less than 2 ½ hours of time doing the activity may be required to use 700 kilocalories. We believe that most participants will use walking as their primary type of physical activity. These individuals should be instructed to walk briskly for 2 ½ hours during the week. Other activities that are similar in intensity to brisk walking are shown in Table 6.1; as with brisk walking, participants who do these activities for 2 ½ hours per week will typically expend 700 kilocalories.

Table 6.1. Moderate Physical Activities Usually Equivalent to Brisk Walking

The following physical activities are usually equivalent in intensity to a brisk walk.

❑ Aerobic dance (high impact, low impact, step aerobics)	❑ Skiing (cross-country, Nordic Track)
❑ Bicycle riding (outdoors or on an indoor, stationery bike)	❑ Soccer
C Dancing (square dancing, line dancing) Note: Be careful not to include breaks.	❑ Stair Master
❑ Hiking	❑ Strength Training (free weights, Nautilus, etc.)
❑ Jogging (outdoor, indoor, treadmill)	❑ Swimming (laps, snorkeling, scuba diving)
❑ Karate	❑ Tennis
❑ Rope jumping	❑ Volleyball
❑ Rowing (canoeing)	❑ Walking (outdoor, indoor at mall or fitness center, treadmill)
❑ Skating (ice skating, roller skating, rollerblading)	❑ Water Aerobics

Many physical activities may or may not be equivalent to brisk walking, depending on how they are performed by an individual participant. For example, the following activities may be more intense than brisk walking, depending on how they are performed: basketball, squash, handball, and racquetball. On the other hand, the following may be less intense than brisk walking, depending on how they are performed: golf (walking only and carrying or pulling clubs), softball, and baseball. Participants who regularly perform physical activities other than those listed in Table 6.1 should therefore be scheduled for a consultation with the exercise physiologist on staff (or the Lifestyle Coach should contact the LRC, Attention: Andrea Kriska, PhD) to determine the minutes per week necessary to expend 700 kilocalories. In addition, the Case Manager should discuss with each participant in detail the physical activities he or she does or plans to do and evaluate each activity on a case-by-case basis in terms of its application toward the study goal. Participants should *not* be given a list, such as that in Table 6.1., and told that

these are “acceptable” activities whereas others are not. Rather, participants should discuss their activities with the Case Manager and/or the exercise physiologist available at the local center to identify a way in which the participants can expend at least 700 kilocalories per week in physical activity.

The following general guidelines are provided to help Case Managers judge whether an activity is equivalent to brisk walking:

- ❑ The activity should last at least 10 minutes, not including breaks (although some activities such as tennis or jumping rope may involve short “breaks” in the activity).
- ❑ For job-related activities, in addition to the above two criteria, the physical activity should comprise at least 50% of the job.

For example:

Equivalent to brisk walking	Not equivalent to brisk walking
Using a gas-powered push mower to mow several acres of lawn with a great deal of exertion.	Using a gas-powered push mower to mow a tiny lawn in five minutes, without much exertion. Using a riding mower to mow several acres of lawn without much exertion.
Delivering the mail if 75% of the day is spent walking.	Delivering the mail if 75% of the day is spent driving a truck.
Going to a dance and dancing most of the evening.	Going to a dance and dancing only a few times during the evening. Spending most of the time socializing and watching others dance.

Some sports and leisure activities are clearly not equivalent in intensity or duration to brisk walking, such as archery, bowling, fishing, light gardening, and pool. These are to be encouraged as part of an active lifestyle but are not to be applied toward the activity goal. Likewise, other activities, such as light yard work and light housework are to be encouraged as part of an active lifestyle but not self-monitored or applied toward the goal because they usually do not represent a **level of activity equivalent to brisk walking**. The criteria of “equivalent to brisk walking” is used with the rationale that such activities will be most likely to help participants lose weight, lower glucose, and improve cardiovascular risk factors.

Some participants may choose to do more vigorous activities, such as running. In these cases it may be unnecessary to do 2 ½ hours of activity to achieve the 700 kilocalorie goal. These cases are expected to occur infrequently and should be discussed with local experts in exercise physiology and with the LRC before making any reductions in the 2 ½ hour goal.

If questions arise about whether a particular activity as performed by a participant may be applied toward the study goal, the Case Manager should write a paragraph describing it in detail, and FAX it to the DPP Lifestyle Resource Core, University of Pittsburgh, Attention: Andrea Kriska, PhD.

6.4. Supervised Activity Sessions

6.4.1 General Guidelines

Every clinical center must provide supervised physical activity sessions **at least two times per week**. The purpose is to **help participants achieve 150 minutes of physical activity per week**. Supervised activity sessions also provide group support for exercise and allow for the collection of data, beyond self-report, on participation in exercise.

Lifestyle Coaches should strongly recommend that all participants who can perform at least 30 minutes of continuous, moderate-intensity activity attend the sessions. The goal is for all participants to have the opportunity to give the sessions a “good try,” receive hands-on physical activity instruction and encouragement from the session leaders, and meet other participants with whom they can develop support networks for being active. Throughout the study, participants who are having difficulty meeting their exercise goal should in particular be encouraged to attend.

The supervised activity sessions should last about 45 minutes to 1 hour and include a warm-up period, followed by about 30-40 minutes of exercise and a cool-down period. Possible locations include the DPP clinic, malls, parks, gymnasiums, or exercise facilities such as a YMCA or private health club. The types of physical activity may vary and should be tailored to the skills and interests of the participants. It is recommended that at least one session per week involve brisk walking. Other possible types of activities include aerobic dance, resistance training, and step aerobics. The activities offered must be equivalent to brisk walking (see Section 6.3. Definition and Examples of Moderate Physical Activities). Activities not on Table 6.1. should be approved by the Lifestyle Resource Core before being offered as a supervised activity session.

The supervised activity sessions should be scheduled **at times and locations to accommodate as many lifestyle participants as possible**. Centers may need to experiment with various types of activities, times and locations in order to attract more participants. To determine the types of activities to offer and the most convenient times and locations, Coaches may want to periodically survey participants by mail.

Keep in mind the following safety issues:

- ❑ If possible, during the activity sessions, considerations should be made for participants of different fitness levels. For example, the leader may need to split his or her time between the slow and fast walkers or consider walking on a track so that a variety of paces can be accommodated. Some centers may have adequate staff to provide more than one leader.
- ❑ If the activity session is being held at a remote location with limited access to emergency medical services or a telephone (such as on a hiking trail), the leader should have a cell phone for emergencies and if possible, a First Aid kit with bandages, ace wrap and cold pack for minor injuries.

- C Leaders should emphasize hydration during the activity sessions (especially in warmer weather) and should have water available for participants who do not bring water.

In general, it is anticipated that most of the supervised physical activity sessions will be **led by a member of the DPP staff**, such as an exercise physiologist, student, Lifestyle Coach, or trained peer leader. All activity session leaders should be trained in CPR. If your center has difficulty offering the required two sessions per week or has found that these sessions are poorly attended, **you can use an exercise class in the community** (e.g., an aerobics class in a health facility at your university) **provided all three of the following guidelines are followed** (with this caution: use outside exercise classes **to supplement your physical activity intervention; each center should still have an expert in exercise on the DPP staff to guide and support participants and Coaches**):

1. Before participants attend the class, **meet with the leader** to evaluate the facility and the nature of the class and explain the purpose of the DPP and the activity goal. For as long as participants attend, contact the leader periodically to check on how the participants are doing. If the class leader changes, meet with the new leader to orient him or her to the DPP and the activity goal.
2. **Advertise the class to all lifestyle participants who are at an appropriate fitness level and provide any registration fees** or other costs so that all who want to can attend.
3. **Get written documentation from the leader that the participants attended.**

If any one of the above three guidelines are not followed, the class cannot be considered a supervised activity session, although it could count toward the participants' self-reported activity minutes.

It is expected that attendance at each activity session will differ. That is, some participants may come to both supervised activity sessions per week; some may come once a week; others may come only on occasion. All patterns of attendance are acceptable. Family members and significant others are welcome to attend as well.

Centers that are having difficulty attracting participants to supervised activity sessions are strongly encouraged to contact the Lifestyle Resource Core for problem solving and support.

6.4.2 Models of Supervised Activity Sessions

The following models illustrate a few of the many possible ways to fulfill the requirement for supervised activity sessions. Other possibilities exist, and some centers use a combination of the following models. If the supervised activity sessions at your center are categorically different than the models below, please call the Lifestyle Resource Core.

Neighborhood Group Walks

Two or more group walks are offered per week in separate neighborhoods around the city, convenient to different participants. The DPP exercise consultant or a Lifestyle Coach leads the walks. When possible, the walks are tied into training for a community walking event such as the local ADA walk.

Cardiac Rehabilitation Unit

Participants use the cardiac rehabilitation unit affiliated with the clinic's university medical center. The unit includes a treadmill, exercise bike, recumbent bike, stair master, and free weights. The Coach introduces the participants to the unit, and then participants set up a regular schedule with the center staff for at least 2-3 times per week (several class times are available each weekday). If participants miss a session, the unit requires them to call and reschedule. The center staff send the Coach a monthly log of participant attendance. The DPP is charged a flat rate per participant per month. If the participant stops attending, the DPP is not billed.

Community Exercise Class or Facility

Participants attend aerobic dance classes or step aerobic classes at the local Wellness Center and YWCA. The Coach introduces the participants to the class leaders, and the leaders send the Coach a monthly log of participant attendance. The DPP pays the registration fees for the classes.

One-on-One

(Note: This model is less desirable than the others because it does not provide the group experience. However, if none of the above models are working at a center, the one-on-one approach is an option.) Participants exercise one-on-one with someone affiliated with the DPP, for example:

- C Their Lifestyle Coaches. This could be at the end of a regular session, during a session (e.g., conducting the visit while walking), or at a separately scheduled time.
- C Another DPP staff person (such as a graduate student in exercise physiology, the DPP exercise consultant, or another staff person). At one center, the DPP receptionist enjoys walking and has agreed to walk with a group of participants on some of her daily walks.
- C A personal trainer at a YMCA or health club. The Coach puts the participant in touch with the trainer and orients the trainer to the DPP goals. The trainer provides documentation of the exercise.

Section 7: Guidelines for Implementing the DPP Lifestyle Intervention

7.1. Key Principles

The key principles underlying the DPP lifestyle intervention are:

It is based on clearly defined study goals.

All participants receive a study goal for weight loss and physical activity. From the beginning of the intervention, the Case Managers should state these goals without equivocation and set high expectations for participants in terms of achieving and maintaining them for the length of the trial. The rationale is that reaching and maintaining the goals is what will reduce the risk of diabetes onset.

The intervention is based on participant self-management.

Although firm study goals are provided, each participant makes personal choices about how to achieve the goals. This allows flexibility and reinforces the ability of the participants to shape and evaluate their own progress by self-monitoring, developing personal goals and action plans, and problem solving. The role of the Case Manager is to guide and support the participants in the process of self-management.

To achieve a balance between firm study goals and participant self-management, Case Managers will need to draw on all of their professional skills and experience. Central to the success of the intervention is the relationship between Case Manager and lifestyle participant. Ideally, this relationship might be compared to that between a talented coach and a prized member of an athletic team. As “lifestyle coaches,” we recommend that Case Managers practice the following.

- C **Express support and acceptance** for participants regardless of their progress toward study goals.
- CI **Look for success and build on it**, no matter how small or gradual.
- C At the same time, **maintain the highest of standards and expectations**. A Case Manager should not lessen the study goals to match what seems “realistic” or “do-able” for a participant, any more than a health care provider would ask a patient to aim for less than optimal glucose monitoring and regulation. Instead, the Case Manager should express ongoing confidence that the participant will be able to reach and maintain the study goals and then provide the utmost support in helping the participant address any barriers to that end. As we all know, expectations are often self-fulfilling. If expected to do poorly, participants are more likely to do poorly; if expected to do well, many participants will rise to the occasion.

- C Along the same lines, **do not assume that a barrier to the study goals exists until it is evident** (for example, that a participant who has a lower level of education will be unable to calculate fat grams when self-monitoring). Such assumptions are often based on hidden biases that may prove false (for example, many interventionists have reported that it is the less educated participants who do the most thorough self-monitoring).
- C **When barriers do become evident, involve the participant as much as possible in addressing them, through goal setting and problem solving.** Use and convey an experimental approach--the evidence of a barrier is not a sign of failure on the part of the coach or the participant but rather is a valuable piece of information to be used to design and test a better experiment, together.
- C **Be the expert.** Be confident and firm when assigning the strategies for change presented in the intervention (such as self-monitoring of fat gram intake and physical activity). Stress that previous research has shown these strategies to be highly successful for many, many people. However, be flexible about using other strategies as needed. Information and behavioral strategies have been included in the intervention because of their likelihood of enhancing achievement and maintenance of the study goals, not as ends in themselves.

The intervention is to be tailored to participant lifestyle, learning style, and culture.

The DPP lifestyle intervention program should be tailored to each participant's lifestyle, learning style, and culture. Many, many factors (such as ethnic heritage, socioeconomic status, marital status, and roles at work and at home) will have an impact on the eating and activity behaviors of participants. Such factors will also be at work in the lives of the Lifestyle Coaches themselves and will influence the way they interact with participants.

Lifestyle Coaches should therefore remain open and sensitive to whatever factors may be important to each individual participant and at the same time, avoid stereotyping or making assumptions. The goal is to implement the DPP lifestyle intervention with awareness, consideration, and careful communication so that differences can be used to enhance the intervention rather than get in its way.

Some points to keep in mind regardless of a participant's lifestyle or cultural heritage:

- CI Be careful to avoid interpreting a behavior within your own cultural context without asking.
- CI Low-literacy English is not a sign of intelligence or a predictor of success in the DPP.

See Appendix C for additional information on tailoring the intervention to diverse populations.

7.2. Core Curriculum

The first part of the DPP lifestyle intervention program, called the “core curriculum,” is the most structured phase of the intervention. In the core curriculum, all participants are taught the same basic information about weight loss and physical activity and are given the opportunity to practice related behavioral skills both during the intervention sessions and at home. Also it is during the core curriculum that the Lifestyle Coaches and lifestyle participants get to know each other and learn how best to work together to achieve the study goals. In the remaining 3 to 6 years of the intervention, Case Managers are given much more flexibility to focus on issues of particular relevance to the individual participant.

7.2.1. Type and Frequency of Contact During the Core Curriculum

Participants must be seen a **minimum of 16 times during the core curriculum**, and the **entire curriculum must be presented within 24 weeks**. Although the exact schedule of visits will vary depending on holidays, illnesses, travel, and so on, we strongly recommend that participants are seen weekly for at least 20 of the 24 weeks. If this is not possible, another option would be to meet with the participant weekly for the first eight or 12 sessions and then every other week for the remainder of the 24 weeks. More frequent contact schedules have been shown to produce greater weight losses, so the maximum frequency of contact should be maintained as long as possible, given participant willingness and staff and budget constraints. The tool box for attendance specifies procedures to be tried if participants are not attending sessions and when calls to the LRC are to be made. Phone calls to participants between visits may be helpful and can be used to reinforce and encourage behavior change.

Participants will be seen on an individual basis during the core curriculum. Only a few participants per clinical center will be randomized to the intervention program each month, making group sessions impractical. Also, individual contacts are ideal for tailoring the presentation of the intervention to the educational needs of each participant. Individual sessions should be scheduled at times most convenient to the participant, for example, in the evening for participants who work during the day and prefer evening appointments.

A family member or other support person may be invited to attend any or all sessions. Decisions about whether to include another family member or support person should be based on the participant's wishes.

In some cases, several participants may be randomized to the lifestyle intervention at approximately the same time. In these situations the intervention sessions may be conducted with a small group of participants. However, care must be taken that the time is convenient to all participants, that the arrangement is agreeable to all, and that “make-up” individual sessions are conducted as needed. In addition, no participant should wait more than two months between randomization and the start of the core curriculum.

7.2.2. Role of the DPP Staff

The first eight and any four of the second eight sessions must be presented by the Case Manager. The remaining four of the second eight sessions may be presented by a peer or home health aide who has received appropriate training and supervision or by a local expert in behavioral psychology, nutrition, or physical activity (see Section 3).

The intended role of the Case Manager, or other staff member who presents the core curriculum sessions, is one of educator, facilitator, and “coach.” The participant is responsible for implementing and evaluating strategies to reach the study goals, with the support and guidance of the Case Manager or other staff. Self-monitoring, goal setting, and home activities are included in each session to reinforce the participant’s sense of personal responsibility for the success of the intervention.

7.2.3. Location of Core Curriculum Sessions

Most core curriculum sessions should be held in a private room in a clinic or similar setting. A scale (balance beam or digital electric) must be available so that the participant can be weighed at each session. On some occasions, the Case Manager may wish to conduct a session while taking a walk with the participant, at the participant’s home, or at another location selected for an educational goal, such as at a restaurant. However, the location should enhance rather than distract from the basic content of the session. Because the core curriculum sessions are dense with fundamental information and skills, it may be best to reserve most alternate locations for sessions held during the maintenance period, for example, holding a group supermarket tour at a grocery store.

7.2.4. Maintaining the Basic Content and Sequence of Core Curriculum Sessions

The basic content and sequence of the core curriculum sessions must be consistent across clinical centers and from participant to participant within each center. Otherwise, at the end of the trial we will not be able to describe the intervention program as implemented or draw conclusions about its efficacy. Specific instructions for conducting each core curriculum session are given in Appendix A.

DPP lifestyle participants are given a choice as to which intervention goal to focus on first, either weight loss or physical activity. This choice determines the sequence of the first eight sessions, and the scripts in Appendix A include guidelines for conducting both sequences. The scripts for Sessions 2-8 are numbered as follows: the first number indicates the sequence for participants who focus on the physical activity goal first, or do not express a preference; the second number indicates the sequence for participants who focus on the weight loss goal first.

After the participant decides whether to start with activity or weight loss, the Case Manager should select the appropriate sequence of materials and then **proceed through the 16 sessions in the order prescribed**. This will ensure that all participants receive the same intervention

program, that sessions on physical activity, nutrition, and behavioral topics are interspersed, and that topics that build on those presented earlier come in the correct sequence.

We anticipate that for most participants, one session will be presented at each meeting. However, if a participant is having trouble with a particular topic, it may be desirable to stay on that topic for an extra meeting. For example, the session “Be a Fat Detective” is particularly dense with information and skills and could be divided into two meetings, especially if a participant has difficulty learning to use the self-monitoring tools. At a minimum, one new session should be presented every two weeks, and the entire 16 sessions of the core curriculum should be completed in 24 weeks.

If a participant is having trouble in an area and the session on that topic does not occur until later in the core curriculum, the Case Manager should briefly address the issue and problem solve with the participant as appropriate. At the same time, the Case Manager should keep the focus on the topic for the current session and delay the formal presentation of the other material until it appears in the standard curriculum. For example, during the session “Be a Fat Detective” (either Session 4 or 2), a participant might say, “I eat out for lunch all the time. How can I find low-fat foods when I eat out?” The Case Manager might suggest that the participant:

- a. Use the Fat Counter to self-monitor when he eats out just as he would at other times, and if a food isn’t in the Counter, find one that is the most similar,
- b. Ask the waiter for any nutrient information, if available, and
- c. For the next session, bring in any nutrient information he collects plus menus from the restaurants he eats at during the week and together the participant and Case Manager will estimate the fat grams for various choices on the menus.

This response keeps the focus of the session on self-monitoring, rather than shifting it to a lengthy discussion of various strategies for healthy eating when eating out, which is formally presented in Session 10, “Four Keys to Healthy Eating Out.” Indeed, many participants will be faced with challenges related to eating out before Session 10, but the topic formally appears this late in the curriculum because the session builds on previous sessions that address self-monitoring, cues, and problem solving. Similarly, if a participant says he will be unable to lower his fat intake or increase his physical activity because of family pressures, lack of motivation, and so on, the problems raised by the participant should be discussed and strategies suggested to deal with the problem. However, the formal presentation of social support, problem solving, lapses, and so on, would be held until the appropriate session.

7.2.5. Guidelines for Tailoring the Presentation of the Core Curriculum Sessions

While maintaining a standard curriculum in terms of the basic content and sequence of the sessions, the Case Manager should tailor the presentation of the sessions to each participant’s learning style, stage of change, and progress toward the study goals. For instance, the Case Manager should explain concepts in the sessions by using examples that are relevant to a participant’s ethnicity, financial means, and preferences. The Case Manager should feel free to replace any of the examples given in Appendix A and on participant work sheets with other,

more relevant, examples. Similarly, the Case Manager should feel free to use supplementary educational aides if it is clear that this approach will enhance learning for a participant and not draw attention or time away from the basic concepts presented.

Some examples of appropriate ways to tailor a session: Displaying test tubes filled with shortening to varying levels to illustrate the fat content of different foods, providing individual samples of low-fat food products to taste.

Some examples of inappropriate ways to tailor a session: Having a hypnotist come to the session on motivation; dropping the session on slips because the participant has not had any lapses; presenting a cooking demonstration on low-fat vegetarian cooking at the session entitled, "Healthy Eating." (This last example is considered inappropriate because it would take time away from the many basic concepts to be presented at this session and would not be relevant to all participants. However, this topic *may be appropriate for a group session during maintenance* if a number of participants express a need for or interest in this topic.)

7.2.6. Guidelines for Using the Participant Work Sheets

Each DPP lifestyle participant will be given a three-ring binder **and at each session will receive a copy of the materials for that session.** Participants are *not* to be given the entire set of materials at one time. Participants should take the binder home with them at the end of each session and bring it to the next session.

The Case Manager should use the participant work sheets during the session to present the main points while the participant follows along. The Case Manager and participant should feel free to write or draw on the work sheets, indicating points of emphasis, adding examples, and so on. The participant should fill in any blanks or complete any practice activities in his or her own words whenever possible.

The work sheets are to be inserted into the participant's study notebook during or at the end of the session.

7.2.7. Use of Supplemental Materials and Tools of Presentation During the Core Curriculum

The core curriculum is the most structured part of the intervention. A great deal of information is presented to participants during this phase, and there is concern that participants not be overloaded with additional information and related materials. For this reason, **no supplemental materials should be given to participants without prior approval from the LRC.** Similarly, any tools of presentation that an individual clinical center or Case Manager would like to use should be sent to the LRC for review beforehand. This process is designed to help the Case Managers maintain the needed focus of each session, and it will also allow the LRC to bring supplemental materials and tools of presentation to the attention of the other clinical centers so

that all can benefit. It is important that Case Managers realize that more information is not always better. In fact, the key concepts of the intervention may be lost if participants are given too much information or too many handouts.

If a participant asks for more detailed information on a topic or asks for information on a topic not presented in the curriculum (for example, the cholesterol content of foods), we caution Case Managers to evaluate the request carefully before proceeding. For example, at first glance, it may seem that more highly educated participants who ask for additional information should be given as much information as possible to encourage their sustained interest and adherence. However, the opposite may be the case if a participant is “intellectualizing” rather than dealing with the behavioral issues that need to be addressed if change is to occur.

To evaluate when and whether to provide additional information, consider the following:

- C Did the participant ask technical questions indicating the desire for additional information or seem interested in knowing more?
- C If yes, would additional information address the questions or interests **and** increase the likelihood of the participant reaching the goals for lifestyle change?
- C If yes, provide the information. If no, determine how to move the focus back to the lifestyle change issue at hand.

In most cases, it may be best to hold additional information until after the core curriculum. Case Managers and participants may find it helpful to remember that the intervention extends over several years. It is best to present new skills and information slowly and have participants practice these new skills before adding others.

Finally, Case Managers are to present **only** the strategies described in the protocol and approved for use in the tool boxes or by the LRC. Strategies that have worked for a friend who has tried to lose weight (e.g., a nutrient bar or shake or an unusual exercise machine) should not be recommended to participants without prior approval from the LRC.

7.2.8. General Guidelines for Conducting a Core Curriculum Session

Specific guidelines for conducting each core curriculum session are given in Appendix A. General guidelines are given below.

Before the participant arrives for each core curriculum session, the Case Manager should:

- C Review the participant’s chart and the script in Appendix A for the previous session, noting the home activities assigned, action plans made, and any other pertinent issues.
- C If applicable, review and comment in writing on any Keeping Track books returned at the previous session.
- C Review the script for the upcoming session in Appendix A.

- C Prepare all materials required for the session, including supplementary materials suggested in the tool boxes or Appendix A, if appropriate, and any small motivational items (such as mugs, key chains, and so on) to be distributed.

During every core curriculum session, the Case Manager should perform the following, in the sequence given here, unless otherwise indicated in Appendix A. The entire session should last from 30 to 45 minutes, with the exception of Session 1 which is likely to last 1 hour.

1. Weigh the participant.

Participants should be weighed in private at the beginning of each session. Weight can be taken with either a balance beam or a digital scale. The type of scale is not important, but an effort should be made to use the same scale throughout the study. Participants should be weighed in street clothes, without shoes.

Record the weight on the DPP Lifestyle Intervention Data Form, and have the participant graph the weight in the participant's notebook.

- 2. Receive and review any Keeping Track records** completed since the last session. Record summary data for both weight and physical activity on the Lifestyle Intervention Data Form, as instructed on the form. Give the participant feedback and helpful suggestions and enter the weight and physical activity on the graphs in the participant's study notebook. Participants should be encouraged to complete the graphs themselves, if possible.

For the first few core curriculum sessions, Appendix A provides detailed guidelines for reviewing Keeping Track records with participants. At later sessions, a briefer review will be sufficient in most cases, and comments will most likely focus less on the process of self-monitoring and more on the specific behavioral or other goals emphasized at that point in the intervention. At any time, however, the Case Manager should be alert to any lapse in basic self-monitoring skills that may have an impact on achievement of the study goals and should review the skills as necessary.

Throughout the trial, the Case Manager should praise some aspect of the records returned, no matter how small (for example, the Case Manager should not overlook the very fact that the records were returned, regardless of whether goals were reached or the quality of the record keeping). In addition, Case Managers should be careful not to discourage participants by providing too many suggestions for improvement.

- 3. Discuss successes and difficulties in meeting the study goals** since the last session.

4. **Review the last session.** Briefly summarize the main points of the previous session, and discuss any related thoughts and experiences the participant has had, including any home activities, goals, or action plans that were assigned.
5. **Present the new topic.** The Case Manager should follow the script in Appendix A in terms of what to present and in what sequence, while tailoring exactly *how* the topic is presented (such as the language and examples used) to the participant's learning style. In no instance should the Case Manager "read" the script to the participant. The script is provided only as a model to guide and help the Case Manager.

Using the participant work sheets for the session, present the main points while the participant follows along on the work sheets. Indicate on the work sheets anything you want to emphasize or clarify (for example, feel free to add examples, underline main points, and so on). Have the participant fill in any blanks or complete any practice activities directly on the work sheets. The work sheets are to be inserted into the participant's notebook during or at the end of the session.

6. **Set goals, develop action plan(s), and assign home activities** for the coming week(s). Complete any related work sheets with the participant. Instruct the participant to put a check mark in the boxes (9) on the "To do next week" work sheets as home activities are completed.

After each session, telephone calls may be made to participants as needed to support the achievement of study goals. Phone calls after the early core curriculum sessions will be particularly important to reinforce the basic skills taught in those sessions and to support the participant in applying those skills. All telephone calls to participants should be documented.

7.3. Maintenance

See the DPP Lifestyle Manual for Contacts After Core.

Appendix A: Scripts for Core Curriculum Sessions

The following “mock” scripts provide *specific* instructions for presenting each of the first 16 lifestyle intervention sessions (called the “core curriculum”). *General* instructions for implementing the core curriculum and the intervention as a whole are found in Section 7.

The Lifestyle Coach should follow the mock scripts in terms of what to present and in what sequence, while tailoring exactly *how* the topic is presented (such as the language and examples used) to the participant’s learning style. In *no* instance should the Lifestyle Coach “read” the mock script to the participant. The mock script is provided only as a *model*.

Note: At Session 1A, DPP lifestyle participants are given a choice as to which intervention goal to focus on first, either weight loss or physical activity. **(Although participants have the freedom to start with either goal, the Lifestyle Resource Core strongly suggests that participants focus on weight loss first.)** The choice of which goal to focus on first will determine which of two scripts are to be used for Session 1B, and it also determines the *sequence* (but not the content) of Sessions 2-8. The scripts for Sessions 2-8 include guidelines for conducting *both* sequences and are numbered as follows: the first number is the session number for those participants who focus on the physical activity goal first or who do not express a preference; the second number is the session number for participants who focus on the weight loss goal first.

Session 1A: Welcome to the Lifestyle Balance Program.

Objectives:

In this session, the participant will:

- C Meet the lifestyle coach and study team.
- C Review the Standard Healthy Lifestyle Guidelines, if not presented at randomization.
- C Be given the Lifestyle Balance notebook.
- C Discuss the participant's initial reaction to being assigned to the Lifestyle Balance group.
- C Receive an overview of the Lifestyle Balance Program.
- C Learn the two Lifestyle Balance goals and why they are important.
- C Discuss key aspects of the coach-participant relationship and sign a related agreement.
- C Choose to focus either on the weight loss or the physical activity goal first.

To Do Before the Session:

Get materials ready:

- C Materials for presenting the Standard Healthy Lifestyle Guidelines (see Section 5.1 of the DPP Manual of Operations), if not presented at randomization.
- C Keeping Track book (or two, if the next session is scheduled more than 7 days later).
- C Pages for participant notebook.
- C Video or photographs of local study team members, if not present in person.
- C Measuring cups, spoons, and scale (for participants who focus on weight loss first).
- C Map to the supervised activity sessions (for participants who focus on activity first).

Invite family member to attend (if, during the run-in period, it was determined that a family member's attendance would enhance adherence).

On the Lifestyle Balance Update page, pencil in tentative appointment dates (schedule Sessions 1-8 for one week apart, 9-16 for either one or two weeks apart). Insert this page into the inside front pocket of the participant's notebook. Also, keep a copy of the Lifestyle Balance Update page in your notes for each participant.

Fill in the activity session schedule on page 1 of Getting Started Being Active.

Introduce yourself and the other members of the local study team.

Greet the participant. Also welcome family member or other support person if present.

Hello. I'm delighted to meet you. My name is []. As you know, you've been assigned to the group in the Diabetes Prevention Program that will be making lifestyle changes to try to prevent diabetes. The lifestyle changes will be to lose weight through healthy eating and to be more physically active. We've called this group the "Lifestyle Balance Program" because we'll be helping you reach a healthy balance between what you eat and how active you are.

I will be meeting with you often during the next several years, so we will get to know each other very well. I'm looking forward to working with you as a team to make our time together a success. There are many people on the study team; we're all resources for you.

Introduce the study team members, or use a video or photographs to introduce them if not present. Explain the role of each member of the team, and stress that during the upcoming years of the study, all of the members of the team will be available to support the participant.

Review the Standard Healthy Lifestyle Guidelines, *if not presented at randomization.*

At this point, I want to quickly go over some standard guidelines for a healthy lifestyle that all participants in the DPP receive. We give all participants this brochure [show the participant the Koop brochure] which is a good summary of the guidelines, and we talk with all participants about how to be more active [turn to pages 3-10; do not review them, however], eat a healthy diet [turn to pages 11-19], and reach and maintain a healthy weight [turn to pages 20-27]. Because you're in the lifestyle change group, we will go over these topics in great detail in the coming weeks, so I won't review them now. But this brochure is for you to take home as a resource. Other members of your family might enjoy reading it, too.

We also talk with all participants about smoking and alcohol. Do you now smoke cigarettes? [Refer to pages 5-4 and 5-5 of the DPP Manual of Operations, Version 2.0, for a script.]

Give the participant the Lifestyle Balance Notebook.

Here is the notebook we'll use throughout the study. It's yours to keep. At every session I'll give you some handouts to put into the notebook and we'll go over them together. Feel free to write notes or questions on the handouts, and take the notebook home. Just be sure to bring it with you to every session. Here is my name, address, and phone number for your records [give other team members' phone numbers, as appropriate].

It's very important that we stay in touch. Feel free to call me or stop in at the clinic whenever you have questions or need to talk. It's also important to call if you cannot come to a session.

Discuss the participant's initial reactions to being assigned to the Lifestyle Balance Program.

Some people who have been assigned to the Lifestyle Balance Program wanted to be in this group from the beginning; some hoped they would be assigned to another group in the study.

- C **What do you think about being in the Lifestyle Balance Program?**
- C **Are there some things about this group that seem good to you, and some things you're not so excited about?**

The participant may express disappointment about not being randomized to another arm of the study, fears of failing at the lifestyle intervention, memories of past failures at weight loss efforts, and so on. Recognize concerns, promote confidence that the participant can succeed, and give support.

If the participant is very negative, help him or her to identify *some* positive things about being assigned to this approach. Stress that the Lifestyle Balance Program is “state-of-the-art.” It has been carefully designed based on many research studies about the best ways to help people change.

Complete the work sheet “Remember Your Purpose” with the participant. Emphasize the positive aspects of the intervention, relating them whenever possible to issues of personal value to the participant, and encouraging the participant to provide specific details, in images or words (such as the names of people) that can be recalled later as a source of motivation. Examples:

- C Has the real potential to prevent diabetes.
- C No drugs, no drug side effects.
- C Will reduce his or her risk of heart disease and stroke.
- C Will help him or her look and feel better, have more energy.
- C Make her or his family and friends proud.
- C Set a good example for children, spouse, friends, and community.
- C Will contribute to scientific research findings which will then improve health care practices for the community.

Explain that you may review this work sheet with the participant later in the program as a source of motivation.

Receive an overview of the Lifestyle Balance Program.

As I said earlier, the Lifestyle Balance goals will be to:

1. Lose weight through healthy eating, and
2. Be more physically active.

We strongly believe that making these lifestyle changes and keeping them up over time will prevent diabetes in people like you who are at risk of diabetes.

The Lifestyle Balance program has been carefully designed. It is based on many research studies of the best ways to help people change.

In this program we will help you:

- C Learn the facts about healthy eating and being active.** Our staff are experts in nutrition, exercise, and helping people develop healthy habits. We will give you the most up-to-date and accurate information.

But knowing the facts, or what to change, isn't enough. You also need to know **how to change**. So we will help you:

- C Learn what makes it hard for you to eat healthy and be active.**
And learn **how to change these things so they work *for* you**, not against you.

For example, you'll learn how to:

- C Find the time to be active.**

[Review the rest of the items on the work sheet.]

We will also give you the **long-term support** you need to stick with the changes you make. We will be your **"coaches."**

Review the Lifestyle Balance Goals.

These are Lifestyle Balance goals:

1. **Lose 7% of your weight through healthy eating.** Your goal will be to weight xxx pounds or less.
2. **Do 2-1/2 hours of brisk, physical activity each week** (this would be like taking a brisk walk for 30 minutes on five days of the week).

We will help you to reach these goals one step at a time and keep them up over time.

We'll go over each of these goals in detail, and exactly what they mean for you, as we go along. You may also have your own, specific goals you want to reach, but these are the goals for the study as a whole. I will do everything I can, and so will the rest of the study team, to help you reach the study goals.

Refer to the Manual of Operations for how to respond to participants who have their own personal goals, for example, who want to lose less or more weight, who are already very active, or who wish to do less than 2-1/2 hours of activity. Briefly address their concerns, then move on to the study goals. For example:

- C If the participant wants to lose less weight or be less active than the study goal: "We'll work toward this goal slowly, one step at a time. It's a safe and reasonable goal for you, and I'm very confident that you can do it."
- C If the participant wants to lose more weight or be more active than the study goal: "Let's work toward this goal first. When you reach this goal, we'll talk about going further."

Discuss the rationale for the goals.

The Lifestyle Balance goals are **safe and can be reached**.

We will help you reach the goals by making:

- C **Gradual (made one step at a time),**
- C **Healthy, and**
- C **Reasonable changes in your eating and activity.**

Nothing extreme. For example, you won't need to do very vigorous exercise, although you can if you want. "Being active" doesn't mean you need to be a marathon runner. We will just gradually increase your general activity and help you develop a more active lifestyle.

Reaching the Lifestyle Balance goals:

1. May prevent diabetes.

Research has shown that leaner and more active people are less likely to get diabetes. Also, moderate weight loss and physical activity have been shown to improve the body's use of insulin (the hormone that regulates the amount of sugar in your blood). This can reduce the chance of getting diabetes.

We believe that lifestyle changes can indeed prevent diabetes, if you make these changes and keep them up over time. That's why you and I will work together to do everything we can to help you lose weight and be more active.

2. **Reaching the Lifestyle Balance goals will also help you look and feel better and be more healthy in general.** Research has shown that losing weight and being active can:
- C Relieve tension, help you relax and sleep.
 - C Give you more energy, make it easier to get around (for example, if you're more active on a regular basis, your joints will be more flexible and you'll be less likely to injure your back).

Many of you may have health problems like high blood pressure or high blood cholesterol. Research has shown that losing weight and/or being active can:

- C Lower blood pressure.
- C Lower blood levels of LDL or "bad" cholesterol (the kind linked to the risk of having a heart attack or stroke).
- C Raise blood levels of HDL or "good" cholesterol (the kind that reduces your risk of heart attack or stroke).

3. **In addition, reaching the Lifestyle Balance goals will set a good example for your family, friends, and community.** Many of us live in a family or a culture that practices high-fat eating and inactivity. You will face a challenge as you work at doing things differently. But you will also set a good example of what it's like to live a more healthy lifestyle, which can be inspiring and encouraging to everyone around you.

I know that losing weight and being more active takes a lot of effort. **Changing behavior takes work.** It takes dedication and hanging in there and doing what needs to be done every step of the way.

We are here to help. I'll be meeting with you often, and I will do everything **I** can over the next four years to help you reach and stick with your Lifestyle Balance goals. I am confident that **you can do it!**

Discuss key aspects of the lifestyle coach-participant relationship.

It is very important that we work together throughout the study as a **team**. I will count on you to:

- C **Come to sessions and bring your Lifestyle Balance notebook.**
Call 24 hours ahead if you must miss a meeting. For example, call before Monday afternoon if you must miss a Tuesday afternoon appointment.
- C **Do your best to reach your eating and activity goals.** That includes doing home activities to practice what you learn.
- C **Keep track of your eating and activity 7 days a week.** I'll talk with you more about this in a few minutes. **Be honest.** Don't try to "please" me. I will count on you to write

down what you are really eating, and how active you really are, not what you think I want to hear or what would make me happy.

- C **Keep track of your weight at home.** We will also weigh you here at each session. By weighing yourself at home, you will be able to see the pattern of your weight from day to day and see how your changes in eating and activity affect your weight.
- C **Let me know if you have any problems.** Ask questions when you don't understand something. I am here to help and I need to know when you're having any difficulties. There's no such thing as a "stupid" question--it's *smart* to speak up when you have a question.

Some participants, because of their cultural heritage or personal history, may consider it rude to ask questions or to bring up difficulties. This is true, for example, of many Hispanics. With these participants in particular, be sure to express your acceptance and appreciation when they voice their questions and concerns.

- C **Stay willing and open to change. Always “hang in there.”** We will sometimes run into problems, and I will count on you to hang in there and give it your best until we solve the problems together. This is a "can do" study.

You can count on me to:

- C **Go over your records of what you eat and your activity.**
Notice what you are doing well and what can be improved. Noticing what you're doing **well** is one of my most important jobs. I will encourage you and build you up and appreciate your efforts.
- C **Answer your questions.** It's important that you feel free to ask me any questions you have, and I will get the answers for you. Please remember that the DPP staff are experts, and our job is to make our expertise available to you in any way we can.
- C **Be honest.** We will both need to "say it like it is." I will count on you to be honest about how you are doing. And you can count on me to tell the truth about how *I* think you are doing and what I think needs to be done to solve any of the problems we run into.
- C **Stand by you during hard times,** and
- C **Believe you can reach your eating and activity goals.** We all need someone to believe in us when we are making changes for the better. I know you can do it, and when you get discouraged, I will be here to believe in you.
Always “hang in there” for you, and support and help you for all the years of the DPP.

Is there anything else you'd like me to do to help you? (Write any appropriate suggestions that the participant makes on the work sheet.)

Let's sign this as a way of remembering how we agree to work together.

Sign the agreement and have the participant sign it as well.

Have the participant choose the DPP goal to focus on first, either activity or weight loss.

We want to be sure this program works for you. No two people are alike. So at different times during the study, you'll be able to choose *when* you want to focus on a certain topic, depending on what will be most helpful to you.

Today you will be able to choose what DPP goal to focus on for the next several sessions: either being active or losing weight through healthy eating. Both topics are equally important, and we'll cover both no matter which one you start with. The only difference is which one comes first. Which would you like to start with?

If the participant does not express a preference, explain that you will begin with weight loss, which is the most motivating way to begin for many people. **The Lifestyle Resource Core strongly recommends that participants begin with weight loss to support early progress.**

Select the list of session topics that reflects the order chosen by the participant and insert it into the front of the participant's notebook. Discard the other list of session topics.

Overview the session topics.

This page shows you the topics for Sessions 1 through 16. As we've said before, you are welcome to invite a family member or friend to any or all of the sessions.

If the participant has chosen to focus on weight loss through healthy eating first, continue with Session 1B: Getting Started Losing Weight. If the participant has chosen activity, continue with Session 1B: Getting Started Being More Active.

Session 1B: Getting Started Being Active.

Objectives:

In this session, the participant who has chosen to focus on the physical activity goal first (or who has expressed no preference) will:

- C Be given an initial physical activity goal of “doing something to be physically active” on 3 to 4 days next week.
- C Be encouraged to attend the Lifestyle Balance activity sessions.
- C Be assigned self-monitoring of physical activity.

Give the participant an initial activity goal of “doing something physically active” on 3 to 4 days next week.

You’ve decided to focus on the physical activity goal first. So to get you started I want you to do several things during the coming week. They’re listed on this work sheet called “To do next week.” At every session you’ll get one of these work sheets with a list of what to do. There are square boxes beside each item *[indicate boxes]* so you can put a check beside each one after you do it. That way you’ll have a record of what you still need to do before the next session.

Okay, for next week:

- C **On 3 to 4 days next week, simply do something to be physically active.**

We want to encourage you to start being active as part of your daily routine. So it’s important to do something you **like** to do. It doesn't really matter at this point exactly what it is or for how long you're active. You might take a walk in your neighborhood. Play ball with your children. Ride on an exercise bike. Walk to the store or at the mall.

We suggest brisk walking. It’s easy to do and good for you. What other activities might you like to do? *[Record a few ideas on the worksheet.]* Don’t do anything too strenuous. We want you to start off very slowly.

Encourage the participant to attend the Lifestyle Balance activity sessions.

C Come to the Lifestyle Balance activity sessions!

We've planned activity sessions every week, so you can have support and company while you're being active. These sessions are very important, especially at the beginning to help you get started. At the sessions, you will:

C Have company and support while you're being active.

C Walk or do other physical activity together. This will help you reach the weekly activity goals that we will be setting during the coming weeks. (Over time it'll be up to you whether you continue to come to the sessions. But in the beginning, you're expected to come.)

C Also, we plan to **have FUN**.

C And the **staff will be there to help you**. They can also answer your questions about some of the other activities you might like to try.

So, get on your walking shoes. And join us! As with all of our sessions, you're welcome to bring a friend or family member if you'd like.

The activity sessions will be held: (fill in the location, days, and times on the work sheet and give the participant a map).

Assign self-monitoring of physical activity.

C Write down your physical activity in the Keeping Track books.

Give the participant two Keeping Track books and indicate where in the books to record physical activity.

Include the Lifestyle Balance activity sessions. And for now, just ignore the sections for writing down what you eat. Here's an example of how to Keep Track.

Review the example. Make sure the participant understands. If necessary, have the participant record an example.

Finally, remember to:

- C **Bring your Keeping Track books and notebook to the next session.**
- C **Bring (or wear) shoes that you might use when you're active.** We'll look at them together to see if they fit well enough and give you enough support.

Discuss appointment schedule.

We will meet *every week* for the first 8 sessions. On this “Lifestyle Balance Update” page, that we’ll keep in the front of your notebook, I've used a pencil to write down some possible appointments for this same time and this same day of the week. Is this a good time for us to keep meeting?

If not, make changes to the penciled-in dates and on your copy of the Lifestyle Balance Update.

For sessions 9 through 16, we’ll meet *[explain the frequency that your clinic has decided to hold these sessions, whether every week or every other week.]* And then, after session 16, we’ll meet once every month or two months.

Any questions?

Session 1B: Getting Started Losing Weight.

Objectives:

In this session, the participant who has chosen to focus on the weight loss goal first will:

- C Learn the reason for self-monitoring foods eaten and the basic principles of self-monitoring.
- C Be assigned self-monitoring of foods eaten and circling of high-fat foods; practice this.
- C Receive weighing and measuring tools.

Review the reason for self-monitoring foods eaten and the basic principles of self-monitoring.

You've decided to start with the weight loss goal. To help you lose weight, our goal is to help you to **eat healthy**. And healthy eating involves **eating less fat**.

This is because **eating too much fat is fattening (makes us fat) and is related to heart disease and diabetes**.

(We'll go over this in more detail next week.)

The first step to eating less fat is to **figure out how much fat you are eating now**. To do this, I want you to **write down everything you eat and drink every day**.

This is something we're going to do throughout the first 24 weeks of the study.

It's the **most important part of changing your behavior**.

For right now, I just want you to write down what you ate, like you did during the run-in.

Keeping track of what you eat will help you and I see, in black and white:

- C What foods you eat,
- C How much you eat,
- C When and where you eat, and
- C How your eating habits change over time.

Your Keeping Track records will be the very basis for our working together. You and I will be the only ones to see them, so **spelling is NOT important**.

You can make up **abbreviations** or use your own shorthand if that makes it easier and faster for you to keep track, just so we both know what you mean.

Note: The use of abbreviations may also help those participants who have difficulty spelling feel less self-conscious.

What IS important is to:

- C **Be honest.** That means to **write down what you really eat**, not just what you think will please me or yourself.
- C Also, **be accurate.** It's best to write down what you eat as soon as possible after you eat it, because it's easy to forget. For example, count the number of slices of cheese you eat and write down the kind of cheese.
- C And **be complete. Include everything.** The butter on the toast, the cream in the coffee, and the mayonnaise on the sandwich.

It may seem hard to write down all of your foods, especially at first. And it does take some time. But it's worth its weight in gold. **Being aware of what you are eating is the first step toward changing your eating habits.**

Assign self-monitoring of foods eaten and circling of high-fat foods.

To get you started I want you to do several things during the coming week. They're listed on this part of the work sheet called "To do next week." At every session you'll get a list of one or two things to do during the week. There are square boxes beside each item *[indicate boxes]* so you can put a check beside each one after you do it. That way you'll have a record of what you still need to do before the next session.

For this week, I want you to:

- C **Write down everything you eat and drink every day.** Use this "Keeping Track" book.

Give the participant a Keeping Track book and indicate where in the book to record food intake.

Write down the time you eat something, the amount, and the name of the food or drink and a description. **Skip the other columns for now** *[indicate the grams of fat and calories columns]*. Use one line for each food. And **skip activity for now.**

- C **Circle some of the foods or beverages you think are highest in fat.** Over time you will learn exactly what foods are high in fat. For now, just guess what some of the foods are. The idea is get you thinking about fat and looking for some of the high-fat foods in your meals and snacks.

Note: You do not want the participant to return with a book more than half filled with circled foods, which would be discouraging. This should be a positive beginning experience.

- C Finally, be sure to **bring your completed Keeping Track books and your Lifestyle Balance notebook back with you** to every meeting.

Have the participant practice self-monitoring foods eaten and circling high-fat foods.

Let's take a minute to **practice Keeping Track on this page.** Think about a few of the foods you ate earlier today or yesterday. What was the first thing you ate? When did you eat it? Write the time here, the amount here, and the food here. Just skip the other columns.

Have the participant demonstrate. Be sure the participant understands what to do.

Do you think that food is high in fat? Just guess. If so, circle it.

Continue with several additional foods. Point out, as you go along, examples of accuracy (e.g., give brand name and type of food); honesty (e.g., include nibbles or very large amounts); completeness (e.g., include % fat of milk); and the use of abbreviations.

Just skip the section for physical activity.
Any questions?

Give the participant weighing and measuring tools.

If you want to, you can start to measure the amount of food you eat using these.

Get out the measuring tools.

Here are some **measuring cups and spoons** for you to start to use, just to get an idea of the amount of different foods you usually eat. We'll talk in more detail about measuring

in the coming weeks.

For now, you might want to pour your breakfast cereal into the bowl you typically use, just as usual, and then measure the cereal before you eat it. Or put the amount of margarine you usually spread on toast onto the knife and measure it using the measuring spoons before you spread it. You can also use a glass measuring cup, if you have one at home, for liquids and a ruler for measuring things like pizza, pieces of pie, and cookies. This **scale** is for weighing meats and cheese (*briefly demonstrate how to use it*).

As I said, you don't need to measure amounts this week, unless you want to.

Any questions?

Discuss appointment schedule.

We will meet *every week* for the first 8 sessions. On this “Lifestyle Balance Update” page, that we’ll keep in the front of your notebook, I’ve used a pencil to write down some possible appointments for this same time and this same day of the week. Is this a good time for us to keep meeting?

If not, make changes to the penciled-in dates and on your copy of the Lifestyle Balance Update.

For sessions 9 through 16, we’ll meet [*explain the frequency that your clinic has decided to hold these sessions, whether every week or every other week.*] And then, after session 16, we’ll meet once every month or two months.

Session 2 or 5: Move Those Muscles.

This is *Session 2* for those participants who chose to focus first on the activity goal. It is *Session 5* for those who began with the weight loss goal and are now moving on to activity.

The script for this session is written as if the participant has been relatively sedentary before this time. Use your judgment to change your presentation of the session for those participants who have already been fairly active.

Objectives:

In this session, the participant will:

- C Receive the Lifestyle Balance activity goal.
- C Discuss why the activity goal is important.
- C Discuss current level of physical activity.
- C Be encouraged to participate in the Lifestyle Balance activity sessions.
- C Identify other activities equivalent to brisk walking that the participant enjoys.
- C Discuss the importance of wearing good shoes.
- C Develop an activity plan for the coming week (for most participants, this will be a total for the week of 60 minutes of activity) that includes the Lifestyle Balance activity sessions and other moderate activities that the participant enjoys.

To Do Before the Session

Get materials ready:

- C Keeping Track book.
- C Pages for participant notebook.
- C If this is Session 2, certificate for activity shoes (for participants who do not have and cannot afford to buy appropriate shoes). Also, schedule and map for the supervised activity sessions.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities.

If this is Session 2:

Were you able to come to the Lifestyle Balance activity sessions last week?

Were you able to do something active on 3 to 4 days during the week?

Be positive and nonjudgmental. Praise all efforts to be more active, no matter how small. If the participant did not attend the sessions and/or did not do at least some activity during the week, ask, "Tell me a little about that." Do your best to uncover some of the barriers that prevented the participant from attending or being active without making him or her defensive.

Problem solve with the participant to address any barriers. Stress again the important reasons for attending the activity sessions, particularly at the beginning of the study, and for taking steps to be active to some degree on a regular basis.

If this is Session 5 (the last session was "Healthy Eating"):

How did Keeping Track go last week? Did you "Rate Your Plate?" Did you make any changes during the week to better match the Food Pyramid? If yes, what were they?

What problems did you have? How did you solve them?

Review and comment on the participant's self-monitoring records. If the participant did not complete the "Rate Your Plate" form, complete the form for one or two days with the participant. Praise all improvements, no matter how small. Problem solve with the participant to address any barriers.

Weigh the participant and graph.

Introduce the Lifestyle Balance activity goal.

If this is Session 5:

So far you've focused on losing weight through healthy eating. This week and next week we'll focus on the other goal of the Lifestyle Balance program: being more active.

The Lifestyle Balance activity goal is to **do a total of 2-1/2 hours of physical activity each week.** This will burn about **700 calories per week.**

This may sound like a lot right now, but you will:

- C **Pick activities you LIKE.** We want you to develop a lifelong habit of being active, so you'll want to choose activities that you enjoy and ones that are also convenient for you, that you can work into your life. We'll talk more about that in a minute.
- C **Choose moderate kinds of activity,** like brisk walking. Nothing extreme.
- C **Work up to this goal *slowly*.**
It will take about 4 weeks to work up to a weekly total of 2-1/2 hours.
- C **Spread the weekly total over 3 to 4 days (or more) per week.**
For example, you might start by walking 10 minutes a day on 6 days a week and slowly build up to 25 minutes on 6 days a week. Starting slowly and spreading it out over the week is important so you don't get hurt and so you enjoy yourself.

For participants who want more information:

Over time we will increase your Lifestyle Balance activity goal to 2-1/2 hours of brisk activity per week. This goal is very similar to the most recent, national recommendations for physical activity. The Centers for Disease Control and the American College of Sports Medicine both recommend that Americans do moderate physical activity, such as brisk walking, for 30 minutes on most or all days of the week. That is just about identical to the Lifestyle Balance goal.

Assess participant's current level of activity.

Now, before we can make an activity plan for you, I need to know **how active you are now**.

The purpose of the following discussion is to get a general idea of how active the participant is and to get the participant talking about his or her personal preferences and experiences with physical activity. Record the participants answers on the work sheet, and make notations of pertinent details in the participant's progress notes so that you will be able to understand the situations (cues) that promote or derail a participant's physical activity. For example, if a participant has been able to walk regularly in the past, primarily by doing it at lunch with a co-worker, then this valuable piece of information can be highlighted from the start and the participant can be helped to arrange his/her environment accordingly.

- C **Do you do any kind of regular physical activity that lasts at least 10-15 minutes?** (Examples: walk, ride a bike, play tennis, work out at a health club, etc.) Where do you do these activities? With whom?
- C How many **times each week** do you do these activities? And when you do, **for**

- how long are you usually active?**
- C Have you done any **activities in the past** that you no longer do? Why did you stop? Have you thought about starting to do them again?

If the participant names one or more activities, use them as a starting point when planning for next week.

- C **What do you like or dislike about being active or being inactive?** (Record.)

Provide the rationale for the activity goal.

I want to be sure you understand why being more active is so important. **Being more active will:**

- C **Help you feel and look better.**
Being active can:
- C Improve your mood,
 - C Counter depression and anxiety,
 - C Give you more energy,
 - C Help reduce stress,
 - C Be a way to meet new friends,
 - C Help you sleep better,
 - C Improve your self-esteem (help you to feel better about yourself in general),
 - C Improve your muscle tone and body measurements.
- Many people report that they simply **feel good** when they're more active, and they really miss it if they've been active for a while and then stop.
- C Regular physical activity will **make you more physically fit**. It will:
- C Strengthen your heart, lungs, bones and muscles,
 - C Make your joints more flexible,
 - C Reduce back pain and injuries,
 - C Make it easier for you to do your daily work, like climbing stairs and carrying groceries,
 - C Make it easier for you to play with your children or grandchildren.
- C **Help you lose weight and keep it off.** Research has shown that the best way to lose weight is to eat a healthy diet **and** be more active. A combination of both is also the best way to keep weight off.
In addition to helping you lose weight, be more fit, and feel better in general,
- C Physical activity will **lower your risk for heart disease, some kinds of cancer, and**

may help prevent diabetes.

Being more active:

- C Raises HDL cholesterol (the good cholesterol),
- C Lowers triglycerides, and
- C Lowers blood pressure. All of these help reduce the risk of heart disease.
- C Being more active also lowers blood sugar by making the body more sensitive to insulin. This reduces the risk of diabetes.

Describe the Lifestyle Balance activity sessions.

It's not easy to start being more active. We are here to help. Some things that can help you are to:

- C Come to the Lifestyle Balance activity sessions!**

If this is Session 5: Describe the sessions, as on the work sheet, and fill in the schedule for the sessions. If this is Session 2, use the work sheet as a reminder of what you reviewed with the participant in the previous session.

List other activities that the participant enjoys that can be counted toward the activity goal.

- C It will also help if you **plan activities you LIKE to do.**

After all, the point is to make physical activity a regular part of your lifestyle, and that will never happen unless you enjoy the activities you do.

We suggest **brisk walking**. It's easy to do and good for you. All you need is a good pair of shoes, and it can be done almost anywhere. (By “brisk” walking, we mean more than a stroll. **Walk fast enough to breathe heavier than usual and to consider that you are working hard, but not so fast that you can't carry on a conversation or have trouble breathing.**)

Many other kinds of activity are good, too. **What other activities might you like to do?**

Write on the work sheet **only the activities the participant should count toward the activity goal**, that is, those that are equivalent to brisk walking, as indicated in the Lifestyle Intervention

Manual of Operations. Don't review the list of activities in the Manual of Operations with participants, but use it as your own reference only.

From time to time, the activities you like may change. Just let me know, and we can make changes to this list.

Discuss the importance of wearing good shoes.

- C Also, **wear a good pair of shoes.** This is important to protect you from injury and keep you comfortable. Be sure they fit well and give you good traction.

If this is Session 2, ask if the participant brought in a pair of shoes that he or she might use when active (this was part of the home activity from Session 1B). If so, look at the shoes together.

- C If they are appropriate, stress that the participant does **not** need to buy another pair of shoes and refer to the **handout on buying shoes** as a resource for the future.

- C If they are not appropriate, review the handout on how to buy shoes for being active. If the participant cannot afford to buy a new pair of shoes, give the participant a certificate for buying them.

If the participant did not bring in his or her shoes, be careful when you review the handout on buying shoes to stress that a new pair is not necessarily required before beginning to be active. Encourage the participant to bring in the shoes at the next session.

If this is Session 5, ask the participant to bring in (or wear) to the next session the shoes he or she might wear when active.

If the participant complains of frequent soreness at any time during the program, consult the exercise specialist or physician on staff.

Develop an activity plan for the coming week.

Now let's make a **plan for next week.**

- C During the week I want you to **be active for** _____ .

Fill in the blank on the work sheet with the total number of minutes of activity per week (for most participants, this should be **60 minutes**).

For example, you could do xx minutes of activity on 3 different days of the week. We'll gradually increase this over the next three weeks until you're up to 2 ½ hours of new activity per week.

C **Include a friend or family member if you would like.** Some people like to be active alone, as a time to do something special for themselves. But many people find it helpful to be active with someone else. Is there anyone you would like to invite to walk with you?

C **Include the Lifestyle Balance activity sessions.**

C And remember to **plan activities you LIKE to do.**

Okay. Let's write down the activities you will do on which days of the week. How many minutes will you do them? It should be for **at least 10 minutes.**

C Also, **keep track of your physical activity every day** *[or, if this is Session 5, keep track of your weight, eating, and activity]*. Use your Keeping Track books. Keeping track will help us both to know how you are doing from week to week.

Show the participant where in the Keeping Track book to self-monitor activity. If this is Session 2, you have already shown the participant how and where to self-monitor activity, so the following will be somewhat redundant.

Write down what the activity was and how long you did it. Also, if you're walking and know the distance in miles, write that down too if you want to. Use one line for each time you're active, even if it's the same kind of activity. For example, if you take a walk at 8:00 in the morning and another one at 7:00 in the evening, write both down separately.

It's also important to **record only the amount of time you were actually *doing* the activity.** By that I mean don't include the time when you may have been taking a short break. For example, if you went for a walk and after 10 minutes you ran into a friend and stopped to talk for 5 minutes before walking for 10 more minutes, you should only write down 20 minutes of walking, not 25 minutes. The same is true for when you go swimming. If you are in the water for 60 minutes but only swim laps for 10 of those minutes, then you were only active for 10 minutes and that is what you should write in your Keeping Track.

If this is Session 5, add “Bring in (or wear) the shoes you might wear when you’re active. We’ll look at them together at the next session and see how they fit and how much support they give you.”

Session 3 or 6: Being Active: A Way of Life.

This is *Session 3* for those participants who chose to work on the activity goal first. It is *Session 6* for those who began with the weight loss goal and are now moving on to activity.

The script for this session is written as if the participant has been relatively sedentary before this time. Use your judgment to change your presentation of the session for those participants who have already been fairly active.

Objectives:

In this session, the participant will:

- C Begin to graph activity.
- C Discuss time as a barrier to activity.
- C Learn two different ways to find the time to be active.
- C Discuss lifestyle activity.
- C Discuss ways to prevent injury and receive handouts on how to do some simple stretches and when to stop exercising.
- C Develop an activity plan for the coming week (for most participants, this will be a weekly total of 90 minutes).

To Do Before the Session

Get materials ready:

- C Keeping Track book.
- C Pages for participant notebook, including individualized How Am I Doing? graph for activity.
- C If this is Session 6, certificate for activity shoes (for participants who do not have and cannot afford a good pair of shoes).

If this is Session 6: **Weigh the participant.** Graph the weight in the participant's notebook.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities.

Last week we made a plan for your physical activity. **How did it go?**

Review the participant's Keeping Track records for activity. Praise any physical activity that was done, whether or not the participant reached his or her weekly goal.

If this is Session 6: Also review the participant's dietary self-monitoring and progress toward fat and/or calorie goals and weight loss.

Did you attend any of the activity sessions?

Emphasize again the importance of these sessions, especially at the beginning of the program. If the participant did not attend, try to uncover and address anything that got in the way.

Did you have any trouble Keeping Track of your activity? *[If "yes," review.]*

Graph participant's activity.

Every week we'll **mark your activity on this graph** *[show the participant the How Am I Doing? graph for activity]*. We'll use the graph to see your progress over time and how you are doing compared to your activity goals.

Mark the participant's recorded activity from last week on the graph, or if possible, have the participant do so.

Discuss barriers to activity.

It's important that we try to **solve any problems you're having following your activity plan**. Let's take last week. Did anything get in the way of your plan for activity?

Discuss whatever problems the participant brings up and brainstorm possible solutions. Consider any additional difficulties, such as upcoming cold weather, that the participant may face in the next few weeks and make plans to cope with these. Keep the examples relevant to the present or very near future. Examples:

Problem:	Children.
Solution(s):	Get a baby sitter or other family member to watch them. Include the children in the activity (e.g., going for a walk).
Problem:	Hot weather.
Solution(s):	Exercise early or late in the day when it is cooler. Exercise indoors (e.g., walk at an indoor shopping mall).
Problem:	Cold weather or rain.
Solution(s):	Wear appropriate clothing. Walk at a shopping mall.

Optional participant handouts are available on various barriers to activity, such as cold or hot weather. Give the participant only those that are relevant at this time.

Discuss time as a barrier.

One of the most common problems is lack of time. Everyone's busy these days.
But **you *can* find the time to be active.**

Here are two different ways.

- C Set aside one block of time for planned activity every day.**
Make being active a predictable part of your daily routine, like taking a shower may be a predictable part of your morning.

Use an example that is particularly relevant to the participant's lifestyle. For example, business people may relate to an example of making a "standing appointment" for physical activity. Mothers may relate to an example of planning time to read a bedtime story every night to a child.

Your **goal for this coming week** will be to get a total of **90 minutes of activity** during the week. Think about your typical day. **When can you set aside 20 to 30 minutes to do an activity you like?** Are you a morning person? Or would you enjoy getting out for a walk during lunch? How about after dinner?
[Complete the work sheet.]

Some people can't find one big block of time to be active. Either their schedules vary a lot from day to day, or they're so busy that there isn't a 20-30 minute period

that's free on most days. For some people, this might be the case during certain seasons of the year, for example, during the fall when after-school schedules begin to get hectic for their kids.

In these situations, it's usually easier to use a different approach.

- C **Be on the lookout during the day for 10 to 15 minutes of free time. Use the time to be active.** For example, you might be able to take a 10-minute break between meetings at work and go for a brisk walk. Then later, take another 10-minute walk after lunch. In the evening, take a 10-minute walk before you pick your son up from soccer practice. By the end of the day you've done 30 minutes of activity.

In a way, you really can't "plan" for these times, but you can think ahead about when to be on the lookout for them. Or seize the moment! Sometimes all the best planning in the world falls apart. There's still the "spontaneous approach." On some days you might look at the work or housekeeping you have ahead of you and realize, "I'm not going to finish all of this today, no matter what I do." So grab your shoes and JUST GO!

Can you think of any times during the day when you have 10 or 15 free minutes? *[Complete work sheet.]*

Discuss lifestyle activity.

We've been talking about the kind of activity you will be recording in your Keeping Track books, whether you do it in one block of time or at several times during the day. Another important kind of activity is called "**lifestyle activity**." It involves **making active choices throughout the day**. It's hard to record this kind of activity, so **we aren't asking you to write it down in your Keeping Track books**. But it is just as important as what you do record.

An example of an inactive choice is when you shop, park your car as close as you can to the entrance to the store. An active choice is to park your car further away and walk. Another example of an active choice is to walk up the stairs. An inactive choice would be to take the elevator. This may only take a minute or so to do, but every minute of activity has an impact on your overall health and it adds up to a "more active you."

Our parents, and especially our grandparents, didn't have a choice about being active throughout the day. They were active because they had to be. There weren't elevators in every building. They had no car or only one car for the entire family. They had no

phone or only one phone and so they ran up or down the stairs to answer it. They did the dishes and laundry by hand. It was simply their way of life. By contrast, most of us now have so many conveniences that our lives are almost guaranteed to be inactive unless we **consciously make active choices**.

What are some active choices you could make during the day? What are some inactive choices you could limit?

Add examples to the chart. Possibilities include:

- C Park your car further away from work or from the entrance to a shopping mall.
- C Get off the bus one stop early and walk the rest of the way.
- C Walk down the hall to talk to a coworker instead of picking up the phone.
- C Walk to a nearby store rather than driving.
- C Do yard work rather than hiring someone else to do it.
- C Use a rake rather than a leaf blower.
- C Use a lawn mower that you push (still gas-powered) rather than a riding mower.
- C Go for a 2-minute walk during TV commercials (especially food commercials!).
- C Do stretching exercises while watching TV.
- C Stand up while you're on the phone instead of sitting.

Turn inactive time into active time.

Many people say they have no time to take a walk but they watch several hours of television in the evening. **Try cutting your TV time in half and turn it into walking time.** Or be active while you watch TV. Ride an exercise bike, lift weights, or walk on a treadmill. Do step aerobics or strength training. *[Note: If this option interests the participant, be sure that the activity done is of sufficient intensity and duration.]*

At first, you may think of walking as work and not see it as a way to relax after a long day. But when you get used to it, you'll discover that walking is a great way to relax and unwind, and you may feel much more rested and refreshed than you would have had you spent that time on the couch in front of the TV.

Discuss ways to prevent injury and give the participant some handouts on simple stretches and when to stop exercising.

If this is Session 6, ask if the participant brought in a pair of shoes that he or she might use when

active (this was part of the home activity from Session 5, Move Those Muscles). If so, look at the shoes together.

- C If they are appropriate, stress that the participant does **not** need to buy another pair of shoes and refer to the **handout on buying shoes** from the last session as a resource for the future.
- C If they are not appropriate, and the participant cannot afford to buy a new pair of shoes, give the participant a certificate for buying them.

Being active is usually quite safe. But in rare cases problems can arise. The best approach is prevention. Here are some handouts on keeping exercise safe. *[Refer to the Keep It Safe handouts but do not review in detail.]* The key points are:

- C Build up your activity *slowly*.
- C Start and end each session *slowly*. Walking at a slower pace is a fine way to warm up and cool down. If you want, you can also do some simple stretches like those on these handouts.

These handouts also tell you what to do if you get a cramp or a muscle strain or pull and when to stop exercising. So look the handouts over at home and we can discuss any questions you have at the next session.

Note: Don't review these handouts during the session. Most participants will simply be walking as their form of physical activity, so it is not necessary to emphasize stretching. Just suggest that they start and end their walk at a slower pace. For those participants who begin doing more intense activity later on, review these handouts at that time.

If a participant starts doing stretches, make sure they do not include stretching time in their 2 1/2-hour goal.

Develop an activity plan for the week.

Now let's make an activity plan for next week.

- C The goal is to do a little more than last week, for a weekly total of _____. *[Fill in the blank on the worksheet. For most participants the goal will be **90 minutes** of activity per week.]*

Try setting aside one block of time, or plan to use several 10-15 minute periods during the day. Include the activity sessions, and be sure to plan activities you

LIKE to do. *[Complete the chart.]*

- C Also, **keep track** of your physical activity every day. *[If this is Session 6, assign weight and dietary self-monitoring also.]*

Record only the time when you are **doing** the activity. (That is, don't include breaks.) And **don't record activities that last less than 10 minutes.** *[Give the participant a Keeping Track book.]*

- C **Include lifestyle activity throughout the day.** You won't record this, but it is still very important. What active choices do you plan to make during the week? *[Record on the blank line.]*

Next week we'll talk about the lifestyle activity you did.

Any questions?

Session 4 or 2: Be a Fat Detective.

This is *Session 4* for those participants who chose to work on the activity goal first and are now moving on to the weight loss goal. It is *Session 2* for those who chose to work on the weight loss goal first.

Objectives

In this session participants will:

- C Begin to graph weight and be assigned self-monitoring of weight.
- C Learn the reason for and basic principles of self-monitoring fat grams.
- C Receive the participant's fat gram goal.
- C Practice finding foods in the Fat Counter and figuring out the number of fat grams in foods.
- C Learn to calculate a running fat gram total for the day.
- C Learn to use the Fat Bank (optional).
- C If this is Session 4: Receive weighing and measuring tools. Also, develop an activity plan for the coming week (for most participants, a weekly total of 120 minutes).

To Do Before the Session

Review the participant's self-monitoring records from the run-in period, noting specific examples and general types of high-fat foods consumed.

Get the participant's "How Am I Doing?" graph for weight. The graph should show the participant's weight goal and expected rate of weight loss from randomization weight to the goal.

Using the participant's randomization weight, determine the participant's fat/calorie goals. Refer to the Manual of Operations.

Get materials ready:

- C Measuring cups, spoons, ruler, scale.
- C Fat Counter.
- C Keeping Track book.

- Pages for the participant notebook.
- C Bathroom scale (for participants who do not have a scale at home on which to weigh themselves and who cannot afford to buy one).

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities.

If this is Session 4, review the participant's Keeping Track for activity.

Were you able to follow your activity plan last week?

What lifestyle activity did you do?

If not, discuss any barriers and problem solve with the participant. Graph the activity on the How Am I Doing? graph.

If this is Session 2, review the participant's Keeping Track for food intake. Notice many good things, and make only one suggestion for improvement.

Were you able to write down anything this week about your eating?

What did you learn by Keeping Track? What difficulties did you have?

If the participant has not self-monitored, ask, "Tell me a little about that." Do your best to uncover some of the barriers that prevented the participant from Keeping Track without making him or her defensive. Problem solve with the participant to address the barriers.

Take a minute to page through the completed Keeping Track book, if available, from front to back. Comment briefly, as described below. (Also, keep the record until the next session or Xerox it. After the session, do a more careful review, make written comments, and return to the participant at the next session.)

Be positive and nonjudgmental. Emphasize what an important learning tool this will be throughout the study. Praise all efforts to keep track, no matter how small, and any level of accuracy or completeness. For example, praise any and all of the following efforts. The participant was able to [this list is for your reference, not to be reviewed with participants]:

- C Record anything at all.
- C Record something each day.
- C Record throughout the day, each day.
- C Note time of day.

- C Describe kinds of foods (cuts of meat; parts of poultry; label information from packaged foods)
- C Describe methods of food preparation: baked, broiled, steamed, stir-fried, fried, barbecued, etc.
- C List additions to foods at the table: butter, margarine, cream, sugar etc.
- C Give simple details about portion size: counts; cups; bowls; spoonfuls.
- C Give actual weights and measures of portion size: package weight ounces, measuring spoons and cups, ruler measurements, food scale measurements.

Examples:

- C "Great! I see here that you wrote down eating 13 cheese crackers with your soup."
- C "It's really useful that you noted adding 2 teaspoons of butter to your beans."

Point out no more than one area for improvement, preferably starting with the most simple.

Example:

- C "I see you were able to record all weekdays. Fantastic! In the coming weeks it will be useful for you to try and record on weekends too so we can learn about how your eating and exercise might be different then."

Weigh the participant. Introduce the How Am I Doing? graph for weight and self-monitoring weight at home.

If this is Session 2:

Today's session is called "Be a Fat Detective" because we'll talk about how to become more aware of the amount of fat you eat and how that can help you lose weight through healthy eating.

If this is Session 4:

We've spent several weeks now focusing on being more active. Today we will shift the focus to the weight loss goal. You'll continue to increase your activity toward the physical activity goal, but you'll also begin to make changes in your eating pattern to lose weight.

Today's session is called "Be a Fat Detective" because we'll be talking about how to become more aware of the amount of fat you eat and how that can help you lose weight through healthy eating.

But before we talk about fat, let's begin today to **keep track of your weight** and your progress toward your weight loss goal.

In the first session we said that one of the study goals was to lose 7% of your weight, which means that, since your **starting weight was xxx pounds**, your **goal is to weigh xxx pounds**. Let's see what you weigh today.

Weigh the participant. See instructions in the Manual of Operations.

To keep track of your weight, we'll do two things. First, at every session we'll **mark your weight on this graph, called "How Am I Doing?"**

Insert the "How Am I Doing?" graph for weight into the front of the participant's notebook.

Here is your "starting weight," what you weighed when you first joined the study, and here is your goal weight. This line shows what a steady and gradual weight loss might look like for you. Of course, most people's weight goes up and down from week to week, and yours will probably do that, too, sometimes above this line, sometimes below it. Many people lose weight faster at first and then the rate levels off. We won't pay as much attention to each weight but rather to the pattern over time. We want you to stay under this line as much as possible and reach your goal weight by Week 24, or six months from now. That will be in *[name the month and mark on the graph at 24 weeks]*. After that we will help you to stay under your goal weight for four years. Maintaining your weight loss will be very important which is why we will teach you not only how to lose weight, but also how to keep it off!

Let's mark your weight for today on the graph.

Have the participant mark it on the graph. Provide help as needed.

In addition to being weighed at each session and marking it on the graph, I also want you to **weigh yourself at home every _____** *[fill in the blank with the assigned frequency, e.g., day or week. See the Manual of Operations for guidelines.]*. Do you have a scale that you can use at home?

If the participant doesn't have a scale and cannot afford to buy one, explain that the study will provide a scale for the participant.

Always weigh yourself on the same scale because your weight can vary from one scale to

another. And weigh yourself at the same time of day, because that can make a difference too. What time of day would be best for you? *[Add that to the blank line on the handout.]*

When you weigh yourself at home, record your weight here...

Indicate the weight column on the back of the Keeping Track book, and circle the day(s) on which you want the participants to weigh themselves. See Manual of Operations for guidelines.

Introduce the rationale for and the basic principles of self-monitoring fat.

Now let's move on to the topic for today.

To help you lose weight, our goal will be to help you **eat healthy**. And **healthy eating involves eating less fat**, for several reasons.

- C First of all, **eating too much fat is "fattening" (makes us fat). So by eating less fat, you can lose weight.**

In fact, fat is the most fattening of all the things we eat. Fat contains more than twice the calories (9 calories per gram) than the same amount of carbohydrate (starch or sugar) or protein (4 calories per gram).

So even small amounts of high fat foods are high in calories.

Review the example on the worksheet (a lot of calories in a small amount of peanuts versus fewer calories in a large amount of popcorn) and/or other examples that are relevant to the participant's eating pattern.

- C **Fat is also related to heart disease and diabetes.** Research has shown that eating a lot of fat can increase your cholesterol level. Cholesterol is one measure of the amount of fat in your blood. The higher your cholesterol, the greater your chance of having a heart attack. There is also some evidence that eating a lot of fat may increase your chances of getting diabetes.

For participants who want more information:

The recent Surgeon General, C. Everett Koop, MD, had this to say about the importance

of eating healthy: "If you are among the two out of three Americans who do not smoke or drink excessively, your choice of diet can influence your long-term prospects more than any other action you may take." In other words, healthy eating is one of the most important steps you can take to improve your health.

And in his recent report to the nation, the Surgeon General named eating less fat as our country's number one dietary priority, more important than sodium, sugar, or additives. In fact, all of these important national organizations recommend eating less fat: the National Heart, Lung, and Blood Institute, the American Heart Association, the American Diabetes Association, the American Dietetic Association, and the American Cancer Society.

What kind of foods do you eat that are high in fat?

If this is Session 2:

Let's look at some of the high-fat foods you circled in your Keeping Track.

[Write on the work sheet a few of the foods that the participant correctly circled as high in fat.]

If this is Session 4:

What kind of foods do you eat that are high in fat?

[If the participant doesn't mention any high-fat foods, briefly look with the participant at his or her self-monitoring records from the run-in period. Write on the work sheet some of the high-fat foods noted.]

Make some general points about the food groups or types of food that tend to be high in fat, such as:

1. Meats (Meats contain both fat that you can see and fat that you can't see.)
2. Dairy foods (whole milk, regular cheese, ice cream) (Many Americans get most of their fat from meats and dairy products, including cheese.)
3. Snacks (such as potato chips)
4. Butter, margarine (Many people add fat to foods to flavor them.)
5. Gravy, mayonnaise
6. Baked goods (such as cookies, cake, muffins)
7. Fat added in cooking (oil, lard, shortening) such as deep-fat frying (fried chicken, french fries, doughnuts).

Keep in mind that the purpose of this list is **not** to give the participant detailed information about where fat is found in foods. Rather, the purpose is to begin to show them that many different foods that they eat are high in fat and to provide a rationale for self-monitoring. The facts about where fat is found in foods should come later as a byproduct of their own discovery through self-monitoring.

These are the kinds of foods you will have to watch out for as you become a "fat detective." They are also the kind of foods that are widely available, tempting to many of us, and they may even be traditional foods in your family or culture.

Many people aren't aware that most of the fat we eat (70% of it, in fact) is hidden in foods.

For example, fat is hidden in:

- C The marbling of meats,
- C Baked products,
- C Sauces, and
- C Batter coatings on deep fried foods.

Here's an example. *[Review the example on the worksheet.]* That's a lot of fat, a total of 22 teaspoons or about 1 entire stick of butter or margarine.

The best way to learn how much fat is in food is to **keep track of the amount of fat you eat every day.**

You will need to adapt the following section depending on the participant's literacy level, willingness to self-monitor, and comprehension of the self-monitoring process. If this is Session 2, some of the following will be a review of points made at the last session; when possible, make these points using examples from the abbreviated self-monitoring the participant did during the previous week.

The first step is to:

1. **Write down everything you eat and drink in your Keeping Track books.**

This is something we're going to do throughout the first 24 weeks of the study. It is the **most important part of changing your behavior.**

Keeping track of what you eat will help you and I see, in black and white:

- C What foods you eat,
- C How much you eat,
- C When and where you eat, and
- C How your eating habits change over time.

Your Keeping Track records will be the very basis for our working together. You and I will be the only ones to see them, so **spelling is NOT important**. You can make up **abbreviations** or use your own shorthand if that makes it easier and faster for you to keep track, just so we both know what you mean.

Note: The use of abbreviations may also help those participants who have difficulty spelling feel less self-conscious.

What IS important is to:

- C Be honest.** That means to **write down what you really eat**, not just what you think will please me or yourself.
- C Also, be accurate.** It's best to write down what you eat as soon as possible after you eat it, because it's easy to forget. For example, count the number of slices of cheese you eat and write down the kind of cheese. Measure portions and read labels (we'll talk in more detail about these things next week).
- C And be complete. Include everything.** The butter on the toast, the cream in the coffee, and the mayonnaise on the sandwich.

It may seem hard to write down all of your foods, especially at first. And it does take some time. But it's worth its weight in gold. **Being aware of what you are eating is the first step toward changing your eating habits.**

2. Second, **figure out how much fat is in every food and write it down.**
To do this, you will need to:
 - a. Figure out the amount of the food you ate.
 - b. Look up each food in the Fat Counter, which is a book I'll give you that lists foods and the grams of fat in each one.
 - c. Compare the amount of food YOU ate with the amount in the Fat Counter to see how much fat you ate. And third,
3. **Add up the fat grams you eat during the day.**

I'll show you how to do each of these things in just a minute.

Give the fat gram goal.

Everyone in the Lifestyle Balance Program gets a fat gram goal or "budget." It is based on body size and the amount of calories needed to lose weight. So everyone has a

different goal.

Your fat gram goal or "budget" is to stay under xx grams of fat each day. You can think of it as a budget because you need to stay *under* it every day. *[Fill in the blank with the participant's fat gram goal (refer to the Manual of Operations).]*

A gram is the way fat in food is measured. A gram is a unit of weight. One paper clip weighs about 1 gram. *[Note: Be careful not to go into too much detail here because some participants may be easily confused by the differences between grams of weight and grams of fat.]*

We don't expect you to stay under your fat gram goal right away or be able to stay under it every day. It may be hard to reach your fat gram goal at first. For now, just try to **get as close to your goal as you can**. During the next few weeks, we will teach you how shop for food and cook and serve it so that it is easier for you to reach your goal. Over time we'll work together so that you can consistently stay *under* your fat gram goal.

Give the participant the Fat Counter. Demonstrate and practice how to use it and food labels to figure out how much fat the participant eats. *[If this is Session 4, also give the participant measuring tools.]*

This is a Keeping Track of Fat "practice page." Let's write down some of the foods you ate yesterday and figure out the grams of fat in those foods.

Write on the work sheet a variety of foods that the participant ate yesterday. If possible, include both high- and low-fat foods and several foods with portion sizes that might require some calculation on the part of the participant. Show the participant how to look each food up in the Counter and calculate the number of fat grams in the amount that the participant ate.

Exactly how you do this will vary from participant to participant. The key is not to overwhelm those participants who may find calculations difficult and confusing. Assure these participants that you will continue to help them with this in the upcoming sessions and that the **important thing for now is to begin looking foods up in the Counter and getting an idea of the amount of fat in different foods and in various serving sizes.**

If this is Session 2, the participant already received weighing and measuring tools. Ask if the participant tried using them and briefly answer any questions here.

If this is Session 4, as you look foods up in the Counter, give the participant the weighing and measuring tools and make the following points:

Here are some measuring cups and spoons for you to start to use, just to get an idea of the amount of food you usually eat. **Next week we'll go over measuring in more detail and practice it together.**

For now, you might want to pour your breakfast cereal into the bowl you typically use, just as usual, and then measure the cereal before you eat it. Or put the amount of margarine you usually spread on toast onto the knife and measure it using the measuring spoons before you spread it. The glass measuring cup is for liquids. This scale is for weighing meats and cheese (briefly demonstrate how to use it). The ruler is for measuring things like pizza, pieces of pie, and cookies.

Here are some things to keep in mind **when you use the Fat Counter.**

If you can't find a food:

- C Look for one that is the most like that food. (Don't assume that a food doesn't contain fat because it's not listed in the Fat Counter.) For example, use nut bread for zucchini bread.
- C Write the name of the food in the back of your Fat Counter. There is a section there for listing additional foods. Then ask me about it next week, and I will help you find the fat grams.

If you are having trouble figuring the grams of fat:

- C Just write down the food and the amount you ate. I will help you figure the fat grams when you come in.

If you make a recipe:

- C For many recipes, you can simply write down how much of each ingredient you ate. For example, in a stew, write down the amount of each ingredient that was in the amount you ate. For example, how much beef you ate, how much carrots, and so on. Include any fat that you used in cooking.
- C If you cook from recipes often, bring in some favorite recipes next week. I will help you count the grams of fat in them.

An optional handout is available on counting fat grams in more complicated recipes. We think that this handout should be saved for a later session, and at this point it would be more appropriate to ask the participant to bring in any recipes he or she uses often and help the participant estimate the fat grams. Remember that the participant is self-monitoring, not recording dietary data for nutrient analyses, and the point is to learn to distinguish high fat from

lower-fat foods and make dietary changes toward the fat gram goal.

If you do use the handout at some point, use it to demonstrate how to count the fat grams in one of the participant's own recipes, rather than alone.

The bottom line for this week is to just get started and do your best. If you run into any problems, I'll help you with them next week.

If you eat a packaged food:

- C Look on the label for the fat grams. (Even if it is listed in the Fat Counter, the grams on the label are more accurate.) First, find the Nutrition Facts on the label, and look at the serving size. Is this the amount you ate? And look at the total fat grams per serving.

What if you eat a larger serving than is listed on the label? You will be eating more fat grams than are listed on the label.

Review the sample label on the work sheet. Be sure that the participant understands that the serving size on a label may be very different from what most of us consider a serving.

Demonstrate and practice how to add up fat grams during the day.

Some participants may be confused and overwhelmed at this point because of difficulties with calculations. Do **not** review adding up fat grams with these participants until the beginning of the next session. Instead, simply use the "Adding up the fat grams" worksheet to practice again how to look up fat grams and calculate the number of fat grams in the amount eaten by the participant. As before, tailor this to the participant's skill level.

The final step in keeping track of fat is to add up the fat grams you eat during the day. There are two ways you can do this in your Keeping Track.

[Turn to Adding Up the Fat Grams work sheet.] Imagine that this is your Keeping Track. Let's write in some of the foods you ate last week, the amounts you ate, and the grams of fat. In the Grams of Fat column, you can put a slash mark after the number of grams of fat and write down a "running total" (keep adding up the grams of fat throughout the day).

Demonstrate or have the participant calculate several running totals.

A running total is like a subtotal or running balance in a checkbook. The purpose of

keeping a running total is so you know just how much fat you've eaten as you go along. You can use this to plan what foods you choose for the rest of the day. For example, "What should I have for lunch? Well, I've eaten x grams of fat so far. My fat gram goal is x grams. So I'd better eat less than x grams of fat for lunch to stay under my fat goal for the day." This is like using a budget to manage how much money you spend.

Another way to add up the fat grams is to use what we call the Fat Bank, these columns that look like rulers. The left column is the Fat Budget. The right is Over Budget.

I'll show you how to use it.

Have the participant do as much of the following as possible. Provide help as needed.

- a. **Your fat goal is x grams. Find that number on the Fat Budget column and put an arrow beside it.** Cross through all of the notches above your goal.
- b. **Then fill in or cross through one notch for each gram of fat you eat.** Start at your fat budget and go DOWN.

Demonstrate or have the participant cross through the notches for the breakfast foods.

You can easily see about how much fat you have left for the day in your budget.

- c. **If you cross through all of the notches in the Fat Budget column, start at the bottom of the Over Budget column and go UP.** This will let you see how much over your fat gram goal you are.
- d. **Write the total fat grams for each day on the back of your Keeping Track booklet** (show the participant where the totals should go). This will help us both to see at a glance how you've done during the entire week.

Have the participant complete the grams of fat, running total, and Fat Bank columns for the rest of the foods on the sample. Also, show the participant where to transfer the total fat grams for the day to the back of the Keeping Track book. Again, be careful not to overwhelm the participant.

Changing the way we eat is a gradual process and it will take time. I don't expect you to be perfect. During the next few months you will learn many different ways to help you eat less fat. For now, I want you to be the best fat detective you can be, looking for fat everywhere. And just do your best to **come as close to your fat gram goal as you can.**

Do you have any questions?

Participants should leave this session aware that:

1. We are more interested in their efforts to be honest and complete about their eating habits than to present us with picture-perfect Keeping Track records, and
2. We consider self-monitoring a very important tool and expect everyone to do some monitoring.

Assign home activity.

For next week:

- C Keep track of your weight.
Weigh yourself at home every ____ at this time of day.
Record your weight on the back of the Keeping Track book.
- C Keep track of what you eat and drink.
Write down everything you eat and drink in your Keeping Track books.
 - C Do this every day, as soon as possible after you eat.
 - C Be honest.
 - C Measure portions as much as you can and start reading labels.
 - C And be sure to include everything you eat.

Use the Fat Counter to figure out how much fat is in what you ate, and write it down in your Keeping Track books.

Keep a running fat gram total throughout the day. Try using the Fat Bank, too.

Come as close to your fat gram goal as you can.

If this is Session 4:

- C Keep track of your physical activity, as you have been. And be a little more active this week-- your goal is _____ (for most participants, it will be 120 minutes).

Session 5 or 3: Three Ways to Eat Less Fat.

This is *Session 5* for those participants who chose to work on the activity goal first and are now moving on to the weight loss goal. It is *Session 3* for those who chose to work on the weight loss goal first.

Objectives:

In this session, the participant will:

- C Review self-monitoring skills, and learn in more detail how to weigh and measure foods, by guessing the amounts of selected high-fat foods, actually measuring the amounts, and then calculating the fat grams.
- C Learn three ways to eat less fat.
- C Make a plan to eat less fat.
- C If this is Session 5: Develop an activity plan for the coming week (for most participants, a weekly total of 150 minutes).

To Do Before the Session

Get materials ready:

- C Measuring cups and spoons, glass measuring cup, scale, and ruler.
- C Fat Counter.
- C Pages for participant notebook.
- C Optional handouts that are appropriate for a specific participant (e.g., the blank “Menu Make-Over” work sheet).
- C Food models or actual foods for weighing and measuring demonstration. Include a selection of common high-fat foods, plus enough food models of teaspoons of fat (1 teaspoon = 4 grams of fat)--or test tubes filled with measured amounts of shortening--to show graphically the fat content of the foods. If possible, choose actual foods that you know the participant eats often. If this isn't possible, try to use food models that weigh close to what the actual food would weigh to avoid confusing the participant (for example, regarding the weight of various portion sizes of meats). For the actual foods, weigh or measure them in advance. For the food models, tape the amounts on the bottom. Some foods that may be suitable:

To weigh on the scale:

- C 3 oz (after cooked) regular (25% fat) hamburger patty (keep frozen) to weigh on scale. 19 grams of fat (equivalent to 5 teaspoons of fat).
- C 4 ounces cheddar cheese, thinly sliced by a deli (keep refrigerated). 28 grams of fat (equivalent to 7 teaspoons of fat).

To measure in metal or plastic measuring cup, teaspoon, tablespoon:

- C 3 teaspoons of soft margarine in a tub (keep refrigerated). 12 grams of fat (equivalent to 3 teaspoons).
- C 4 tablespoons of oil in the bottom of a frying pan, plus same amount in a small jar or bowl. (Ask the participant to guess the amount in the pan first, then bring out the jar or bowl of oil for the participant to measure with a tablespoon). 48 grams of fat (equivalent to 12 teaspoons of fat).
- C 1-3/4 cups macaroni and cheese made from a mix (keep refrigerated). 34 grams of fat (equivalent to 8 teaspoons).
- C 3 cups of "butter-flavored" movie popcorn. 29 grams of fat (equivalent to 7 teaspoons of fat).

To measure in the glass measuring cup:

- C 1-1/2 cups of whole milk in a large cereal bowl (keep refrigerated). 12 grams of fat (equivalent to 3 teaspoons of fat).

Weigh the participant. Mark weight on the How Am I Doing? graph for weight.

If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in **behavior**.

If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Check if the participant weighed himself or herself at home. Discuss the fact that the two scales may differ. Patterns of change should be similar on both (if gain weight on clinic scale, home scale should show a weight gain, also).

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. [If this is Session 5, graph activity, also.]

If this is Session 5:

Were you able to follow your activity plan from last week?

Discuss any barriers and problem solve with the participant. Graph on the How Am I Doing? graph for activity.

If this is Session 3 or 5:

Were you able to write down anything this week about your eating?

What did you learn by Keeping Track? What difficulties did you have?

Were you surprised by the amount of fat in some foods?

How did using the Fat Counter go?

Were you able to keep a running total of fat grams or use the Fat Bank?

How close did you come to your fat gram goal?

Refer to the script for the 'Be a Fat Detective' for guidelines on how to review the Keeping Track records.

Review self-monitoring skills using the Fat Counter, weighing and measuring tools, and actual foods or food models.

We've given you measuring cups and spoons and a scale because **weighing and measuring foods is important**. Today we're going to start with something a little more "hands-on" than we've done so far and practice weighing and measuring together. First, let me go over some details about how to use the cups and scale and so on. You may be doing these things already.

Metal or plastic measuring cups and spoons

Use these for solid foods like margarine or mashed potatoes. Fill the cup or spoon and then level it off before you record the amount.

Demonstrate how to level.

Leveling can make a big difference. For example, even two extra tablespoons of granola on top of a cup that hasn't been leveled will add about 3 grams of fat.

Glass measuring cup (demonstrate this, although the study does not provide one)

Use a glass measuring cup, if you have one at home, for liquids like milk or soup. Pour the liquid in the cup, then read the line at eye level. If you read it from above, your eyes can fool you.

Demonstrate measuring liquids and reading the amount from eye level. Use any liquid. Water is fine.

Scale

The best way to measure meat and cheese is on a scale. Even a small amount can make a big difference in fat. Scales can measure very small amounts.

Demonstrate the use of the scale by weighing an actual food or food model. Have the participant weigh another food or food model. Make sure the participant can use the scale and read the results.

It's important to **weigh meats after they are cooked**. They lose about a quarter of their weight in cooking. So 4 ounces of raw meat weighs about 3 ounces when it's cooked. Three ounces of meat is about the size of a deck of cards or your palm, minus the fingers.

When you weigh cheese, you'll notice that one slice might look like another but not weigh the same. For prepackaged slices, you can check the label for the weight.

Most people are surprised when they begin to weigh and measure foods. Our eyes can play tricks on us.

Here are some common high-fat foods that someone might easily eat in a day.

Show the participant food models or actual foods for common high-fat foods. Review the instructions on the work sheet and have the participant complete the chart except for the column "Teaspoons of Fat." If possible, use some actual foods that the participant eats often and observe the participant using the weighing and measuring tools so you can check her or his technique. Note: It may be helpful to repeat this activity at various points during the intervention, particularly after the Progress Review during Session 7 or 8, 12, and 16, as a way to review measuring skills and demonstrate the importance of accurate portion estimation.

Were you surprised by the actual amounts? Even small mistakes in estimating amounts can make a big difference in the fat grams.

Eventually you will get better at judging food amounts by looking. **For now, weigh and measure foods as often as you can.**

Last week we talked about the fact that most of the fat we eat is hidden in foods (70%, in fact). For example, fat is hidden in:

- C The marbling of meats,
- C Baked products,
- C Sauces, and
- C Batter coatings on deep fried foods.

Let me show you what the fat in these foods would look like if we could see it as teaspoons of butter, margarine, or oil. *[Fill in the last column of the worksheet and if possible, illustrate using food models of teaspoons of butter or test tubes of measured amounts of shortening.]* That's a lot of fat, a total of x grams and x pats (or x sticks) of butter or margarine altogether *[note: one stick of butter or margarine = 1/2 cup or 24 teaspoons]*. Pretty amazing.

Introduce the three ways to eat less fat.

Many different kinds of foods are high in fat, but there are only three basic ways to eat less fat.

1. **Eat high-fat foods less often.** *[Review the example on the work sheet.]*
2. **Eat smaller amounts of high-fat foods.** Cutting back even a little can make a big difference. *[Review the example.]*
3. **Eat lower-fat foods instead.**

In the coming months, you'll discover a number of ways to "eat lower-fat foods instead." Here are a few examples of the difference you can make. *[Review the examples on the work sheet, including the warning about the calorie content of low-fat or fat-free products. Use other or additional examples if they would be more relevant to the participant's eating pattern.]*

Review the "menu make-over."

These menus show examples of small changes that make a big difference in fat grams saved. These are examples of the different ways to eat less fat, not menus for you to follow.

You will make your own food choices to reach your fat gram goal.

Review the examples on the worksheet. Mention that potato chips appear in both menus, and explain that there are no “good” or “bad” foods (the participant can eat any food in a small amount now and then and still reach his or her fat gram goal).

A blank “Menu Make-Over” work sheet is available if at this or other sessions the participant would benefit from recording personal examples of high-fat menus and corresponding make-overs.

Assign home activity.

Let's focus now on what you can do next week.

- C Keep track of your weight and what you eat. Keep a running fat gram total throughout the day, and try to stay under your fat goal (budget).

*[If this is Session 5] And continue to keep track of your physical activity. This week be a little more active, for a total for the week of _____. [Fill in the blank. For most participants, the goal will be **150 minutes**.]*

- C Make a plan to eat less fat and follow it.

Let's make the plan right now using this chart. First, write down 5 foods you eat that are high in fat. These should be foods that you eat often (not, for example, birthday cake that you eat only rarely). Now circle one of these foods and pick one of the three ways to eat less fat from that food.

Complete the rest of the work sheet with the participant, and assign the questions at the bottom as part of the home activity. Stress that the plan to eat less fat should be specific and realistic.

Session 6 or 4: Healthy Eating.

This is *Session 6* for those participants who chose to work on the activity goal first and are now moving on to the weight loss goal. It is *Session 4* for those who chose to work on the weight loss goal first.

Objectives:

In this session, the participant will:

- C Discuss how eating less fat fits into the overall context of healthy eating.
- C Review the Food Guide Pyramid and its recommendations, including to lower fat.
- C Compare the participant's eating pattern to the Food Guide Pyramid.
- C Review more examples of ways to eat lower-fat foods instead of high-fat foods.
- C Be introduced to the importance of eating more grains, vegetables, and fruits.
- C If this is Session 6: Develop an activity plan for the coming week (for most participants, a weekly total of 150 minutes).

To Do Before the Session

Get materials ready:

- C Keeping Track book.
- C Pages for participant notebook.
- C Poster of Food Guide Pyramid.
- C Optional handouts that may be appropriate for a specific participant (for example, one on low-fat recipe substitutions for participants who cook from recipes often).
- C Individual samples of low-fat foods to taste (optional).

Weigh the participant. Mark weight on the How Am I Doing? graph for weight.

If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in **behavior**.

If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. [If this is Session 6, graph activity.]

If this is Session 6:

Were you able to follow your activity plan from last week?

Discuss any barriers and problem solve with the participant. Graph on the How Am I Doing? graph for activity.

If this is Session 4 or 6:

What did you learn by Keeping Track last week? What difficulties did you have?

Were you surprised by the amount of fat in some foods?

How did using the Fat Counter go? Did you keep a running total for fat grams?

Did you follow your plan to eat less fat? How close did you come to your fat goal?

Refer to the script for the 'Be a Fat Detective' for guidelines on how to review the Keeping Track records.

Discuss how eating less fat fits into the overall context of healthy eating. Introduce the Food Guide Pyramid.

In the past few weeks, we've talked quite a bit about eating less fat. **Eating less fat is essential to losing weight. It's also one important part of healthy eating in general.** Today we're going to talk about some of the *other* parts of healthy eating. We'll look at your overall eating pattern to see how healthy it is and how you might improve it.

What exactly is "healthy" eating?

One part of healthy eating is the *way you eat*.

C **A regular pattern of meals is important.** Try to eat 3 meals each day. This will keep you from getting too hungry and losing control.

C **Eat slowly.** You will digest your food better if you take small bites and chew

your food well. Also, you'll be more aware of what you are eating and more aware of when you are full. Try pausing between bites, putting down your utensils, and enjoying the taste of your food and the company who may be present.

- C **Don't worry about cleaning your plate.** The greatest waste of food is to eat more than you want or need. Practice serving yourself smaller portions to begin with.

Another part of healthy eating is *what you eat*. One way to define what's included in a healthy eating pattern is by using the **Food Guide Pyramid**. Have you heard of the Food Pyramid? *[Tailor the following discussion based on what the participant already knows about the Food Pyramid.]*

The Food Pyramid is a **general guide to healthy eating** that's based on the latest findings about nutrition and health.

Turn to the Food Pyramid work sheet and point out the base of the pyramid.

The pyramid image is used because at the bottom is the **foundation**, the largest part of the structure, what the rest of the eating pattern is built on.

The foundation of the Food Pyramid is grains, or the **bread, cereal, rice, and pasta group**. These foods should be the main part of your diet. A healthy eating pattern includes **6 to 11 servings** from this group. A generation ago, many families built their meals around meat: the "meat and potatoes" eating style. Now we know that most Americans eat too much fat and protein, and much of it comes from big servings of meat. So in the Food Pyramid, the foundation is not meat, but rather breads, cereals, and other grain foods.

After naming the group and stating the recommended number of servings, ask the participant the following questions for every group except fats, oils, and sweets. As you do so, write on the work sheet a few examples of low-fat choices for each group, including serving size.

If possible, use example foods mentioned by the participant. Keep the discussion simple and tailor it to the individual (use examples that match the participant's eating preferences and ethnic background). A Food Pyramid handout on the next page will provide more details for participants who want them about the types of foods and serving sizes in each group. Ethnic variations are available. Do not review the entire Food Pyramid if it would be overwhelming to

the participant.

- a. **What are some low-fat foods that would fit into this group? What do you think would be considered one serving of these foods?**
- b. **Can you think of any high-fat foods that would be in this group? These would be the foods for you to avoid.**
- c. For the breads and cereals group: Many people think bread and potatoes and other starchy foods are high in fat, but actually it is the fat added to them in cooking or at the table that makes them high in fat. Potatoes are a good example: plain potatoes are low in fat, but by adding butter or sour cream, they become high in fat.

For the meats group: Nuts are included in this group (for example, peanut butter). All nuts are very high in fat. And many meats are high in fat, too. Americans tend to eat too much meat. We used to think we needed to eat a lot of meat to get enough protein, but now we know that Americans tend to eat *too much* protein. The Food Guide Pyramid recommends only two to three servings from the meat group and the portion size for a serving of meat is only 2 to 3 ounces. (Use a food model to illustrate this.) The meats group also includes dried beans. Have you tried dried beans, like kidney beans in chili? Unlike most meats, dried beans are high in protein but low in fat, unless you cook or serve them with added fat.
- d. For the milk group: Some people have trouble drinking milk because it gives them gas, bloating, and diarrhea. Is that a problem for you? If so, milk products that are lactose-free may help you get rid of these problems.

The smallest part of the Pyramid is at the top, **fats, sweets, and alcohol**. These foods should be eaten **only in small amounts**. In general they don't provide vitamins and minerals, and they are high in calories, "empty" calories. {Remember that fat contains 9 calories per gram and alcohol contains 7 calories per gram, compared to carbohydrates and protein at 4 calories per gram. Small amounts of sweets won't add many calories, but many sweets, like cakes and chocolate, are also high in fat.)

- a. What are some lower-fat alternatives for foods in this group?
- b. What are some of the high-fat foods to avoid?

Have the participant compare his or her eating pattern to the Food Pyramid recommendations.

Let's look at one or two days from your Keeping Track book and compare what you ate to the guidelines given on the Food Pyramid. *[Turn to Rate Your Plate page.]* Let's start with breakfast and look at how many breads, cereals, rice, and pasta you had.

Move on throughout the day's record, and check off on the Rate Your Plate chart each serving from the food groups. Don't worry about being precise. This is not a self-monitoring record but a general guide to healthy eating. Clarify in simple terms any questions that come up regarding serving sizes.

- C Consider one fat serving to be: one teaspoon of butter, margarine, oil, or regular mayonnaise; 1 tablespoon of cream cheese or salad dressing; or 10 peanuts.
- C Consider one sweets serving to be: ½ cup of ice cream, 1 small cupcake or piece of cake, or 2 small cookies.
- C If the participant drinks alcohol, explain that a) the recommendation is that if you choose to drink alcohol, do so in moderation, and b) alcoholic beverages are high in calories. Consider one serving to be one can (12 fluid ounces) of beer (150 calories), one glass (5 fluid ounces) of dry wine (115 calories), or 1.5 fluid ounces (one “shot”) of liquor (105 calories). Mixers, such as tonic or a regular soft drink, add more calories.

Continue with a second day if appropriate.

What could you do to better match the Pyramid?

It looks like you could eat more *[vegetables]*. Let's think about tomorrow. If you want to eat 3 to 5 servings of vegetables, how could you do it?

Write example food choices and amounts on the work sheet, total the servings, and compare to the goal number of servings. E.g., 2 servings of salad with nonfat salad dressing for lunch, 1 cooked vegetable and 1 serving salad with nonfat salad dressing for dinner = 4 servings.

Emphasize the importance of increasing grains, vegetables, and fruit. It is not necessary to complete the rows for every food group.

Provide more examples of ways to “eat lower-fat foods instead.”

Last week we talked about the three ways to eat less fat, one of which is to “eat lower-fat foods instead.” The Food Pyramid and “eating lower-fat foods instead” work together. Here are some examples. *[Review the guidelines on the work sheet, highlighting those that are particularly relevant to the participant and reviewing examples from all of the Food Pyramid groups.]*

Do you **cook from recipes**? Or does your spouse? What are some examples?

If the participant does a *great deal* of cooking from recipes, review the guidelines on the optional handout, **Build a Better Recipe**, highlighting those that are particularly relevant to the participant. If the participant only uses recipes occasionally, save the optional handout for a later session because this session is so full of information.

If the participant wants help in lowering the fat in a favorite recipe, have the participant bring the recipe to the next session and modify the recipe with the participant at that time.

Don't review recipe substitutions or modifications at all if the participant seldom cooks from recipes.

For some participants, recipe modification may be helpful as a small part of several future sessions, and it may be important to include other family members who cook for the participant. Regardless, remember that this is an early session and don't try to do too much at this point. Demonstrations of low-fat cooking can be done in future sessions during the maintenance phase of the trial.

Assign home activity.

For next week, I want you to:

- C Continue to Keep Track of what you eat *[if this is Session 6, also assign Keeping Track of activity.]*
- C For this week only, we're adding one more simple form, the same one we used today to Rate Your Plate. Use the two pages after this one to go over your Keeping Track records and compare what you ate to the Food Pyramid. *[Review the instructions on the forms.]*

Completing the Keeping Track booklet is much more important than completing the Rate Your Plate form. If the participant seems very reluctant to complete the Rate Your Plate forms, mention that you can complete them together at the next session and that the priority is to Keep Track.

- C Also, answer these questions before our next meeting:
 - C Did you make any changes during the week to better match the Food Pyramid? If yes, what were they?
 - C What problems did you have? How did you solve them?

Any questions?

If this is Session 4, mention that at the next session the focus will shift, as planned, to the physical activity goal.

Session 7 or 8: Take Charge of What's Around You.

This is *Session 7* for participants who chose to focus on the activity goal first. It is *Session 8* for those who chose to focus on the weight loss goal first.

Objectives:

In this session, the participant will:

- C Learn about food and activity cues and ways to change them.
- C Mentally search the participant's home, work place, and where the participant shops for food, looking for problem food cues and discussing ways to change them.
- C Learn ways to add positive cues for activity and get rid of cues for inactivity.
- C Develop an activity plan for the coming week (150 minutes per week).

To Do Before the Session:

Get materials ready:

- C Keeping Track book.
- C Pages for participant notebook.
- C Optional handouts that may be appropriate for specific participants (for example, the "Am I Really Hungry?" sign to post on the refrigerator door).

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity? (Graph activity.)

If this is Session 7 (the last session was "Healthy Eating"):

Did you “Rate Your Plate?” Did you make any changes during the week to improve the way you eat (eat more slowly, follow a regular pattern of meals/snacks)? Did you make any changes to better match the Food Pyramid? If yes, what were they? What problems did you have? How did you solve them?

If the participant did not complete the “Rate Your Plate” form, complete the form for one or two days with the participant.

If this is Session 8 (the last session was “Tip the Calorie Balance”):

Were you able to make the active lifestyle choices you had planned? Keep track of calories and stay under your calorie goal and/or follow the meal plan (*if applicable*)?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Introduce the concept of eating and activity cues.

Today we're going to talk about **taking charge of what's around you**, or **how to make what's around you support your Lifestyle Balance goals** to lose weight by healthy eating and to be more active.

First, we'll talk about cues for eating, and later, go on to activity cues.

What "cues" you (or makes you want) to eat?

- C Of course, one reason we eat is because of **hunger**. But what about those times when you have an “appetite” or desire to eat without physically being hungry?
- C You might eat because of **what you're thinking or feeling**. For example, you might eat some ice cream because you feel lonely, bored, or happy.
- C You might eat because of **what other people say and do**. You might eat chips at a party because a friend offers them to you.
- C Or you might eat because of **the sight or smell of food, or**
- C **Certain activities that make you think about food** (like watching TV or reading magazines). This is what we'll focus on today. In later meetings we'll talk about eating in response to thoughts, feelings, or what other people say and do.

The **sight of food** is one of the most powerful food cues. For example, you may see a carton of ice cream in the freezer and soon you'll be eating ice cream, even though you're not hungry. The **activity of watching TV** is also a powerful food cue for many people. You may turn on the TV and find yourself eating potato chips, even though you're not hungry.

Another example is **eating popcorn at the movies**. Do you eat popcorn when you go to the movies?

If not, probe for another example that is relevant for the participant, such as eating hot dogs at a sporting event or buying cookies after passing a bakery. Use the example in the discussions that follow.

Why do you eat popcorn in that situation? Do you think it's because you're hungry? Most likely, it's because eating popcorn at the movies is a **habit** for you.

When you respond to a food cue in the same way over and over again, you build a habit. The food cue becomes paired with the way you respond, and your response becomes more and more automatic.

Let's say that since childhood, you've gone to the movies many, many times, and you've eaten many boxes of popcorn there. Now you find yourself eating popcorn whenever you go to the movies, even though you're not hungry. You responded to the cue (going to the movies) in the same way (buying popcorn), over and over again. Buying popcorn became a habit. And since it's a habit, it may be hard for you to sit through a movie and not have popcorn.

Food cues and eating habits are not harmful by themselves. But they can be a problem if they get in the way of your efforts to eat less fat and calories.

Discuss two ways to change problem food cues and habits.

How can you change problem food cues and habits?

1. One of the best things you can do is to **stay away from the food cue. Or keep it out of sight.** For example, you may not be willing to stop going to the movies, but you can stay away from the concession stand. If you keep going to the movies and don't let yourself have popcorn, slowly you will stop thinking about popcorn. The connection between the movies and the popcorn will have been broken.
2. Or you can **build a new, healthier habit. Practice responding to the cue in a healthier way.** An excellent way to support yourself as you do this is to **add a new cue that helps you lead a healthier life.** For example, you might take a package of sugar-free gum with you when you go to the movies. When you enter the theater, take out a piece of gum. After a while, you will connect going to the

movies with chewing gum.

It's important to remember that **it takes time to break an old habit or build a new one.** Change doesn't happen overnight. If you wanted to stop eating popcorn at the movies, you would need to see a lot of movies without popcorn. Eventually, you will enjoy the movie and forget about the popcorn.

Note: Some participants will find it hard to accept the idea that cues in the environment make them want to eat certain things. Try to find some ways (for example, as in the bullets below) to show the participant that there are many food cues around us all the time and that this phenomenon is so common that we are usually unaware of how powerful it is.

These ideas are powerful, and they work. Also, they're nothing new. People use them every day, sometimes very consciously and sometimes without even thinking about it. Some examples:

- C Food companies deliver samples of new breakfast cereals right to your door by mail. They know that if they can get the food into your house, you'll eat it.
- C For generations, mothers have put leftover snacks in the front of the refrigerator so their teenagers are more likely to eat them before the foods spoil.
- C Supermarkets put new products on the shelves that are the easiest to see and reach.

In this session, we want to help you learn to make changes in what's around you to encourage healthy eating and being more active.

Identify specific food cues at home that are a problem for the participant. Discuss ways to change them.

Let's talk about **some of the problem food cues in your life and some ways you can change them.**

Note: A few common food cues are listed at the top of the second work sheet. Do not turn to this yet.

Let's start with **where you live.** Imagine that we've just opened the front door. We have a video camera, and we start taking a video of what's in the room. Which room would it be? Do you see any actual food in the room? Do you see anything else that might make you think about eating, like a TV or a comfortable chair? What is a change you could make to stay away from that cue or to build a new, healthier habit?

Move from room to room ("Are there other rooms that are a problem for you?"), asking for cues and discussing possible ways to either stay away from the cue or to build a new, healthier habit. If the participant has no response, refer to previous Keeping Track records and/or turn the page in the participant's notebook to the list of common problem food cues and ask if one or two of the examples apply to the participant (possible solutions are given below). Don't give too many examples. Some will undoubtedly come up at future sessions and can be addressed in detail at that time. The purpose of discussing specific examples is to make the "remember" points that follow of relevance to the participant.

Living room (or bedroom)

Cue: *TV (or computer, telephone).*

Solution(s): One way to break the connection between eating and the TV is to make it a rule for yourself to never eat while watching TV (or while on the computer or phone).
Keep an exercise bike or exercise mat near the TV.
Keep a pack of sugar-free gum near the TV (or computer). Allow yourself only gum while watching TV (or working on the computer).

Cue: *Candy dishes (for serving candy, chips, and nuts) on an end table.*

Solution(s): Don't buy the candy, chips, or nuts.
If you must buy these foods, hide them. Keep them out of sight.

Kitchen

Cue: *High-fat/calorie foods, especially those that are ready to eat. In the freezer (e.g., ice cream), refrigerator (e.g., cheese, lunch meats, whole milk, pie), kitchen cupboards (e.g., cookies, chips), or on counter tops (e.g., cookie jar, food packages).*

Solution(s): Stop buying these foods altogether.
Store them out of sight, in a brown bag or other unattractive, opaque container.
Make them hard to reach.
Keep lower-fat/calorie choices easy to reach, in sight, and ready to eat.
Examples: Fresh fruits, raw vegetables (already washed and prepared), nonfat dips, pretzels, low-fat popcorn, diet drinks.
Limit high-fat/calorie choices to those that require preparation.

Cue: *Foods you are cooking or leftovers, on the stove or counter.*

Solution(s): Make it a rule not to eat while cooking.
Taste foods only once, then rinse your mouth with water or a breath mint immediately.

Rinse off any utensils used in food preparation immediately after each use.
Ask someone else to taste the food.
Put leftovers away **before** meals.
Ask someone else to put the leftovers away.
Put leftovers in individual serving containers right away, and freeze them for future meals.

Dinner Table

Cue: *Serving dishes or packages of food on the table during meals.*
Solution: Serve foods from the kitchen.
Store food only in the kitchen. Put packages away immediately after use.

Cue: *Large dinner plates (or large glasses, bowls, serving spoons and forks).*
Solution(s): Serve yourself small portions using a smaller plate or bowl. Or ask someone who is supportive to do so. Spread the food attractively over the plate.

Cue: *Leftovers on plates.*
Solution(s): Remove your plate from the table as soon as you're finished.
Don't eat the food that your children leave on their plates.

Identify specific food cues at work that are a problem for the participant. Discuss ways to change them.

Let's do the same thing with **where you work**. Are there any things on your way to work, around you at work, or on your way home, that have become paired with eating high-fat/calorie foods?

Cue: *Fast-food restaurant (or bakery, hot dog stand, candy store, etc.) on the way to or from work.*
Solution(s): Take a different way to work.
Make it a rule to never eat in the car.

Cue: *High-fat/calorie foods in public areas (doughnuts or high-fat coffee creamers near the coffee pot, candy on secretary's desk, etc.).*
Solution(s): Stay away from those areas.
Buy or make your own coffee in a different place.
Bring a low-fat/calorie snack to share with co-workers.
See if there's a way to keep these foods out of sight (other co-workers may appreciate it, too).

Cue: *High-fat/calorie foods on your desk, in your desk drawer, or in your locker.*

Solution(s): Don't bring high-fat/calorie foods to work. Keep low-fat/calorie snacks like apples, raw carrots, pretzels, low-fat popcorn, or diet beverages on hand instead. Make it a rule not to eat at your desk. Keep walking shoes near your desk or in your locker.

Cue: *Vending machines.*

Solution(s): Stay away from the vending machines. Bring a low-fat/calorie snack from home. Or buy juice or pretzels, if available in the machine. Ask a friend to go get them for you, so you won't be tempted by the other foods.

The important thing to **remember**, whether you are at home or at work, is:

1. **Keep high-fat/calorie foods out of your house and work place. Or keep them out of sight.** *Out of sight is out of mind.*

Keep lower-fat/calorie choices easy to reach, in sight, and ready to eat.

Examples: Fresh fruits, raw vegetables (already washed and prepared), nonfat dips, pretzels, low-fat popcorn, diet drinks.

2. **Limit your eating to one place.** Where do you eat most of your meals at home? Limit all eating to this place. When you are hungry, go to this place to eat. This will help you to distinguish between hunger and other cues to eat.

At work, a particular table in the cafeteria or kitchen area may be a good choice. Do not eat at your desk or computer. This is an open invitation to become distracted from eating.

3. **When you eat, limit other activities.** The rule is simple: No TV, driving, or talking on the phone while you are eating. Focus on enjoying the meal. In the future, these other activities will not cue you to eat.

Identify specific food cues while shopping for food that are a problem for the participant. Discuss ways to change them.

Finally, let's take the video camera to **where you shop for food**. Walk around the store as you usually do. What do you see that's a problem for you?

You don't have as much control over what foods are in the grocery store as you do over what foods are in your house. But you do have some control. Here are some tips:

- C **Make a shopping list ahead of time.** Make it a rule not to buy anything that's not on the list.
- C **Don't go shopping when you're hungry.** Have a low-fat/calorie meal or snack first.
- C **Avoid sections in the store that are tempting** to you, if possible. For example, walk down a different aisle to avoid the bakery.
- C **Ask the grocery store manager to order low-fat/calorie foods** that you want to buy. Remember, that is their business, to please you, the customer.
- C **Don't be a slave to coupons.** Only use the coupons that are for low-fat/calorie foods, not for high-fat foods.

Identify specific positive cues for activity that the participant could add to his or her home.

Now let's turn to **physical activity**. For most people, there are many things around them that lead to being inactive. For example, after dinner, you may automatically sit down in front of the TV. This is because the end of dinner and TV have been paired together many times in the past. But remember, you do have a choice. You could just as easily choose to take a walk after dinner.

If you have been inactive, you probably have many cues around you that are associated with inactivity and few that would cue you to be active. To be active regularly, it's important to add positive activity cues to your life. Over time, the cues will become paired with being active, and you will develop new activity habits that will become more and more automatic.

What are some positive activity cues that you could add to your life? Let's pick up our imaginary video again, and start with **where you live**. What could you add to the living room that would prompt you to be active?

Move from **room to room**. Mention a few examples from the handout and add some that are particularly relevant to the participant.

In the living room or bedroom:

- C Keep exercise shoes, bag, and equipment in sight, not in the closet.
- C Hang an activity calendar and graph of your activity in a visible place.
- C Keep a stationary bicycle or exercise mat in front of the TV. (Why not make TV a positive cue?)

- C Hang a photo or poster of people being active or of outdoor scenes in a visible place.
- C Subscribe to a health or exercise magazine. Keep it in a visible place.
- C Buy a home exercise video and leave it on the coffee table or on the TV.
- C Put a note on the TV reminding you that a half hour of TV time could be used for a walk instead.

In the kitchen:

- C Post motivational photos, outdoor scenes, or reminders to be active on the refrigerator.

In the bathroom:

- C Post a reminder on the mirror before breakfast.

In the garage:

- C Keep the car in the garage. Maybe you'll choose to walk to the neighbor's house, rather than get the car out to drive short distances.
- C Keep exercise shoes, bag, and equipment on the front seat of your car.
- C Keep a bicycle in working condition. Store it in a visible place and ready to ride.

Identify positive cues for activity that the participant could add to his or her work place.

What are some positive activity cues that you could add to your work place? Let's pick up our imaginary video again. *[Mention a few examples from the handout and add some that are particularly relevant to the participant.]*

- C Put your walking shoes in a visible place in your office.
- C Put a note on your office door reminding yourself to take a walk during your lunch break before eating.
- C Set an alarm on your watch to remind you to take a walk.
- C Make a regular, daily appointment with yourself to be active. Write it in your date book. Keep your appointments with yourself--they are as important as your other appointments.

Emphasize two cues that can prompt activity either at home or work.

- C Set up a **regular "date" to be active with a friend or family member.** When

she or he arrives at 7:00 for a walk, you'll probably go even if you don't feel very energetic.

- C **Use a timer or alarm on your watch to remind you to be active.**

Discuss some ways to remove cues for inactivity.

Another approach is to remove the cues for being inactive.

- C **Watch less TV.** Keep the TV behind closed doors in a cabinet. Or get rid of your TV. Or be active while you watch TV (for example, ride an exercise bike).
- C **Don't pile things at the bottom of the stairs that need to go upstairs.** They remind you to keep leaving more things there, rather than climbing the stairs. Take separate trips upstairs instead.

In summary, it takes time to break old habits and build new, healthier ones, but it can be done. One of the most important steps you can take is to get rid of problem cues and add new ones that will help you lead a healthier life. **You can make food and activity cues work FOR you, not against you.**

Assign home activity.

Here is what I want you to do next week. First, get rid of one problem food cue in your life. Let's make a plan for that. *(Ask the participant the questions on the work sheet and fill in the blanks).* Also, add one positive cue for being more active. *(Ask the participant the questions on the work sheet and fill in the blanks).* What problems do you think you might have in trying to make these changes? How will you deal with them?

As always, keep track of your weight, eating and activity and do your best to reach your goals (specify goals on cover of Keeping Track books).

Finally, answer these questions before you come in to the next meeting ("Did you follow your plan?" and so on). We'll talk about how you did when you come in next week.

Any questions?

Session 8 or 7: Tip the Calorie Balance.

This is *Session 8* for participants who chose to focus on the activity goal first. It is *Session 7* for those who chose to focus on the weight loss goal first.

Objectives:

In this session, the participant will:

- C Discuss how healthy eating and being active are related in terms of calorie balance.
- C Discuss how calorie balance relates to weight loss.
- C Review the participant's progress so far in terms of a) changes made in fat/calorie intake and activity, and b) weight change. Discuss how this relates to calorie balance.
- C Develop an activity plan for the coming week (150 minutes per week if this is Session 8; 120 minutes per week if this is Session 7).
- C If weight loss is less than what is expected, make a plan for the coming week to either self-monitor calories or follow a low-calorie meal plan, or both.

To Do Before the Session

Review some of the participant's past Keeping Track records. Make brief notes of some of the positive changes the participant has made to eat less fat and be more active.

For participants who have not lost weight as expected or have gained weight:

- C Determine the participant's daily calorie goal (refer to the Manual of Operations).

Make sure the participant's How Am I Doing? graphs for weight and activity are up to date.

Have materials ready:

- C Keeping Track book.
- C Pages for participant notebook.
- C Meal plans appropriate for the participant's calorie goal. Tailor to the participant's food preferences as much as possible before the session.

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity? (Graph activity.)

If this is Session 8 (the last session was "Take Charge of What's Around You"):
Were you able to get rid of the problem food cue and add the positive cue for being more active? What problems did you have? What could you do differently next week?

If this is Session 7 (the last session was "Being Active: A Way of Life"):
Were you able to make the active lifestyle choices you had planned?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Explain how healthy eating and being active are related in terms of calorie balance.

Everything we've covered so far fits together. It fits together because of what's called the "calorie balance." That's what we'll talk about today.

We've said many times that the Lifestyle Balance Program involves **two kinds of lifestyle changes**:

1. Healthy eating. This includes eating less fat and more grains, vegetables, and fruits, and
2. Being active.

These changes are important in and of themselves. They may prevent diabetes and lower your risk of other diseases. They are also important because they're **both related to weight loss** and that's because of what's called "**calorie balance**."

Calorie balance is the balance between the calories (or energy) you take in by eating and the calories (or energy) you use up by being active.

When you eat **food**, you take in calories or energy.

C Calories in food come from **fat, carbohydrates (starches, sugar), protein, or alcohol**. Other ingredients in food, like vitamins, minerals, and fiber, don't have calories. (For example, green leafy vegetables are mostly vitamins, minerals, and

fiber--and they have very few calories).

- C The **number of calories in any food you eat depends on what's in that food. Fat is the most concentrated in calories, with 9 calories per gram.** That's more than twice the number of calories in starches, sugars, or proteins, and even more than alcohol. So foods that are high in fat are high in calories. That's one important reason why our emphasis has been on eating less fat.

For example, many people think of meats as being “pure protein” but actually most meats contain protein plus a lot of fat, which is where most of the calories in meats come from.

Calories also measure the energy you **use up**.

- C You use calories **for just staying alive** (like breathing) and **by any activity** you do.
- C The **number of calories you use** in a certain activity depends on several things, including the type of activity, the amount of time you are active, and how much you weigh (basically, the amount of energy used is determined by the amount of weight carried and the distance over which you carry it. When you walk a mile, for example, you are carrying a lot of weight (your body) over a long distance (1 mile).
- C In general, a good **rule of thumb** to remember is that **1 mile of brisk walking (which takes most people about 15 to 20 minutes) uses about 100 calories.** This is a rough estimate.

Note: This rule of thumb is based on a 160-pound person and is only a rough estimate of any one participant's caloric expenditure.

If the participant is doing a different type of planned activity, check with the exercise physiologist on staff to convert minutes or distance into calories.

Explain how calorie balance is related to weight loss.

Your **weight** is determined by the **balance between food (calories in) and activity (calories out).**

Let's look at four ways the calorie balance can work.

1. Your weight can **stay the same**. In this case, "calories in" from food equal

"calories out" from activity. Food and activity are at about the same level on both sides of the scale.

2. Second, you can **gain weight**. In this case, "calories in" from food are higher than "calories out" from activity. Either calories have increased or activity has decreased or both. The balance has tipped this way [*indicate direction of balance*].
3. Third, you can **lose weight**. "Calories in" from food are lighter than "calories out" from activity. You've eaten less food (by less I mean fewer calories, not less in volume--remember, we said early in the program that you can actually eat more food for the same number of calories by eating lower-fat foods), or you've done more activity, or both. The best way to lose weight is to do **both** at the same time and **really tip the balance** this way [*indicate direction*].
4. And finally, you can reach a **new balance at a new weight**. You have developed new food habits and new activity habits and they are balanced again. This is what happens when you lose weight and keep it off. You've reached a new balance over time.

The important thing to **remember** is that:

- C **Food and activity work together** to determine how much you weigh.
- C To lose weight, it's **best to eat less and be more active**.
That way, you are changing both sides of the energy balance at once.
By TIPPING the balance, you can lose the weight you want.
- C Then, over time, you can reach a new balance at a new, lower weight. We will help you to **make the changes part of your lifestyle, so you will keep the weight off.**

Explain calorie requirements for weight loss.

How much do you need to tip the balance in order to lose weight?

The number of calories you need to eat, or the amount of activity you need to do, varies from person to person. But in general, there is a formula we can use. It's based on two facts:

- C **1 pound of body fat stores about 3,500 calories**, and
- C **Slow, steady weight loss (1 to 2 pounds or so a week) is the best way to lose body fat.** (Quick losses of large amounts of weight can mean that water or muscle

are being lost rather than fat, and that's unhealthy.)

So to lose 1 pound in a week, you need to tip your energy balance by 3,500 calories in the week. Or 500 calories each day for 7 days. Or to lose 1-1/2 pounds in a week, you need to tip your energy balance by 5,250 calories in the week. Or 750 calories each day for 7 days. For a 2-pound weight loss per week, you need to tip the balance by 7,000 calories in the week, or 1,000 per day.

Again, for weight loss, the best way to tip the balance is to change both food **and** activity.

Review the participant's progress so far in terms of a) changes made in fat/calorie intake and activity, and b) weight change. Discuss how this relates to calorie balance.

Now let's take a minute to review some of the **changes you've made so far** on both sides of the balance.

- C First, **what changes have you made to be more active?** We've talked about increasing both planned activity, the kind you've been recording in your Keeping Track books, and lifestyle activity, like taking the stairs instead of an elevator.

Briefly record on the work sheet some of the changes made by the participant. Praise and encourage the maintenance of these changes.

- C **What changes have you made to eat less fat (and fewer calories)?** We've focused on eating less fat because fat is the most concentrated source of calories.

Briefly record on the work sheet some of the changes made by the participant. Praise and encourage the maintenance of these changes.

Have these changes tipped the calorie balance?

The answer is in how the scale has responded.

- C At the **start of the Lifestyle Balance program, you weighed ...** (*refer to the How Am I Doing? graph for weight at randomization visit and record that weight on the work sheet*).
- C **Your weight now is...** (record on work sheet).
- C **And we expected your weight by this time would be ...** (*record the weight indicated on the graph by the expected weight loss line at this week*).

So you have ...

Check one of the three boxes on the work sheet. Be as positive as possible, stressing the accomplishments the participant has made so far, no matter how small, and express your confidence in the participant's future success.

- 9 **Stayed at the same weight, or gained weight.**
C To lose weight, you need to try something else to tip the calorie balance. We'll work together to find out what will work better for you.
- 9 **Lost some weight, but not as much as expected.**
C Good. You've made some progress.
C To lose more weight, you need to try something else to tip the calorie balance *further*.
- 9 **Lost as much weight as expected (or more).**
C Great! You've tipped the calorie balance.
C If you keep tipping the balance, you will keep losing weight.

Develop an activity plan for the coming week.

For next week:

- C Continue to keep track of your weight, eating, and activity.
Be active for _____ .

Fill in the blank on the work sheet, depending on how active the participant has been until this point. For most participants, *if this is Session 8*, the goal should be **150 minutes** per week; *if this is Session 7*, the goal should be **120 minutes** per week.

By doing more activity, you will use more calories.

As before, try setting aside one block of time each day, or look for 10 to 15 minutes that open up during the day and use them to be active. Include the Lifestyle Balance activity sessions. And plan other activities you LIKE to do. *[Complete the chart.]*

- C **Make active lifestyle choices throughout the day.** As we've said before, every minute of activity is helpful. Standing uses more calories than sitting; walking uses more calories than standing; and so on. So keep moving as much as you can.

What are some of the active choices you plan to make this week? *[Fill in the blank.]*

If weight loss has not been as expected, make a plan for the coming week to either self-monitor calories or follow a low-calorie meal plan, or both.

The following is a requirement for participants who have not lost as much weight as expected. It is an option for successful participants who want to lose more weight or express an interest in learning more about the calorie content of foods.

C And **to tip the calorie balance further, one of two things will be helpful:**

9 **Keep track of calories every day, just like you've done for fat grams.**

Sometimes it isn't enough to just look at fat grams. You may be eating some foods that are relatively low in fat but still high in calories. (For example, many of the new fat-free frozen desserts and cookies are just as high (or higher) in calories than the original versions because of added sugar.) Or you may be eating large enough portions of some foods that the calories are adding up. By keeping track of calories, you'll learn which foods are highest in calories and find ways to save calories. So this week, we want you to look up the calories in every food you eat, just like you've been looking up the fat grams.

Try to stay under _____ calories each day. You should lose weight if you eat that number of calories. Also,

- C Watch out for the foods that are high in calories.
- C Be sure to record *everything*.
- C And watch portion sizes.

Or it might be most helpful for you to:

9 **Follow a meal plan for _____ calories per day.**

A meal plan is a model or good example of what to eat. A meal plan will:

- C **Show you exactly what foods and amounts to eat.** You won't be faced with a lot of decisions and temptations about food.
- C A meal plan will also **make it easier for you to record what you**

eat. In fact, if you follow the meal plan *exactly*, you won't need to record anything.

Which do you think would be most helpful, keeping track of calories or following a meal plan? Or would you like to try both?

Check the box or boxes on the work sheet.

- C If applicable, give the participant the appropriate meal plans. Tailor the meal plan to suit the participant's food preferences, and answer any questions or concerns the participant has regarding following the meal plans as closely as possible for the coming week. Present the meal plan as a flexible model from which the participant can develop an individualized eating style, rather than as a rigid prescription. (See How to Use the Lifestyle Balance Meal Plans for further information on how to introduce the meal plans to participants.)
- C With some participants, you may need to practice calorie monitoring using an example and/or briefly double-check and correct portion estimation skills using food models.

For the rest of the study, we'll keep working together to bring you closer to your weight loss and activity goals. **We'll keep trying to tip the calorie balance and see how the scales respond.** Over time, you'll reach a new balance at your goal weight and then we'll work together to help you maintain that weight.

Note: The following explanation is for only those participants who express interest in how their calorie goal has been calculated. Do not give this text to participants.

Question: How did you determine the number of calories I should be eating to lose weight?
Answer: The number of calories you need for weight loss depends on many things, including how active you are, how old you are, and so on. But we can make a good guess and then see how the scale responds. We like to begin by estimating what you ate when you entered the program.

1. Estimate of what you ate when you started:
Starting weight x 12 = _____ calories/day (estimate)
2. A slow, steady weight loss of 1 to 2 pounds per week is the best goal.
 - C To lose 1 pound, you must eat 3,500 calories less. If you want to lose 1 pound in 1 week, you would need to eat 500 fewer calories each day for 7 days.
 - C To lose 2 pounds, you must eat 7,000 calories less. If you want to lose 2 pounds in 1 week, you would need to eat 1,000 fewer calories each day for 7 days.

We recommend that heavier people aim to lose 2 pounds per week, and that thinner people lose 1 pound per week. No one should eat fewer than 1,000 calories/day.

3. Estimated calories at start: _____ calories/day for maintenance
To lose 1 pound per week, subtract 500 to get _____ calories/day.
To lose 2 pounds per week, subtract 1000 to get _____ calories/day.
4. So your daily calorie goal for weight loss is _____.

Session 9: Problem Solving.

Objectives:

In this session, the participant will:

- C Learn the five steps to problem solving.
- C Practice the steps using a problem the participant is experiencing now with eating less fat/calories or being more active.

To Do Before the Session

Have materials ready:

- C Keeping Track book.
- C Pages for participant notebook.

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity?

Graph physical activity.

If Session 8 was “Take Charge of What’s Around You”:

Were you able to get rid of the problem food cue and add the positive cue for being more active? What problems did you have? What could you do differently next week?

If Session 8 was “Tip the Calorie Balance”:

Were you able to make the active lifestyle choices you had planned? Keep track of calories and stay under your calorie goal and/or follow the meal plan (*if applicable*)?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Introduce the upcoming sessions and the problem solving process.

In the first eight sessions of the Lifestyle Balance program, you learned *how* to eat healthy and be more active. Healthy eating and being active will help you lose weight and be healthier in general. We also hope it will reduce your chance of developing diabetes.

But healthy eating and being more active means changing your habits, and making the changes a permanent part of your lifestyle. Many things can get in the way of changing habits. That's what we'll focus on in the next several sessions. We will discuss:

- C Negative thoughts,
- C Slips and your reactions to slips (a slip is when you don't follow your eating or activity plan),
- C Stress, and
- C What people say and do (or "social cues").

All of these things can get in the way of healthy eating and being more active.

What are some examples of things that get in the way for you?

Name several problems that the participant has already discussed at earlier meetings, if possible. E.g., You wanted to go out for a walk, but it was too cold. You wanted to eat less fat, but your children wanted you to buy potato chips.

It's inevitable that problems like these will come up.

But problems can be solved. Today we're going to talk about the *process* of problem solving. This is the process that you and I will be working on together throughout the study.

Explain the five steps to problem solving.

In general, there are five steps to solving problems.

1. The first step is to **describe the problem in detail. Be specific.**

For example, instead of defining the problem as "I eat more fat than I should," be specific about the kinds of foods you eat that are high in fat--maybe high-fat desserts or red meats. Be specific about when you eat them, and describe these situations in detail. For example, you may eat high-fat desserts when you go to your mother's house and she offers them to you.

Also, **look at what led up to the problem.** Many problems involve a chain of actions: one action leads to another and then another and eventually this leads to inactivity or overeating. This is called an "**action (or behavior) chain.**"

Try to see the steps (or "links") in the action chain, including:

- C **Things around you that cue (or prompt) you to eat or to be inactive.** We've talked about food and activity cues before. Examples are a bakery near where you work, television watching, or a carton of ice cream in your freezer.
- C **People in your life who don't support your efforts** to lose weight and be more active. Examples are a co-worker who offers you doughnuts every morning, children who insist that you deep-fry chicken rather than baking it, or a spouse who wants you to watch TV in the evening rather than go for a walk.
- C **Thoughts or feelings that get in your way.** Examples are defeating thoughts like, "I'll never be disciplined enough to walk every night." Or feelings of boredom, stress, loneliness, or anger that lead to overeating.

Here is an example of an action chain *[refer to the diagram]*:

Sarah is a busy woman with a job and a family. Yesterday she was extremely busy at work and she **didn't eat lunch** because she didn't have time to go out. In the afternoon, her **boss was very critical** and demanding, and **Sarah felt stressed and anxious.** At the end of the day, Sarah **came home tired, upset, and hungry.** She **went right to the kitchen.** She immediately **saw a package of cookies on the kitchen counter,** and before she knew it, she **ate a fair number of the cookies.**

It may seem complicated to look at a problem in this much detail. But actually, it makes problem solving much, much simpler.

- C You see that the real problem may not be the last step (eating the cookies) but rather all of **the things that led up to it** (like not eating lunch and so on).
- C Uncovering the action chain will help you to **find the "weakest links" in the chain to break.** There's a saying that a chain is only as strong as its weakest link. By naming all of the links in the chain, you will be able to find the weakest ones, the places where you can make a change most easily.

2. Step 2 is to **brainstorm your options.** What are all of the possible solutions to the problem? "Brainstorming" means to create a storm of ideas in your brain. Let the ideas pour out, no matter how crazy they may seem. Anything goes. The more

ideas the better. And it's actually helpful to include some crazy, extreme ideas because it helps open your mind and stir up your creative juices.

By brainstorming, **you'll see that you aren't at all powerless to change your situation.** You have many options. Here are some possible ones for Sarah *[refer to work sheet]*.

3. Third, **pick an option to try.** Weigh the pros and cons of each option, and choose one (or it might be a combination of several) that is **very likely to work** and that **you can do.** In other words, be realistic. You should be confident that you will succeed.

It's also helpful to try to **break as many links as you can, as early as you can** in the chain.

For example, it will be much easier for Sarah to control her eating in the evening if she eats some lunch and doesn't arrive home hungry. It will be easier for Sarah to avoid eating too many cookies if she doesn't buy the cookies in the first place. Another reason to try to break an action chain as early as possible is that **you will have more links to work with.** If eating lunch doesn't help Sarah and she still arrives home tired, upset, and hungry, she can still choose low-calorie snacks like fruit when she gets home.

Let's say that Sarah chooses the option of packing a quick bag lunch.

4. Fourth, **make a positive action plan.** This is where you spell out exactly:
 - C What you will do,
 - C When you will do it, and
 - C What you need to do first.
 - C Also, make a plan for any roadblocks that might come up,
 - C And build in steps that will make success more likely. For example:
 - Will it help you to involve someone else?
 - Can you do anything to make it more fun and enjoyable?
 - Will it help if you:
 - Write your plan down and post it on your refrigerator or calendar?
 - Tell your plan to someone else, so you're committed to following it?
 - Join an exercise class or club so you're more committed?
 - Make a date with someone to go for a walk?

Sometimes if you build in a step to get yourself over the first "hump," then everything begins to snowball and the rest is much easier.

For example, here is Sarah's action plan *[review work sheet]*.

5. The fifth step of problem-solving is to **try it and see how it goes**. Did it work? If not, what went wrong? Use what you have learned to problem solve again and make a new action plan. Remember, **problem solving is a process. Don't give up**. It often takes many tries to find a solution.

Review another example if you think it would be helpful. Use one that is tailored to the individual (for instance, an example of the food preferences of the family getting in the way of the participant's goals).

Now let's apply this process to you.

Have the participant practice the steps using a problem he or she is experiencing now.

For next week, I want you to work on solving a particular problem. Think of a problem that you're having now with eating less fat/calories or being more active.

Complete the **Lifestyle Balance Problem Solver** work sheet with the participant.

For next week:

- C Keep track of your weight, eating, and activity.
- C Follow your action plan. And answer the questions on the work sheet.

Session 10:

Four Keys to Healthy Eating Out.

Objectives:

In this session, the participant will:

- C Learn four basic principles for healthy eating out: **planning ahead, assertion, stimulus control, and healthy food choices.**
- C Identify specific examples of how to apply these principles at the type of restaurant the participant frequents.
- C Practice making a meal selection from an appropriate menu.
- C Practice out loud how to ask for a menu substitution.

To Do Before the Session:

- C If possible, have the participant bring in menus from the restaurants he or she frequents.

Get materials ready:

- C Sample menus from local restaurants.
- C Keeping Track book.
- C Pages for participant notebook.
- C Optional handouts that are appropriate for the participant (for example, booklets on the nutrient content of fast foods).

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity? Try your action plan? What did you learn from the problem solving process?

Graph physical activity.

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Introduce the four keys to healthy eating out.

Today we're going to talk about eating out. **What kinds of places do you eat out at?**

Tailor the rest of the session to one or two of the places where the participant eats out most often. If the participant doesn't name several places or is not specific enough, prompt for a few of the following examples: fast-food restaurants, other restaurants, church or community centers, cafeterias, friend's homes, snack bars or vending machines, in an airplane.

Do you find it difficult to stay under your fat gram goal when you eat out at these places?
What is difficult for you?

There are four basic keys to healthy eating out. *[First, indicate each of the major headings on the work sheet, as scripted below. Later you will come back to the specific points under each heading.]*

1. First, **plan ahead.** Having a plan will help you to anticipate difficult situations and handle them more easily. You won't run into so many surprises.
2. Second, **ask for what you want.** Be firm and friendly. We'll talk in a minute about how to do this so you won't offend anyone.
3. Third, **take charge of what's around you.** Take steps to make what's around you **support** you in your efforts to eat healthy. Get rid of the things that get in the way, if you can.
4. And finally, **choose foods carefully.**

Help the participant identify specific examples of how to apply the four principles.

Let's use **one of the places where you eat out as an example.**

What are some ways you can **plan ahead** for eating out at?

Follow along on the work sheet as you **discuss each of the four keys to healthy eating out as**

they apply to that type of restaurant. Use some of the examples given below, but don't try to be exhaustive. Rather, choose those examples that relate to the specific difficulties faced by the participant. You may want to jot down on the work sheet a few strategies that are particularly relevant.

When you review **how to ask for what you want**, use the following script:

Many people find it hard at first to ask a waiter or waitress for something special. With practice, it gets easier. Here are some tips:

C Begin with "I", not "You."

"I would like," "I need," "I will have." Using "I" statements shows that you take responsibility for your own feelings and desires. "I would like my chicken broiled with lemon juice instead of fat," or "I would like tossed salad instead of coleslaw, please."

"You should have," "you said," "you don't understand." Using "you" often puts others on the defensive. "You didn't put the salad dressing on the side!" Better: "I asked to have the salad dressing on the side, please."

C Use a firm and friendly tone of voice that can be heard.

C Look the person in the eye.

Eye contact says a lot. Avoiding eye contact often means you don't believe what you are saying.

C Repeat your needs until you are heard. Keep your voice calm.

Sometimes it may take several tries before you are understood. If you need to repeat yourself, keep your voice low but firm. A loud voice can be threatening to others.

Wishy-washy

"Oh, well. I guess they couldn't broil the fish."

Threatening

"You said you would broil my fish!"

Firm and friendly

"This looks very nice. But I asked for my fish to be broiled, not fried. Would you have some broiled for me, please?"

When you review the fourth principle, **choose foods carefully**, have the participant:

C Practice making a meal selection from an appropriate local menu.

C Practice out loud how they would ask for a menu substitution.

Refer to menus from local restaurants and the “What’s on the menu?” and “Fast food can be lower in fat” handouts for examples. It’s important to role play aloud at this point to give the participant practice actually choosing words that are comfortable for him or her. At some point you may want to go to a restaurant with the participant and by ordering first, you can model how to make healthy meal selections and ask for menu substitutions. Participants may also need encouragement to ask family members to support them when they are at a restaurant, for example, to ask a spouse to say, “I’m glad you ordered milk for your coffee,” instead of, “Are you sure you don’t want cream?”

At fast-food restaurants

1. Plan ahead.

- C Pick a restaurant carefully. Most fast-food restaurants now serve some low-fat foods, such as grilled chicken and salads with low-fat dressing.
- C Plan what you will order without looking up at the menu. Menus can tempt you to order what you don't want.

2. Ask for what you want. Be firm and friendly.

- C For example, "May I have my coffee with a little low-fat milk rather than cream, please?" "Please leave the mayo off my burger."
- C Ask how much is usually served. For example, "How many ounces is the hamburger, please?"

3. Take charge of what's around you.

- C Be the first in your group to order. You won't be tempted by what or how much others order, and they may follow your good example.

4. Choose foods carefully.

- C Try grilled chicken sandwiches without special sauces or a salad with low-calorie dressing.
- C Stay away from french fries. If you must have them, order a regular size (not a double) and don't finish them.
- C If you must have a hamburger, order a regular size, without cheese, not a double or a cheeseburger.

At other restaurants (not fast-food)

1. Plan ahead.

- C Pick the restaurant carefully. Go to one with low-fat choices. Call ahead to see what is on the menu. Stay away from "all you can eat" buffets, brunches, and happy hours.
- C Eat less calories and fat during other meals that day or for a few days in advance.
- C Have a little something to eat before you go to the restaurant so you're not too hungry when you get there. Eat fruit, some low-fat crackers, or drink water before you go out.
- C Plan what to order without looking at the menu. Looking at the menu can tempt you to order more than you want.
- C Don't drink alcohol before the meal. It may make it harder for you to follow your good intentions. Try tomato juice, club soda, or mineral water, instead.

2. Ask for what you want. Be firm and friendly.

Remember, you are paying for the meal. You have the right to ask for special services. And most restaurants want to make you happy.

Ask for the foods you want:

- C Ask for food substitutions. For example, catsup or mustard instead of mayonnaise on a sandwich. A tossed salad instead of coleslaw. Baked potato instead of French fries.
- C Can foods be prepared in a different way? For example, ask that the fish be broiled and seasoned with lemon juice, not butter; ask that butter, margarine, and sauces be left off the vegetables.
- C Don't be afraid to ask for foods that aren't on the menu. Many restaurants will prepare grilled meats, fish, and chicken without added fat or sauces, fresh fruit salads, and steamed vegetable platters with rice, even if they're not on the menu. Or look for foods on a different part of the menu (for example, if fresh fruit is on the breakfast menu, it may well be available as a dessert for dinner).

Ask for the amounts you want:

- C Ask how much is usually served. For example, "How many ounces is the hamburger, please?"
- C Ask for salad dressings, gravy, sauces, or spreads "on the side." For example, ask for dry toast with margarine on the side. Then use only a small amount. Or order

salad dressing on the side, then limit the amount you use. (One idea is to dip your fork into the dressing before each bite.)

- C Ask for less cheese or no cheese.
- C Split a main dish or dessert with someone. Or order an appetizer as a main dish.
- C Order a smaller size (appetizer, senior citizen's or children's portion, cup of soup).
- C Before or after the meal, have the amount you don't want to eat put in a container or "doggie bag" to take home.

3. Take charge of what's around you.

- C Be the first to order. You won't be tempted by what others order, and they may follow your good example.
- C Keep foods off the table that you don't want to eat.
 - a. When a waiter or waitress brings rolls, chips, or other complimentary foods, say "No, thank you," and hand the food back right away.
 - b. When you order something, ask that half of it be put in a doggie bag **before** it's brought to the table. Then have it brought to you with the check.
- C Ask that your plate be removed as soon as you are finished. You won't be tempted to eat more than you want while others finish their meals.
- C Remove table tents from the table that advertise high-fat/calorie foods such as desserts.

4. Choose foods carefully.

- C You can tell a lot from the words on a menu. Watch out for these high-fat words; look for these low-fat words, instead. [Refer to handout.]
- C Watch out for sauces on meats, vegetables, and so on. Ask that these foods be served without the sauce.
- C Think about how much food you really need. Do you need an appetizer? Bread? Make some compromises. "I'd rather have dessert so I'll skip the appetizer."
- C Trim visible fat off meat.
- C Take skin off chicken.

At another person's home or community center/potluck dinners

- 1. Plan ahead.**
 - C Bring something from home for yourself and others. Examples: fruit salad, vegetable salad with low-calorie dressing.
 - C Talk to the host or hostess before you go, if you are comfortable doing so (particularly if you eat at their home often). Ask for their support in your efforts to lose weight.
 - C Eat a little something before you go, so you aren't too hungry when you arrive.
- 2. Ask for what you want. Be firm and friendly.**
 - C Say "No, thank you. That looks lovely, though," when offered a food you'd rather not eat.
- 3. Take charge of what's around you.**
 - C At buffets or cocktail parties, stay away from the buffet or appetizer table. Choose a small plate, and after serving yourself, sit at a table far away.
- 4. Choose foods carefully.**
 - C Take only a small amount of high-fat/calorie foods, just enough to taste.
 - C Look at everything on the buffet before serving yourself. Then choose only 3 or 4 of your favorite foods, instead of trying a little of everything.

Airplanes

- 1. Plan ahead.**
 - C Order a special menu ahead. Call 24 hours before departure. Many airlines have low-fat and vegetarian menus available.
- 2. Take charge of what's around you.**
 - C Say "No, thank you," smile, and hand the peanuts right back to the flight attendant.

Banquets, Conferences

- 1. Plan ahead.**
 - C Ask what is on the menu. Is anything prepared without fat?
 - C Order a special menu ahead. Even if the choices are limited, many caterers will prepare a steamed vegetable plate with rice and fruit salad upon request.

Assign home activity.

Describe a problem you have when you eat out. *[Record on the work sheet.]* Choose one of the four keys to healthy eating out that is likely to help you solve the problem and that you can do. Make a positive action plan. *[Complete the work sheet with the participant.]*

For next week:

- 9 **Keep track** of your weight, eating and activity.
- 9 **Try your action plan.** And before you come to the next session, answer the two questions on the bottom of the work sheet (Did it work? If not, what went wrong?).

For participants who eat out often, ask the participant to collect menus for restaurants the participant frequents and bring them in to the next session.

Any questions?

Session 11: Talk Back to Negative Thoughts.

Objectives:

In this session, the participant will:

- C Recognize that everyone has negative thoughts and identify examples of them.
- C Learn how to stop negative thoughts and talk back to them with positive ones.
- C Practice stopping negative thoughts and talking back to them with positive ones.

To Do Before the Session:

Get materials ready:

- C Keeping Track book.
- C Pages for participant notebook.
- C Optional handouts that are appropriate for the participant (for example, a Stop! sign prop to hold up when you hear the participant expressing a negative thought).

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity? Try your action plan? What did you learn last week about healthy eating out?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Graph physical activity.

If the participant has brought in restaurant menus, help the participant practice ordering from the menus.

Help the participant identify examples of negative thoughts.

Today we're going to talk about stopping negative thoughts.

Everyone has negative thoughts at times. These negative thoughts can lead you to overeat or be inactive. Then afterwards you may feel even worse about yourself. A vicious cycle of self-defeat can result.

For example, suppose you came home after a hard day at work. You think to yourself, "I'm tired of working so hard. I'm sick of being in the DPP. I can never eat what I want." This negative thought might lead you to eat some potato chips. And then you think, "I did it again. I'll never lose weight." Next, you're discouraged and go on to eat more of them.

Sometimes we aren't aware we are having negative thoughts. Negative thinking becomes such a habit for most of us that we tend to believe and act on our negative thoughts without even hearing them.

The goal of this session is to help you hear your negative thoughts and teach you to talk back to them.

Here are some common examples of negative thoughts.

Review each category and the example(s) on the work sheet, then ask a question or two to get the participant thinking about his or her own experience with negative thoughts.

1. Good or Bad Thoughts.

These thoughts divide the world into:

- C Good and bad foods;
- C Seeing yourself as a success or failure;
- C Being on or off the program.

Sometimes this is called "all or nothing" or "light bulb" thinking (either on or off) with nothing in between.

Example: "Look at what I did. I ate that cake. I'll never be able to succeed in the DPP."

- C Do you have some foods you consider "good," and some foods you consider "bad?"

- C What happens when you eat a little of what you consider to be a "bad" food?
- C Can you think of some problems with considering a food "bad?"

2. Excuses (or Rationalizations)

These thoughts **blame something or someone else for our problems**. We act as if they have so much power that we have no choice but to overeat or be inactive.

We don't mean to go off the program, but we "can't help it."

Example: "I don't have the will power."
"I have to buy these cookies just in case company drops in."

- C Can you think of a time when you bought some high-fat/calorie food "for someone else"? Did they really need the food, or do you think you used them as an excuse to buy the food for yourself?

3. Should Thoughts.

These thoughts **expect perfection**. Of course, no one is perfect, so **SHOULD** thoughts are a **set-up for disappointment**. They also **lead to anger and resentment** because "should" assumes that someone is standing over us, forcing us to do what we don't want to do.

Example: "I should have eaten less of that dessert."

- C What kind of things do you think you "should" or "should not" do to lose weight and be more active?
- C What do you expect yourself to do perfectly (for example, self-monitoring)? What happens when you expect perfection of yourself? How do you feel? How does it affect your future decisions and choices?

4. Not As Good As Thoughts.

These thoughts **compare ourselves to someone else** and then **blame ourselves for not measuring up**.

Example: "Mary lost two pounds this week, and I only lose one."

- C Do you compare yourself to someone else? Who?
- C How does comparing yourself to that person affect you? How does it make you feel? How does it affect your decisions and choices about eating and being active?

5. Give Up Thoughts.

These thoughts **defeat ourselves**. They **often follow the other kinds of negative thoughts**.

Example: "This program is too hard. I might as well give up."

C Do you ever want something good to eat and think, "I'm sick of this Lifestyle Balance program"?

Explain how to talk back to a negative thought.

Once you are aware of a negative thought, you can "talk back to it." Here's how:

1. First, **catch yourself** having the negative thought. Ask yourself, "Is this thought moving me forward or bringing me down?" As soon as you're aware of a negative thought, say to yourself, **"I'm doing it to myself."**
2. Then **imagine shouting "STOP!" to yourself**. Picture a **huge, red stop sign**. *[You may want to hold up the STOP! sign prop at this point.]* The stop sign is so big that it takes up all the room in your mind. This should startle you and get rid of the negative thought.
3. **Talk back with a positive thought**. No matter how effectively you've stopped a negative thought, it will probably return again in a similar situation because it has become a habit for you. So it's important to **begin to build a new habit: positive thinking**. After you stop a negative thought, talk back to it with a positive one.

Review the categories and the examples on the work sheet, making the following points.

1. **Good or Bad:** Talk back with **Work Toward Balance**.
Don't expect perfection of yourself, but don't indulge yourself either. Work toward an **overall balance**.
2. **Excuses:** Talk back with **It's Worth a Try**.
Instead of looking for something or someone else to blame, why not give yourself a chance? Try something. You just might succeed.
3. **Should:** Talk back with **It's My Choice**.
You are in charge of your eating and activity. No one else is responsible for your choices or standing over you with unrealistic expectations.

4. **Not As Good As:** Talk back with **Everyone's Different.**
5. **Give Up:** Talk back with **One Step at a Time.**
Problem solving is a process. It takes time to make life-long changes. Learn from what doesn't work and try another option. Learning is always a success.

Now let's **practice** stopping negative thoughts and talking back with positive thoughts. Look back over the kinds of negative thoughts we've discussed. What kind are most familiar to you? For example, do you tend to make excuses or are you more likely to compare yourself to someone else? What are some examples?

Write examples of negative thoughts on the work sheet. If the participant doesn't name examples, use several from the previous pages.

Now let's take them one at a time. First, say the negative thought out loud. Then say "Stop!" And then talk back to it out loud with a positive thought.

Use the remaining time in the session to actually role-play this with the participant. Use a stop sign prop if you find it helpful. Record the positive thoughts on the work sheet.

This session may be an appropriate time to review with participants the work sheet "Remember Your Purpose" (Session 1) on which they recorded their personal reasons for joining the study and so on. Details from this work sheet may provide images and words for the participant to use in talking back to negative thoughts with positive ones. Any imagery that is significant to the participant may help make the process of "talking back" more meaningful and fun; for example, a participant might find it enjoyable to imagine a devil on one shoulder and an angel on the other, and to see the task of positive thinking as, "letting the angel talk."

Assign home activity.

For next week:

- C Keep track of your eating and activity.
- C Catch yourself thinking negative thoughts. Write them in your Keeping Track books.

C Practice stopping them and talking back to them with positive thoughts.

Next week we'll talk about how you did. Any questions?

During this session, some participants may raise problems outside the expertise of the Lifestyle Coach, such as a significant clinical depression, anxiety, or a clinical eating disorder. Refer to Section 3.4, Outside Referrals, in the Lifestyle Change Manual of Operations, for guidelines.

Session 12:

The Slippery Slope of Lifestyle Change.

Objectives:

In this session, the participant will:

- C Review the participant's progress since Session 7 or 8 ("Tip the Calorie Balance").
- C Identify some things that cause the participant to slip from healthy eating or being active.
- C Discuss what to do after a slip to "get back on your feet again."

To Do Before the Session

Review the participant's progress notes since Session 7 or 8 ("Tip the Calorie Balance"). Note any plans that were made to improve weight loss and activity level, which strategies were used, and which were successful or unsuccessful. If the participant is not currently at goal for weight loss and/or activity, refer to the Tool Box for ideas of additional strategies required or optional for particular problems.

If you have copies of some of the participant's past Keeping Track records, review them as well. Note some of the positive changes the participant has made.

Make sure the participant's How Am I Doing? graphs for weight and activity are up to date.

Have materials ready:

- C Keeping Track book.
- C Pages for the participant notebook.
- C Meal plans appropriate for the participant's calorie goal. Tailor to the participant's food preferences as much as possible before the session.

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity? What negative thoughts did you catch yourself thinking? Were you able to stop them and talk back with positive thoughts?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Graph physical activity.

Review the participant's progress since Session 7 or 8, and if not at goal, develop an action plan to improve progress in reaching weight loss and activity goals.

Today we're going to talk about what are called "slips," or times when you don't follow your plans for healthy eating or being active.

Let's use skiing as an example. Everyone who learns to ski knows that they will "slip" and fall down. It's a natural part of learning to ski. What a skiing instructor does is to help beginning skiers anticipate when they might fall down and show them how to get up again. That's what we'll do today--talk about when you might "slip" from your eating and activity plans, and how you can get back on track again after you slip.

Note: Throughout this session, try to use analogies in addition to skiing that are meaningful to the participant. (For example, one analogy is how we handle fires. First, we try to identify high-risk situations in which fires are likely to occur. Second, we try to take steps to avoid these situations if we can. Third, in case a fire does occur, we plan ahead for a way to put out the fire and/or escape. We make a plan that is as simple and easy to remember as possible so that we are more likely to follow it while under stress.) You will also want to use a meaningful analogy for how the participant has developed other skills by making mistakes and learning from them, such as learning to drive a car, bake a cake, and so on.

Before we talk about slips, we'll take some time to review your progress since Session 7 or 8, which was the last time we formally looked at how you were doing.

C What are some of the major changes you've made to be more active? Include both what you do to reach your goal (that is, those activities you record) and what you do to be more active in general (the lifestyle activity that you don't record, like taking the stairs instead of an elevator).

C What changes have you made to eat less fat (and fewer calories)?

Briefly record on the work sheet some of the changes made by the participant. Praise and encourage the maintenance of these changes.

Have you reached your weight goal? Your activity goal?

Refer to the How Am I Doing? graphs for weight and activity, and check yes or no on the work sheet.

If the participant is **at goal** for weight loss and activity, praise the progress made.

If the participant is **not at goal** for weight loss or activity, praise whatever progress has been made. Encourage the participant to improve, and develop a related plan using the work sheet. **Follow the guidelines in the Tool Box as to which strategies are required to address particular problems identified.** For example, some participants may need to be given meal plans at a lower calorie level.

Define slips.

Now let's move on to the topic for today, "**slips.**"

Slips are times when you don't follow your plans for healthy eating or being active.

Slips are:

- C A normal part of lifestyle change.** Just like falling down is a normal part of skiing. If you are going to ski, you are going to fall. All skiers will fall. And everyone who sets out to lose weight and be more active will have slips.
- C To be expected.** If you haven't already had some slips, you most certainly will have them in the future. Slips are **inevitable**.

Does this sound discouraging? Well, it doesn't have to be. Because **slips don't hurt your progress. What hurts your progress is the way you react to slips.** So today we'll talk about the best way to react to slips when they happen.

Identify some things that cause the participant to slip from healthy eating or being active.

Different people have different things that cause them to slip. For example, **moods or feelings** cause many people to slip from healthy eating.

Some of us tend to overeat when we're **happy**. Imagine that:

Your **family is celebrating**. Maybe it's a holiday, a birthday, or a vacation. There is plenty of everyone's favorite foods, from appetizers to desserts. And for years, your family's custom has been to "take it easy," have fun and just relax during these times. **What would this situation be like for you? Would you tend to slip in this kind of situation?**

Some of us are more vulnerable to overeating when we're **bored**. Imagine that:

You're **at home alone, watching a favorite TV program**. You're feeling okay, pretty relaxed, but a little bored. A commercial comes on at the end of the program, and you find yourself wandering into the kitchen. **What would this be like for you?**

Other people overeat when **upset**. Imagine that:

You are settling down for a relaxing evening at home. Someone in your family starts to talk about something that's been part of an **ongoing argument** between the two of you. You both get angry and he or she stomps out of the house, slamming the door. You head for the kitchen. **What would this situation be like for you?**

Or here's another example:

You're **behind on a project at work**. The boss has been looking in on you every 10 minutes and glaring at you impatiently. You feel pressured and very tense. You go get yourself a cup of coffee and see a delicious snack that someone brought in that morning. **What would this be like for you?**

Which is the *most* difficult for you in terms of slipping from healthy eating: feeling happy, bored, or upset? [Record on the work sheet.] Are there other things that cause you to slip from healthy eating?

Give the participant time to name a few examples. Record on the work sheet.

What things cause you to slip from being active?

Have the participant name several examples, such as vacations, holidays, feelings or moods, cold or hot weather.
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The situations that lead to slips differ from person to person. For example, you may tend to eat when you're bored, whereas someone else may get involved in a hobby. Or when you are at a party, you may be so busy talking and laughing that you forget to eat, whereas someone else may find the goodies are just too tempting. **What causes you to slip is learned. It is a habit.**

The way you react to slips is also a habit. You can learn a new way to react to slips that will get you back on your feet again.

Discuss what to do after a slip to get back on your feet again.

First, **remember two things:**

- C Slips are normal and to be expected.**
99.99% of all people who are on their way to losing weight and being more active have slips. But a slip doesn't need to lead to giving up completely. Slips can and should be useful learning experiences.
- C No one time of overeating or not being active, no matter how extreme, will ruin everything.** You won't gain more than a few pounds of weight even after the biggest eating binge imaginable--unless you *stay* off track and keep overeating time and time again. **The slip is not the problem. The problem occurs if you don't get back on your feet again and keep going toward your goals.**

So after you have a slip:

- 1. Talk back to negative thoughts with positive thoughts.**
The negative thoughts that come after a slip can be your worst enemy. They can lead to feeling discouraged, guilty and angry and undermine your ability to handle the slip effectively. Talk back to the negative thoughts with positive ones. "I am not a failure because I have slipped. I can get back on my feet again."
- 2. Next, ask yourself what happened.**
Use the opportunity to look closely at the situation and ask yourself what happened. Was it a special occasion? If so, is it likely to happen again soon? Did you overeat because you were lonely, bored, or depressed? Did you eat because of social pressure? Did you skip activity because you were too busy with other things, or because of work and family pressures? Use these questions to review the situation and think about it objectively. **Learn from the slip.**

Then you can plan a strategy for handling the situation better next time. **Can you avoid this situation in the future** (for example, by not sitting near the food or by not walking past the candy machine)? If you can't avoid it, **can you manage it in a better way** (for example, by making sure you have low-calorie foods available at home)?

3. **Regain control the very next time you can.**
Do **not** tell yourself, "Well, I blew it for the day," and wait until the next day to start following your eating plan. **Make your very next meal a healthy one. Get back on schedule with your activity plan right away.** You will not have set yourself back very much if you follow this suggestion.
4. **Talk to someone supportive.** ("Talk it through, don't eat it through.")
Call your lifestyle coach or someone else on the DPP staff. Call another DPP participant or another friend. Discuss your new strategy for handling slips. Commit yourself to renewed effort.
5. Finally, **focus on all of the positive changes you have made** and realize that you can get back on track. The same person who "blew it" today is the same person who has been successful during many previous weeks. Slips do not reveal the "real you" (hopeless, lacking willpower, etc.). They are simply another occasion of behavior. **Remember, you are making life-long changes. Slips are just one part of the process.**

Assign home activity.

Describe one thing that has caused you to slip from healthy eating.

Could you **avoid it** in the future? If so, how? *[Record on the work sheet.]*

If not, make a plan for **how to get back on your feet** the next time you slip. *[Record.]*

Describe one thing that has caused you to slip from being active.

Could you **avoid it** in the future? If so, how? *[Record on the work sheet.]*

If not, make a plan for **how to get back on your feet** the next time you slip. *[Record.]*

For next week: a) Keep track of your eating and activity. b) Try your two action plans.
c) Answer the questions on the work sheet. Any questions?

Session 13: Jump Start Your Activity Plan.

Objectives:

In this session, the participant will:

- C Discuss ways to add interest and variety to the participant's activity plans.
- C Learn the definition of "aerobic fitness."
- C Learn the F.I.T.T. Principles (frequency, intensity, time, and type of activity) as related to heart (aerobic) fitness.

To Do Before the Session:

Have materials ready:

- C Keeping Track book.
- C Pages for participant notebook.
- C Optional handouts that are appropriate for the participant (for example, on various barriers to physical activity).

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity?

Did you try your two action plans to get back on your feet after slipping? How did it go?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Graph physical activity.

Discuss ways to add interest and variety to the participant's activity routine.

So far in the Lifestyle Balance program, our focus in terms of physical activity has been on increasing the amount of time you are active. We've moved gradually from 30 minutes per week to 2 ½ hours per week of new physical activity. We've emphasized walking because it's easy to do and doesn't require special equipment.

By this time in the program, many participants find that their activity routine has become a little stale and boring. **Boredom is a problem because it may cause you to slip back into old habits of not being active.** So it's important to be aware of any boredom you're feeling about your activity plan, and do something to keep it fresh and interesting.

That's what we'll talk about today--**ways to “jump start” your activity routine** (or give it new energy when it's becoming a little too “routine”).

First, **add variety.**

- C **Do something new and different** now and then. Don't expect yourself to do the same activity, day in and day out, every season of the year, any more than you would expect yourself to eat the same food, day in and day out, all year long. Remember, you are making life-long changes, and being active is something you will be doing for the rest of your life. So build in some variety. For example, if you usually walk during the week, plan to ride a bike or roller skate on the weekend. Try cross-country skiing and indoor cycling in the winter. Try strength (resistance) training on alternate days.

Can you think of some ways to vary what you do for activity?

Record on the work sheet. Include lifestyle activity but be sure the participant understands to self-monitor only the physical activities that are similar (or higher in) intensity than brisk walking (refer to Manual of Operations).

If the participant expresses interest in learning more about a particular activity, such as strength (resistance) training, consider making an appointment for the participant to meet with the exercise specialist on staff for instruction.

- C **Do the same activity in a new place.** For example:
 - C Walk a different path through the park.
 - C Walk in a different neighborhood after work.

What are some ways you can vary where you do your activity? *(Record.)*

- C **Be active as a way to be social.**

- C Instead of going out for a cup of coffee, go out for a “walk and talk” with a friend or family member.
- C Plan a weekend hike with a group of friends.
- C Go biking with a cycling club.
- C Join a basketball team.
- C Sign up with a group of friends for a walk for charity.

What are some activities you could do with a friend, family member, or group as a way to socialize? *(Record.)*

It also helps if you **make being active fun.**

- C Some people enjoy listening to a radio, music tapes or books on tape while they walk or jog.
- C Plan walking tours of cities when you travel.

What would be fun for you? *(Record.)*

Another way to prevent boredom is to **challenge yourself.**

- C Prepare yourself for a walk-a-thon or race.
- C Train for a challenging mountain hike on your vacation.
- C Set up a friendly competition with a friend (whoever walks the most miles before a certain date gets taken out to lunch by the other).

What would make activity more challenging for you? *(Record.)*

Have you been bored at times with your activity in the past?

Have you found anything to be particularly helpful for you at those times?

If you're not bored now, please be sure to bring it up whenever you do feel bored in the future. Use me and our activity specialist as resources to help you. For example, we can talk about some community programs that might add interest to your activity routine, and so on.

Define “aerobic fitness.”

One way to add something new to your activity routine is to begin to focus on **improving your “aerobic fitness.”**

“Aerobic fitness” refers to **how well your heart can pump oxygen (“aer-”)**

through your blood to your muscles, like those in your arms and legs.

Your heart is a muscle, too. If you exercise your heart (make it beat faster), it will become stronger over time. This is just like the muscles in your arm becoming stronger if you lift weights every day.

As your heart becomes stronger, you'll notice that it's easier for you to do things like walking up stairs and carrying groceries.

Explain the F.I.T.T. Principles.

Not all ways of being active will help strengthen your heart--only those that are "F.I.T.T."

This is what "F.I.T.T." stands for:

"F" stands for **frequency**, or **how often you are active**.

Aerobic fitness levels go down within 48 hours of no activity, so it's important to be active often.

C Try to be active on most days of the week (at least 3 days per week is recommended; 5 to 7 days are even better).

C To avoid soreness and injury, it's best to **increase the frequency slowly**.

"I" stands for **intensity**, or **how hard you are working while being active**.

This is usually measured by **how fast your heart beats**. We want your heart to beat faster than it usually does, so that it will become stronger, but we don't want it to beat so fast that you could injure yourself.

C The goal is to stay within what's called your **"target heart rate,"** about 50 to 70% of the maximum number of times your heart can beat in a minute for someone your age.

Here is how to **figure your target heart rate**.

Review the formula on the work sheet and calculate the participant's own target heart rate.

Have you ever taken your heart rate or pulse?

Review with the participant the steps for taking your heart rate as described on the work sheet. Use a pen or marker to mark on the participant's wrist exactly where he or she is able to find the pulse. This will help the participant find it quickly when exercising.

- C Another way to get a rough idea of how hard you should be working is to **breathe fast enough that you can talk but not sing**. You should be able to have a conversation with a friend while walking, but **if you can break into song, speed it up!**

On the other hand, **if you have trouble breathing and talking while you walk, slow down.**

- C **As you do regular physical activity over time, your heart doesn't beat as fast** as it used to. For example, you'll notice that your heart doesn't beat as fast when you walk up stairs, and you don't get as out of breath.

This means that you are becoming more fit, that your heart is doing the same amount of work with less effort. It also means that to continue strengthening your heart, **you will need gradually to do more challenging activity to reach your target heart rate**. For example, you'll need to walk faster than you used to get the same benefit in terms of aerobic fitness.

"T" stands for **time, or how long you are active**.

- C To improve your aerobic fitness, you should **stay active continuously for at least 10 minutes**. That's why we don't ask you to record in your Keeping Track any activity that doesn't last at least 10 minutes.
- C We recommend that you **slowly increase the time you are active to 20 to 60 minutes**.
- C The **total number of minutes per week should at least equal your Lifestyle Balance activity goal for that week**.

The final **"T"** stands for **type of activity**.

- C To improve your fitness, you should do **"aerobic"** activities. As we said before, these are activities that **challenge your heart**. Brisk walking, jogging, and bicycling are all examples of aerobic activities.

- C These activities **use large muscle groups**, such as your arms and legs, and
- C **Last 10 minutes or longer.** Brief activities that don't require your heart to work harder, such as bowling, pitching a softball, or washing a window, will not improve your aerobic fitness.

Introduce another way to measure exercise intensity.

Measuring your heart rate is one way to keep track of your intensity (or how hard you are working) when you're active. But even without measuring their heart rate, most people have a good sense of how hard they're working when they're active, just by listening to their body.

Rate yourself on this scale while you're being active. How hard are you working?

Review the work sheet with the participant. For your own background information as a Lifestyle Coach, the scale is based on Borg's original Rating of Perceived Exertion (RPE) Scale which is a numerical scale from 6 to 19, with 7 corresponding to very, very light, 9 to very light, 11 to fairly light, 13 to somewhat hard, 15 to hard, 17 to very hard, and 19 to very, very hard. The original scale was designed to approximate what one would estimate the corresponding heart rate to be, by adding a zero to the end of the RPE. For example, an RPE of 13 (somewhat hard) would approximate a heart rate of 130. So if a participant calculated her upper heart rate limit to be 130, her upper RPE limit would be around 13.

Assign home activity.

For next week:

- C Keep track of your weight, eating and activity.
- C Do your best to reach your activity goal for the week. *[Record.]*
- C Take your heart rate or pulse every time you're doing physical activity.
- C Adjust how hard you are working during an activity so that you stay within your target heart rate *[specify]* or keep how hard you are working at this level *[specify]*.

Any questions?

You may want to ask the participant to invite a family member to the next session, Make Social Cues Work for You, if you and the participant think that would be helpful in planning strategies for handling social cues.

Session 14:

Make Social Cues Work *for* You.

Objectives:

In this session, the participant will:

- C Review examples of problem social cues and helpful social cues.
- C Discuss ways to change problem social cues and add helpful ones.
- C Review strategies for coping with social events such as parties, vacations, having visitors, and holidays.
- C Make an action plan to change a problem social cue and add a helpful one.

To Do Before the Session:

Ask the participant to invite a family member to this session if you and the participant think that would be helpful in planning strategies for handling social cues.

Have materials ready:

- C Keeping Track book.
- C Pages for participant notebook.
- C Optional handouts that are appropriate for the participant (for example, with tips for handling parties, holidays, vacations, and other social events; low-fat/calorie recipes for entertaining; helpful ideas for low-fat eating and staying active while traveling).

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity?

What was it like taking your pulse or **heart rate**? Were you able to stay within your target heart rate?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Graph physical activity.

Review the concept of food and activity “cues” and define social cues.

In an earlier session we talked about **how to “take charge of what’s around you.”** We took an imaginary video camera through your house and where you work, and we looked for problem food or activity “cues,” things that would prompt you to think about eating or to be inactive, like a TV set or a bag of cookies on a kitchen counter. We planned some ways to get rid of problem cues and add positive cues (for example, watch less TV, keep high-fat foods out of the house, and keep your walking shoes in sight).

In that session we focused on the sight and smell of food or certain activities that make you think about food. Today we’re going to talk about **social cues**, or **what other people say or do that affects your eating and activity**. Again, we will plan some ways to **reduce problem social cues** and some ways to **add positive ones**.

Give examples of problem social cues and positive social cues.

Problem Social Cues

One of the most powerful **problem social cues** is:

- C **The sight of other people eating problem foods or being inactive** (for example, you go to a bar where you see other people eating potato chips and watching TV). Can you think of an example in your own life? Is it difficult for you when you see someone in your family or a friend eat certain foods? (Record examples briefly on the work sheet.)
- C **Being offered (or pressured to eat) problem foods or being invited to do something inactive** are also negative cues (for example, your spouse buys you candy for your birthday or a friend asks you to come over to watch football). What are some examples in your own life?
- C **Being nagged** is a negative cue (for example, your spouse says, “You shouldn’t be eating that bacon. It’s too high in fat.”). Some people may think that nagging is helpful, but actually it tends to cause the behavior it’s designed to stop. Does

anyone nag you about your eating or activity?

- C **Hearing complaints** is a negative cue, too (for example, your daughter says, “I hate this frozen yogurt. Real ice cream is better,” or your spouse says, “You’re always outside walking. You don’t have any time for your family any more.”). Do you hear complaints from anyone about your eating or activity?

Now let’s compare problem social cues with **positive social cues**.

Positive social cues include:

- C The **sight of other people eating healthy foods or being active** (for example, you go out to dinner with another DPP participant who orders low-fat foods or you go to an aerobics class). Can you think of any people who are good examples for you? In what way? (Record on the work sheet.)
- C **Being offered healthy foods or being invited to do something active** (for example, your mother offers you fruit salad for dessert or asks you to go for a walk). Does anyone do this for you?
- C **Being praised** (for example, your spouse says, “The oatmeal was delicious this morning, honey.”). Who praises you for your efforts and accomplishments?
- C **Hearing compliments** (for example, your daughter says, “Thanks for buying frozen yogurt, Mom. It’s a lot healthier than ice cream,” or your spouse says, “You’re really committed to walking every day. I’m proud of you.”). Does anyone compliment you?

When you respond to a social cue in the same way over and over again, you build a habit. The cue becomes paired with the way you respond, and your response becomes more and more automatic. In an earlier session, we used the example of eating popcorn whenever you go to the movies as a food cue that over time becomes a habit for many people. It works the same way with social cues.

Let’s say that since childhood, your mother has offered you second helpings of food at the dinner table. You developed a habit of accepting her offer. Now when you return home as an adult and your mother offers you second helpings, it is hard for you to refuse.

It’s important to understand that with social cues, the **other person has also learned a habit**. So in the example we’ve just used, your mother has learned to offer you second helpings and expects that you will accept the offer. **This makes social cues even harder**

to change than other cues.

Discuss ways to change problem social cues.

How can you change problem social cues?

1. As with problem food cues, one of the best things you can do is to **stay away from the cue, if you can**. For example:
 - C Move to a different room if a family member eats problem foods in front of you.
 - C Skip certain parties that are just too tempting for you.
 - C Socialize with people by going bowling, dancing, or to the movies. Don't go out to eat as a way to socialize.
 - C Change the subject when someone starts talking about food or your weight or activity.
2. **Change the cue, if you can**. This means trying to influence the other person's habit, if you can. For example, when someone nags, complains, eats problem foods in front of you, or pressures you to eat:
 - C **Discuss the problem. Brainstorm options.** For example, "It's hard for me when you eat ice cream in front of me. It really tempting. Is there a way we could get together and have fun, but not eat ice cream?" **Be willing to compromise** to find a solution that will work for everyone.
 - C **Tell people about the DPP, your efforts to lose weight and be more active, and why this is important to you.** Many people will be willing to help if they understand that you are trying to change your eating and activity and why.

- C **Ask others to praise you for your efforts and ignore your slips. This is KEY to your success.** Explain to your friends and family that this is what would be most helpful to you. In turn, be sure to thank them when they notice your efforts and overlook your slips.

(Role play this with the participant, using an example that is meaningful to him or her.)
3. If you can't stay away from the problem social cue or change it, **practice responding in a more healthy way**. Over time you will **build a new, healthier**

habit and the other person will learn a new habit, too, because of your new response. For example:

- C **Say “No” to food offers.** If you are consistent and continue to say “No,” others will eventually stop offering.
- C One of the most important things you can do is to **show others you know they mean well, and suggest something they can do to help you. Be specific.** Most people mean well when they nag, offer food or pressure someone to eat (for example, many people think that being a good hostess means insisting that guests have second helpings). If you recognize that they mean well and give them a specific, positive alternative, they can still feel helpful and you are more likely to reach your goals, too. For example, when a hostess offers you second helpings, say, “Thanks so much for offering. You know what I’d really enjoy is some coffee.” **If you can, give them specific ideas of how to help ahead of time,** before you are confronted by a challenging situation.

Role play saying “No” to food offers, using an example that is meaningful to the participant. Illustrate that the participant should be prepared to say “No” several times to someone who continues to offer, e.g., “Are you sure you don’t want a piece of cake?”

Remember that **it takes time to break an old habit or build a new one.** Change doesn’t happen overnight. And with social cues, there are at least two people involved in making a change: yourself and someone else. **Don’t expect other people to adjust instantly** to a new way of relating, any more than you expect yourself to change instantly.

Discuss ways to add positive social cues.

Not all social cues are problems. You can use social cues to *help* you eat healthier and be more active. For example:

- C **Spend time with people who are active and make healthy food choices.** For example, at parties stand next to people who spend most of their time talking and dancing instead of eating.
- C **Put yourself in places where people are active.** For example, join an exercise club or sports league. Come to the DPP activity sessions.

- C **Set up a regular “date” with others to be active.** You will be more likely to be active because you won’t want to disappoint them by cancelling.
- C **Ask your friends to call you to remind you to be active or to set up dates to be active.**
- C **Bring a low-fat/calorie food to share.** For example, bring a fruit salad to a potluck dinner.
- C **Be the first to order when you eat out at a restaurant** and order healthy foods. This is much easier than waiting until after others order high-fat foods and then trying to make a healthier choice. In addition, you will provide a positive social cue for other people.
- C **Be social by doing something active.** For example, take a walk and talk. Go out dancing instead of going out to dinner. Start a family tradition of taking a walk after dinner instead of watching TV.

An important way to change negative social cues and add positive ones is to **ask people who want to support you for help.**

What people in your life want to support you? *[Record a few names.]*

What could they do to help you? Here are some ideas. Would any of these be helpful to you?

Review the ideas on the work sheet. Check a few that the participant thinks would be helpful. Add other ideas at the bottom of the chart. Some participants may want to copy the work sheet to give to a supportive friend or family member.

Discuss ways to handle social events such as parties, having visitors, or holidays.

Social cues are especially powerful at social events such as parties, holidays, vacations, and when you have guests in your home or are a guest in someone else’s home. These events:

- C **Upset our routine** (for example, you usually walk after dinner, so how do you fit walking in on a day when you’re going to a party after dinner?),
- C **Challenge us with unique food and social cues** (for example, your family serves appetizers whenever there are guests in the house but not at other times; you go

on vacation to a place you've never been before and you're not familiar with any of the restaurants),

- C **May involve habits that have developed over many years and so can be very powerful** (for example, for the past 30 years on Thanksgiving, your family has watched the parade on TV and had pumpkin pie with whipped cream for dessert).

What are some social events that are difficult for you?

Get an idea of the kind of social events the participant attends. If it is near a holiday or vacation, you may want to focus during the remainder of the session on brainstorming options and making an action plan for that specific event. Optional participant handouts (see Appendix) are available that provide guidelines for holidays, parties, vacations, and so on.

To handle social events well, try to anticipate the problems that will occur. What exactly might be difficult for you? Then brainstorm your options ahead of time. Here are some ideas: *[review the examples on the work sheet]*:

- C **Plan ahead.**
- C **Stay away from problem cues when you can.**
- C **Change problem cues.**
- C **Respond to problem cues in a more healthy way.**
- C **Add helpful social cues.**

Stay positive. Think of every social event as an opportunity to learn what works well for you and what doesn't. Remember, you are building healthy habits for a lifetime.

For participants that entertain, you may want to distribute some low-fat/calorie ideas and/or recipes (for example, recipes for low-fat dips and a list of low-fat crackers). Participants who travel often may appreciate the optional handout on helpful ideas for low-fat eating and staying active while traveling.

Assign home activity.

With the participant, develop and record on the work sheet two action plans to:

- C Change a problem social cue.
- C Add a helpful social cue.

If it is near a holiday, vacation, or particular social event, include an action plan for that event.

Assign home activity.

This week:

- C Keep track of your weight, eating and activity.
- C Try your two action plans for making social cues work for you.
- C And before the next session, answer the questions (Did it work? If not, what went wrong?) for both action plans.

Session 15: You Can Manage Stress.

Objectives:

In this session, the participant will:

- C Discuss how to prevent stress and cope with unavoidable stress.
- C Discuss how the DPP can be a source of stress and how to manage that stress.

To Do Before the Session:

Have materials ready:

- C Keeping Track book.
- C Pages for participant notebook.

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity?

Were you able to follow your action plans (change the problem social cue and add the helpful one)?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant.

Graph physical activity.

Define stress and its relevance to the DPP.

Stress is tension or pressure. Stress is a natural part of living our life.

Any change, good or bad, big or small, can cause stress. Big changes or events in our

life--like getting married, a serious illness, changing jobs--can cause stress. Small events--like losing your keys, having a birthday, having a flat tire, or needing to get your errands done before picking up your children--can also cause stress.

What kinds of things make you feel stressed?

Why are we talking about stress in the Lifestyle Balance program? Because **many people react to stress by changing their eating and activity habits**. Some people eat and drink too much as a way to deal with stress. Others may stop eating. Some people become very inactive and withdrawn.

What is it like for you when you get stressed?

If the participant does not provide examples, mention one or two situations that are typically stressful (such as being under a deadline at work, being faced with unexpected responsibilities such as a sick child or car repair). Ask how the participant feels or reacts. Based on the response, point out any physical and emotional symptoms (headache or muscle tension) and behavioral changes that might affect eating and activity.

- C Do you get any physical symptoms like a headache or stomach ache or muscle tension?
- C Do you change your behaviors when you feel stressed?
- C Do you eat more when you are stressed?
- C Do you change the kinds of food you eat?
- C Do you change how active you are or the kind of physical activities you do?

Discuss ways to prevent stress.

An ounce of prevention is worth a pound of cure, and this is certainly true when it comes to stress. The best approach is to **prevent stress whenever you can**. Here are some ideas:

1. **Practice saying, “No.”**

Practice saying “No” when someone else asks you to do something you don’t want to do. Say “Yes” only when it is important to **you**.

Saying “No” can be hard. It causes some tension or stress. But that stress is usually short-lived. If you say “Yes,” you may have hours, weeks, or months of stress as you do whatever you agreed to do.

2. **Share some of your work with others, both at home and at work.**

Delegate what you can to someone else. For example, your spouse and children

might be able to help clean the house, cut the lawn, shop for food, prepare meals, and do laundry. A co-worker might be able to help you with an overwhelming project at work.

Sharing work doesn't mean you're being irresponsible. Giving responsibility to others, even if they aren't as experienced as you, gives them a chance to learn, participate, and gain experience. One warning: Don't expect them to be perfect. Criticizing the efforts of others who are trying to help can be another source of stress. Instead, support them for their efforts and be patient as they gain skills.

3. **Set goals you can reach.**

Sometimes we create our own stress by trying to be perfect. If you set reasonable goals, you are more likely to succeed. When you succeed, you are less likely to feel stressed. Remember, we talked about this when we discussed negative thoughts--if you try to be perfect, you probably won't succeed!

Periodically, take a good look at the demands you are placing on yourself. Ask yourself, "Am I expecting myself to do more than anyone could possibly do?"

4. **Take charge of your time.**

Make schedules with the real world in mind. Don't try to accomplish in 30 minutes what realistically will take an hour. Take a good look at your to-do list, eliminate what isn't essential, and give yourself a realistic amount of time to accomplish the rest.

Get organized. Chaos is very stressful. It's also inefficient. Devote some time every day to getting organized, and you will save time and stress in the long run.

5. **Use the steps for solving problems.**

If changing your eating and activity habits is causing stress, take action. Use the steps to solving a problem that we discussed in an earlier session:

- C Describe the problem in detail. Discuss it with your family or friends if they are involved.
- C Brainstorm your options.
- C Pick one option that is very likely to work and that you can do.
- C Make an action plan.
- C Then try it and see how it works.

Continue the process until you find a solution. Sitting on problems can cause even more stress. Solve them instead and move on.

6. **Plan ahead.**
Think about what kind of situations are stressful for you. These are times when you are at high risk, so plan ahead for how to handle them or work around them. For example, are holidays especially stressful for you? If so, plan some ways to make your life easier during the holidays. Examples: Buy frozen meals to have on hand for busy days. Decide what parts of decorating the house are not essential to you and spend that time relaxing instead.
7. **Keep things in perspective. Remember your purpose.**
Maintain a positive attitude. Think of all the good things in your life. And remember why you joined the DPP.
8. **Reach out to people.**
Think about who you can turn to for support. **Ask supportive people to help** when you are overwhelmed or need someone to encourage you. We talked about this last week.
9. **Be physically active.**
Many people find that being active helps them cope with stress and feel more relaxed and able to manage stressful situations more smoothly.

Discuss ways to cope with unavoidable stress.

What about the times when you can't avoid stress?

- C **First, catch yourself feeling stressed as early as you can.**
We talked before about action or behavior chains and that it's important to try to break them as early as possible. The same is true of stress. If you learn to recognize the signs of stress and catch yourself early in the process, you may have a chance to avoid some of the harmful consequences such as overeating or being inactive.

Do you have any signs when you are getting stressed?

- C **Take a 10-minute "time out."**
Develop a new habit of responding to stress with a "time out"--stop what you are doing and take a few minutes for **yourself**. Do whatever you find helpful that doesn't involve food. Examples:
- a. **Move those muscles.**
Research has shown that being active relieves tension, reduces anxiety, and

counters depression. So when you notice yourself feeling stressed, make yourself go out for a 10 or 15-minute brisk walk. Or get on your exercise bike and pump for 10 minutes. The distraction and breathing can do a lot to make you feel better.

b. **Pamper yourself.** Take a bath. Manicure your nails. Massage your feet. Read a magazine. Read the funnies. **Just take out 10 minutes for YOURSELF.**

c. **Breathe.** Most of us tend to hold our breath when we are under stress, which creates more tension in the body and mind. So when you catch yourself feeling stressed, try this:

Take a full, deep breath. Count to five. Then let go of your breath slowly. Let the muscles in your face, arms, legs, and body go completely loose.

Discuss how the DPP may be a source of stress and ways to manage that stress.

We understand that **the DPP itself and the lifestyle changes we recommend may cause stress.** Changing your behaviors and helping your family to make related changes can create pressure and tension.

Here are some possible ways that the DPP may cause stress and some examples of how to manage that stress.

Review the work sheet with the participant. Note that some of the possible sources of stress may not apply to the participant--for example, the participant's family may enjoy low-fat foods. Be careful that the review of the work sheet does not create a negative perspective, and help the participant feel able to cope should such stresses arise.

Assign home activity.

How does the DPP cause you stress? *[Record on work sheet.]* What are some other major sources of stress in your life? *[Record on work sheet.]* Pick one of the examples you've given, and let's make an action plan for either preventing that stress or coping with it. *[Complete the work sheet.]*

For next week:

C Keep track of your weight, eating and activity.

- C Follow your action plan.
Then answer the questions on the work sheet (Did it work? If not, what went wrong?) before we meet next time.

Session 16: Ways to Stay Motivated.

Objectives:

In this session, the participant will:

- C Receive a certificate of participation.
- C Review the participant's progress since Session 1, and if not at goal, develop a plan to improve progress.
- C Discuss the importance of motivation and ways to stay motivated.

To Do Before the Session:

Review the participant's progress notes since Session 1. Note any plans that were made to improve weight loss and activity level, which strategies were used, and which were successful or not successful. If the participant is not currently at goal for weight loss and/or activity, refer to the Tool Box for ideas of additional strategies required or optional for particular problems.

If you have copies of some of the participant's past Keeping Track records, review them as well. Note some of the positive changes the participant has made.

Make sure the participant's How Am I Doing? graphs for weight and activity are up to date.

Get materials ready:

- C Keeping Track book(s).
- C Optional forms for self-monitoring during maintenance, such as the Lifestyle Balance Calendar, if applicable.
- C Pages for participant's notebook.
- C Lifestyle Balance certificate of participation. There are several versions; choose the version that is appropriate for the participant's level of progress. You may want to print the certificate on special paper and add the participant's name in calligraphy if possible (by computer or by hand). Have the principal investigator at your center sign the certificate before the session.
- C Meal plans appropriate for the participant's calorie goal, if applicable.

Weigh the participant. Graph.

Receive and review Keeping Track records. Discuss successes and difficulties in meeting the study goals. Review the last session, including home activities. Graph activity.

Did you have any trouble Keeping Track last week? Were you able to stay under your fat gram budget? Reach your goal for physical activity? Were you able to follow your action plan (to prevent or cope with one source of stress)?

Praise all progress, no matter how small. Discuss barriers and problem solve with the participant. Graph physical activity.

Give the participant a certificate of participation and introduce the upcoming calendar of sessions.

This is the last of the 16 core sessions of the DPP's Lifestyle Balance program. Congratulations! This certificate is to let you know how very important your participation in the DPP has been during this time.

Sign the Lifestyle Balance certificate of participation and give it to the participant. Personalize it by mentioning briefly some of the particular contributions and efforts that the participant has made.

It's very important to keep in mind that, even though you have finished the first 16 sessions, the **weight loss and physical activity goals remain in place for the rest of the DPP**. So at our next visit, we'll talk about how we'll work together in the future to help you...

If the participant hasn't reached the goals, emphasize reaching them and then maintaining them for the rest of the study. If the participant *has* reached both goals, emphasize maintaining them and surpassing them if possible because they are *minimum* goals.

Let's set up an appointment for the next visit

If at all possible, make the appointment for one or two weeks from now. Do **not** go to monthly or bimonthly visits at this point (for a detailed discussion of this issue, see the Manual for Contacts After Core, Session 1). Also, do **not** design a general schedule for the after-core period at this point; wait until the first after-core session when you will discuss the frequency of contact in the context of the goals for the after-core.

Review the participant's progress since Session 1, and if not at goal, develop a plan to improve progress.

Today we're going to talk about ways to stay motivated for the long term, to make healthy eating and being active last for a lifetime. But first, let's review your progress since the beginning of the program.

C **What are some of the major changes you've made to be more active?** Include both what you do to reach your goal (that is, those activities you record) and what you do to be more active in general (the lifestyle activity that you don't record, like taking the stairs instead of an elevator).

C **What changes have you made to eat fewer calories and less fat?**

Briefly record on the work sheet some of the changes made by the participant. Be as specific as possible. Praise and encourage the maintenance of these changes.

Have you reached your weight goal? Your activity goal?

Refer to the How Am I Doing? graphs for weight and activity, and check yes or no on the work sheet.

If the participant is **at goal** for weight loss and activity, praise the progress made.

If the participant is **not at goal** for weight loss or activity, praise whatever progress has been made. Encourage the participant to improve, and develop a plan using the work sheet. **Follow the guidelines in the Tool Box as to which strategies are required to address particular problems identified.** For example, some participants may need to be given meal plans at a lower calorie level.

Discuss the importance of motivation.

In programs like Lifestyle Balance, **motivation is crucial to maintaining healthy eating and physical activity for the long term.** But how to stay motivated is **one of the biggest problems people face.**

One reason it's difficult to stay motivated is the fact that many people do well. This sounds ironic--your progress itself makes it hard to *maintain* that progress. But think

back to when you first joined the DPP. *[Tailor the following examples to the individual participant's experience thus far in the program.]* You may have felt tired when you went up stairs and that motivated you to become more active. Now that you're more active, you can climb stairs without difficulty. So that source of motivation (feeling tired when you climbed stairs) is gone.

It's the same for weight. When you first came into the DPP, your clothes may have been tight and that motivated you to lose weight. If your clothes are looser on you now, you no longer have tight-fitting clothes as a source of motivation.

Discuss ways to stay motivated.

However, it *is* possible to stay motivated for the long term and, as I said, it is very important to maintaining healthy eating and staying active. Here are some things that other people have found helpful.

1. Stay aware of the benefits you've achieved and hope to achieve.

Again, think back to when you first joined the DPP. What did you hope to achieve?

Record on the work sheet. Refer the participant back to the work sheet from Session 1A, Remember Your Purpose, and review. Also **acknowledge any costs** that the participant articulates at this point (or that the participant has discussed with you before). Be aware that, throughout the study, participants will continue to weigh the costs versus the benefits of the program as they perceive them.

Have you reached these goals?

Have you received any benefits that you didn't expect?

What would you like to achieve during the next six months of the DPP? Let's make a list and then you can review these when you need motivation. *[Record.]*

2. Recognize your successes.

What changes in your eating and activity habits do you feel proudest of? What has been easier than you thought it would be? What has been harder than you thought it would be?

When you are feeling low on motivation, think about all of these positive changes and give yourself credit for them. Try not to lose the momentum you have reached so far.

3. Keep visible signs of your progress so you can see how far you've come.

- C **Post a graph of your weight loss and activity on your refrigerator door.** Not only will it keep you aware of your progress, but loved ones will take note and congratulate you for your movement in the right direction.
- C **Mark your activity milestones on a map toward a particular goal.** For example, create a simple map of the number of miles it would take to walk to a favorite vacation spot or tour a favorite city. Mark milestones along the way (the halfway point, a fun museum to stop at along the way, and so on). You might even want to go on an actual vacation at that place when you reach your goal.
- C **Measure yourself at monthly intervals.** Keep track of your progress in terms of specific measurements (for example, waist circumference or the number of belt loops).

4. Keep track of your weight, eating and activity.

It's common to "drift" away from new habits. You may gradually make small changes in your eating and activity over a long period of time, and not even be aware that you are slowly going back to your old habits. The best way to prevent this and stay in control is to continue to keep track. Keeping track will help you catch changes before they sneak up on you.

Give the participant optional forms for self-monitoring during maintenance, such as the Lifestyle Balance Calendar, if applicable.

- C **Record your activity daily.**
- C **Record what you eat this often:** _____. *[Fill in the blank. The minimum should be one week per month, but some participants may want to or be willing to continue daily self-monitoring.]*
- C **Record your weight on** _____. *[Fill in the blank, for example, "on Monday mornings."]*

If you gain weight, you will need to keep track more often.

5. Add variety to your routine.

We've talked before about how to "jump start" your activity plan. Have you added some

variety to keep yourself from being bored with staying active? Have you noticed any difference in how you feel about being active?

The same thing is true with eating. You don't need to use the same low fat salad dressing every night. Experiment with new low fat products. Try new recipes and restaurants. Don't approach healthy eating as a chore. It is an art.

What meals, snacks, or particular foods are you most bored with? Can you think of some ways to vary this part of your eating?

Record the participant's ideas on the work sheet. Examples:

- C Use seasonings and flavorings to add flavor to lower-fat dishes. (Review the handout on adding flavor without fat.)
- C Try a wide range of fruits, vegetables, and grains.
- C Include a variety of colors, textures, and tastes on your plate.
- C Make one night a week an "ethnic night," "soup night," or "vegetarian night." Experiment with preparing various recipes for these foods.
- C If you eat out often, plan more meals at home.
- C If you eat at home often, plan more meals out. (Have you stopped eating out because you're trying to lose weight? Has this left you feeling restricted and deprived? Have you stopped inviting friends over to eat or accepting invitations to eat at their homes? Don't deny yourself the pleasure of social eating. Instead, make a plan for how to handle these times, then try your plan, and see how it works. You may make a few mistakes at first, but it's important to know that you **can** eat out and still eat healthy.)
- C Share food preparation and dining with others as a way to relax. Invite people over to prepare dinner together. Cook with your children and spouse.
- C Plan potluck dinners around a certain theme and share the best recipes you discover as a group.
- C You may want to subscribe to a magazine that includes healthy recipes and food ideas, such as Weight Watchers, Eating Well, or Cooking Light.
- C Or take a class to learn how to cook, at least the basics.

If the participant expresses interest in learning more about a specific topic such as ethnic cooking or vegetarian eating, address it briefly here and plan to provide more detail at a future meeting or group session.

6. Set new goals for yourself, and develop ways to reward yourself when you meet each goal.

The **goal** should be **specific and short-term** (“I will not use butter or margarine on my vegetables this week”). It should also be something that’s not too easy or too hard (something that will present “**just enough**” of a **challenge** for you that you will be able to do it and will also feel that you’ve accomplished something).

The **reward** should be **something that you will do or buy if and only if you reach your goal**. The reward doesn’t need to be fancy or cost a lot of money. It can be something that you normally enjoy doing (like reading the paper or taking a hot bath) with the difference being that you will do it *only if* you reach your goal. For example, “After I finish this walk, I’ll call my friend and chat.” Then, if you need a boost to keep you going during your walk, you can think about what you’ll talk about on the phone with your friend.

What are some non-food ways you can reward yourself for reaching a goal?

Record ideas on the worksheet, such as:

- C Buy myself fresh flowers,
- C Treat myself to a manicure,
- C Go to a movie,
- C Set some money aside for something you want to buy or do,
- C Take a bubble bath,
- C Buy a favorite magazine, or
- C Take some time for myself. (Specify.)

7. Create some friendly competition.

Get a friend or relative to enter into a friendly competition with you. This should be the **kind of competition in which you both win**. For example:

- C If you and your friend are both active every day for a month, at the end of the month what will you do?
- C If you are active every day for a month and your daughter does her homework every day, at the end of the month what will you treat yourselves to?
- C See how many days in a row you can be active for at least 30 minutes. Try to beat yourself. For example, if last month you were active for seven days in a row, see if you can do better this month.

8. Use me and others to help you stay motivated.

If you notice that your motivation is dropping, call me. Or call someone else on the Lifestyle Balance staff. Or call a friend or another DPP participant. Everyone has trouble staying motivated sometimes, so we all understand. And we can help each other through the tough times.

Assign home activity.

Pick one way to stay motivated that you think would be most helpful to you right now. Choose something that is very likely to work and that you can do. Be realistic. Be specific. (*Record on work sheet.*)

Let's **make an action plan** related to that. (*Complete the work sheet.*)
For next week, keep track of your eating and activity. Follow your action plan. And answer the questions on the work sheet before you come in for your next session.

Appendix B: The Lifestyle Balance Q & A Guide and Resource Materials on Motivational Interviewing

B.1. Introduction to the Q & A Guide

The psychological and behavioral responses of participants to the DPP lifestyle intervention may vary greatly, both among participants and in the same participant over time, particularly given that the intervention lasts several years. The Q & A Guide is an effort to review for Case Managers several of the *more common* questions, concerns, and reactions that have been observed in participants in other, similar lifestyle change programs.

The purpose of the Q & A Guide is to assist lifestyle team members with “helpful responses” to participants, that is, responses that will:

- C Acknowledge the variable concerns, skills, and life circumstance of participants,
- C Promote personal responsibility for behavior change, and
- C At the same time maintain a clear protocol focus.

The Q & A Guide should be used along with the rest of the Lifestyle Intervention Manual of Operations, particularly Section 7, Guidelines for Implementing the DPP Lifestyle Intervention, and Appendix A: Scripts for Core Curriculum Sessions.

The counseling approach in the Q & A Guide is based, in part, on the principles presented in **Motivational Interviewing** by Miller and Rolnick (1991).

“The appearance of motivational interviewing is quite client-centered; yet the counselor maintains a strong sense of purpose and direction, and actively chooses the right moment to intervene in incisive ways.” (Preface, page x)

The specific information on nutrition, physical activity, and behavior change in the Q & A Guide is based on a synthesis of current research findings and the Lifestyle Resource Core’s experience in conducting lifestyle intervention programs over the last 20 years. In general, the reading level of the Q&A guide is somewhat higher than the rest of the coach’s materials. As always, please adapt the language contained in these examples so that they are most appropriate for your target audience.

B.2. A General Comment about Participant Readiness and Motivation

A general clinical setting provides greater flexibility than does a research setting in terms of fine-tuning an assessment of a client’s readiness to change and delaying, sequencing, or adapting intervention strategies accordingly. In the DPP Lifestyle Balance protocol, the behavioral intervention is prescribed and a time frame is specified. This is a necessary condition for evaluating outcome in a controlled, clinical trial. We begin with the assumption that all

randomized participants, in that they have remained with the DPP through screening, informed consent, run-in, and randomization, are likely to be ready to take action toward reducing their risk of diabetes onset. At the same time, participant readiness and motivation to tackle **each** of the specific components of the intervention will vary, both among participants and over time. Even the most enthusiastic participants will experience motivational plateaus.

As Lifestyle Coaches, our job is to **keep working** with the ongoing (and fluctuating) likelihood that each participant will enter into and adhere to a number of specific behavior change strategies to reach the two lifestyle goals: a 7 % weight loss and 700 kilocalories of physical activity weekly. In a **goal-based** program such as this, the Case Manager will need to cultivate a clear sense of purpose, high (though not rigid and perfectionistic) standards, **and at the same time** a healthy respect for the various responses encountered among participants.

Therefore, we begin the Q & A Guide with a brief summary of general observations regarding the ambivalence and resistance that may be encountered in participants in long-term lifestyle behavior change programs.

B.3. Ambivalence and Resistance Is Normal

As lifestyle change specialists we have found it useful to keep in mind the following points about participants who appear to be struggling with making changes in eating and physical activity behavior:

- C There are many, many potent cues in a participant's daily environment (internal and external) which turn eating "on" and not so many to turn eating "off." The same is true for sedentary behavior.
- C "Approach/avoidance" conflict is normal in changing eating and physical activity behavior (wanting to be physically healthy versus not wanting to give up pleasurable habits).
- C "Disease risk" is an abstract and distant concept for many participants.
- C Health behaviors often get "moved to the back burner" in the presence of other life demands.
- C Participants have negative thoughts (believe they won't be successful) regarding their ability to make health behavior changes, and this continually influences their behavior.
- C All of the above are based on **long-term learning** and are normally not evidence of a pathological, "addictive" or "oppositional" personality. (See Section 3.4. for how to respond if a participant presents ongoing problems outside the scope of the Lifestyle Coach's role, such as a significant clinical depression, anxiety, serious alcohol use, or a

clinical eating disorder.)

B.4. Helpful Ways of Communicating

The following elements of motivational interviewing are summarized because it is believed that they will help us to interact with participants respectfully **and** decisively at the same time. Such a style is necessary to help build momentum for behavior change in the presence of normal ambivalence and resistance. Therefore, you will also find it useful to return to core-curriculum material and principles as you help participants confront the same healthy lifestyle barriers over and over again.

- C Use affirmation and empathy (“I can see that you haven’t been able to increase your exercise at all for a few weeks. You must be feeling frustrated and stuck.”).
- C Amplify the discrepancy between important personal goals and current behavior (“I can see you are working very hard to decrease your night-time eating on the one hand, yet you have not been able to keep the high-fat/calorie snacks out of the house on the other.”).
- C Avoid arguing or labeling--use only gentle confrontation (“I’d like to hear how uncomfortable this lack of progress is for you and what you think needs to happen next”).
- C “Roll” with direct resistance from the participant (such as arguing, interrupting, denying, ignoring) with statements like, “I respect your right to choose how to proceed. My intent is to help you give your best shot at diabetes prevention as outlined in the Lifestyle Balance Program.”
- C Support the participant in taking personal responsibility for change (“This strategy you have come up with really seems to be working--this kind of learning means the most”).

B.5. Working toward the Goals

The purpose of the DPP lifestyle treatment arm is to support each participant in arranging and strengthening their environments in ways that will allow for changes in eating and activity, and achievement of the weight and physical activity goal. The challenge for the DPP lifestyle coach is to help make this happen over 24 weeks of initial intervention, and help maintain it over a 3-6 year period. Therefore, a continuous goal for the lifestyle coach is to strengthen **whatever** existing motivation the participant has to keep attending sessions and working on the necessary skills, whether it is the first or the 50th meeting. A decision was made to formally introduce the behavior change goals during the first half of the core curriculum, and hold formal presentation of “barrier” topics such as problem-solving, negative thinking, lapse, and motivation until the latter half of the curriculum. Behavioral theory suggests that it is in

making direct and active attempts to change a behavior that you learn the most about your own personal barriers (that is, you get to “know yourself” better by attempting to change than by discussing yourself in the abstract).

Regardless, it is useful to remember that the 16 core curriculum sessions in total represent only about 5% of the potential total contact you may have with a participant over the course of the six year trial. Thus, all core material will be “on the table” within a relatively short interval and the “real work” lies beyond in helping participants continue to self-manage their eating and physical activity.

B.6. Helpful Responses for Specific Core Curriculum Sessions

Note: Two answers are provided for most questions. In general, the first is a straightforward, simple answer that may be the most direct response when the question is initially raised; the second answer is more complicated and may be most appropriate when, in your clinical judgment, a participant appears to be more resistant.

B.6.1A. Session 1A: Welcome to the Life Balance Program

Q: I am disappointed (nervous) about being in this group. It sounds like it will be a lot of time and effort and I really don’t know if I can reach these goals.

A: You are worth the time and effort and so is your health. Over time, your therapists and classmates will be here to help you design a newer, healthier lifestyle that works for you.

A: Please tell me more about the kinds of things you are concerned about (*Coaches note: Spend up to 5 minutes listening reflectively and empathizing specifically in response to what the participant is saying will be “hard” about making the overall commitment to the program, and changing lifestyle habits. Listen carefully for the kinds of social/environmental barriers anticipated, as well as the participant’s attributions regarding their ability to change--i.e. the “willpower” issue.*) Given what you are telling me, it does sound like you have a lot going on in your life and there are some tough barriers to be dealt with. However, the fact that you have pursued this program through a lengthy screening period and are sitting here today also tells me that you are pretty serious about trying to prevent diabetes. I am too, and I see my role as giving you the long-term guidance and support needed to build on the skills you may already have. Let’s start with where you are today and see if we can find some ways to help you reach the weight and activity goals without it taking more time and effort than you can manage. I’m curious to hear more about some of your past efforts at lifestyle change and whether there were even little successes. I’d also like to hear more about personal reasons you have for plugging away at this even though you expect it to be difficult.

Q: I really believe in what you are doing but I have lost and regained weight so many times before I’m beginning to think I’m just no good at this. Maybe I should just

give up and accept myself the way I am.

- A: I don't know how you lost weight before. Many people try to lose weight by starving themselves or following a strict eating pattern dictated to them or another kind of weight loss program or diet that they can't possibly follow for a lifetime. When you stop following these diets, you regain weight. The Lifestyle Balance program is different. You will design a new, healthier lifestyle for yourself that includes how/what you like to eat (for example, a big versus little breakfast; afternoon snack or not). You can take control while gaining health benefits.
- A: *(Coaches' note: In the course of listening reflectively and/or empathizing, as above, the next goal is to "amplify" the discrepancy in what the participant is saying and build momentum towards change. Any of the following comments could be combined to serve this purpose.)*

The fact that you continue to believe in the importance of healthy lifestyle change despite past frustration (and that you are here today) actually tells me that part of you very much would like to make this work.

I admire your persistence and, of course, am on the side of wanting to help you really make a change in your lifestyle habits this time.

Smokers average around 2-4 quit attempts before they finally quit for good. Likewise, it may take a lot of trial and error before a person learns their own best ways to make lasting changes in eating and exercise habits.

Our belief is that there is always **something** a person can be doing in an effort to prevent diabetes through healthy lifestyle change.

I would like to hear about one thing you think you can do differently this week.

- Q: Isn't getting diabetes really all in your genes? My family is loaded with obesity and diabetes I often wonder if changing my behavior will make any difference.**

- A: You can't change your genes, but you can change your behavior, your environment, and even your taste buds to create a healthier lifestyle and lower the risk of cardiovascular disease and so on.

- A: Thank you for raising a very important issue. It is one that we in the business of lifestyle change are asked over and over again. You are telling me that since you have "bad" genes you feel you are "doomed" for diabetes and changing lifestyle won't make a difference. You may find it helpful to know that many ethnic groups (Japanese, Pimas, Pacific Islanders to name a few) have been **much** more likely to develop obesity and diabetes when they are raised in this country with the typical American high-fat/calorie

eating and sedentary lifestyle, than when they are brought up in their native homelands with more traditional habits. Even in the United States, ethnic groups which had almost no diabetes at the turn of the century, have lots of the disease now. In the DPP, we will work together to find out what a powerful influence your environment has and how you can make it work for you instead of against you. Nevertheless, even if you were to get diagnosed as having diabetes I would not miss a beat in continuing to help you work toward the very same goals for the duration of the program.

(Coaches' note: The following example may work for individuals with a strong "family" identity.) Let's try and look at it from another angle. If your child was diagnosed with a rare gene disorder for which there was no cure, but you were told that by careful management of diet and exercise the ill effects of the disease would be lessened and your child would be able to live longer would you not try to do everything within your power to make this happen? We believe that the same kinds of energy and effort that go into helping others can be used to help yourself.

Q: I know this extra weight is bad for diabetes but the truth is my husband (boyfriend) has always told me he likes me just the way I am. I think to myself, "Why fight it?"

A: The DPP has no interest in making people skinny. We are going to focus on healthy eating and a modest weight loss goal for the purpose of preventing diabetes, not changing appearance. *(Coaches' note: Refer to the responses to the question in Session 1B: Getting Started Being Active regarding the physical activity goal.)*

B.6.1.B. Session 1B: Getting Started Being Active (or Losing Weight)

Q: You know I have always worked at becoming more active, and I do feel better and enjoy it when I exercise, but I never seem to be able to keep it up.

A: Experiment and find something you like to do. For example, walking, either alone with a walkman, or with family or friends. Maybe you would most prefer using a treadmill in front of your favorite TV program. Or maybe you need to try out some totally different kinds of exercise like team sports or swimming. Have realistic goals of 3 to 5 times per week, not miles everyday. As time goes on, you may want to make it a game (for example, you could call it "walk across America" and add up your miles to reach a certain city or state). This will keep things lively and give you something to shoot for. Have a regular time or be flexible.

A: The fact that you enjoy exercising is good news. It says to me that you find being active personally satisfying but have not been able to set up powerful enough activity cues around you to keep your habit going. As I continue to support you in getting started with your activity program this time, we can begin to anticipate and plan for the kinds of things (time, fatigue, family, weather) that have derailed your program in the past. The

behavioral goal here is for us to be creative enough in finding ways around those barriers so that your natural enjoyment of physical activity may take hold once again. Let's start by looking at times in your life when you may have been more active and see if we can find ways to "revive" activities you previously enjoyed.

Q: I am choosing to start with this activity regimen because I know I must do it for my health. The truth is, though, I have never really liked to exercise. Once I walked three times a week for six months, and I hated every minute of it. I just dragged myself out there each time.

A: See above.

A: If you hate it as much as you say, you must have really set up some powerful activity cues to keep you going for as long as you did. What did you actually do or say that made it possible for you to "drag yourself" out? Where there positive people or situations that made it more likely that you would take that walk? It sounds like you are ready to "prescribe yourself" some activity again, and its going to be important to find out what the most powerful cues might be. We may also want to talk about some ways that you may reward yourself for meeting your exercise goals since you don't really find it that personally satisfying.

Q: I have been uncoordinated and klutzy since grade school. I'm really in terrible shape and all those skinny people out there in day-glo spandex make me feel intimidated before I even get started.

A: We all start somewhere! I walk at North Park and there is the "spandex group," but most of us are in baggy sweats or shorts for comfort. The people walking are all colors, sizes, shapes and ages. Almost anyone can walk, and that is why we recommend it to you.

A: It sounds like you might be doing some "all-or-nothing" thinking. You've got the world divided into "perfect tens" and "perfect zeros", and this kind of thinking is preventing you from getting started. Let's start confronting these cultural stereotypes and begin to think about the kinds of activities and settings which will make you feel most comfortable exercising. We have some great aerobic videos to use, with real people of various sizes exercising and enjoying themselves. Let's try one.

Q: All those skinny people out there in day-glo spandex don't look healthy to me. All that frantic running and jumping around can't be good for you. They look like skeletons. I think you really need some "meat" on your body to be healthy.

A: But too much "meat" will put you at risk for diabetes. In the Lifestyle Balance program, your weight goal is a reasonable and healthy one. As far as whether "frantic" exercise is "good for you," we recommend walking and other kinds of moderate exercise that have

been shown to be safe and have a low impact on your body.

- A: It sounds like you might be doing some “all-or-none” thinking. You’ve got the world divided into “anorectic exercise fanatics”, and “round, healthy people”, and this kind of thinking is preventing you from getting started. Let’s start confronting these cultural stereotypes and begin to plan for the kinds of activities and settings which will make you feel most comfortable being physically active, and help you look and feel the way you want. The DPP program has no interest in making people “skinny”. We are going to focus on some simple activities like walking. The goal is 30 minutes a day on 5 days in the week, nothing extreme. *(Coaches’ note: There is considerable class and ethnic variability regarding standards for shape and weight, which may require further exploration with individual participants. If a participant or family member indicates ambivalence about the goals of the weight loss intervention, it may be useful to use the Stunkard weight silhouettes to reinforce the message that the DPP is for purposes of glucose control, and not for appearance.)*

Q: Writing down everything I eat is a pain.

- A: Yes, but like other pains (cleaning, going to work, laundry, paying bills), it has its rewards! View this as an opportunity to learn about yourself and your eating habits and about foods and their fat/calorie content. You’ll be amazed at how much you learn.
- A: I agree that keeping track can be a real bother, but that’s exactly why it works. It makes you very aware of **everything** that you put in your mouth, which is what makes monitoring the single most powerful tool you can use to change your eating habits. While it is pretty normal to want to just ignore food intake on the one hand (especially in the midst of fun times or difficult life demands), on the other hand this lack of attention really presents a problem for your DPP goals of low- fat eating and modest weight loss. Especially now, as you and I work together to really understand and change your eating patterns it is important for you to try and keep track somehow, some way. Can you tell me anything about the ways you have kept track of your eating in the past?

Q: I don’t have to write it down. I know what I eat.

- A: You probably do have a pretty good ball park idea of what you eat, but writing it down gives you the opportunity to see exactly how much by measuring foods and recording nibbles. By recording throughout the day it’s harder to forget that handful of french fries you snatched from your kids or spouse! I’m sure you do have a good idea of what you eat, but there may be room for you to learn even more about the fat content of those foods.
- A: I’m sure that you know deep down what you are eating but there are two other issues I’d like you to consider. One, is that you and I need to find a good way to communicate

about your food habits and keeping track will simply provide us with a solid starting place to do just that. The second is that our experience has shown us that there is a good deal of normal “human error” in the way people describe their food intake (i.e. underestimating portions, forgetting about the “nibbles” here and there). The best way to get around this is to try and record daily, and ideally after each meal or snack. (*Coaches Note: If the traditional **writing down** format continues to present a problem, you may begin to explore with the participant other modes of regular reporting such as the simpler “check-off” tracking forms, or more novel approaches such as “phoning in” food intake to a voice-mail line, or using hand-held audio-recorders to do the same, monitoring only on specific days or specific times that are likely to present problems. See below for ways to approach this.*)

Q: There’s no way I’m going to record everything in those books every day. I’ve tried it before and I know I just won’t do it.

A: (*If the question is asked early in the program*) Please try! Food diaries have been proven to help with weight loss. This will give you some structure, feed back, a chance to learn about food and your eating habits, as well as fat and calorie content of food.

(*If the question is asked later on*) Please record three times per week. Be honest with yourself and see if you have better control on the days when you do record versus the days when you do not. Also, track your weight loss when recording all days of the week versus recording only three days.

A: Then let’s talk about what you think you can realistically do. Again, the goal is for you to be truly aware of your food intake and for you and I to have regular communication about your eating habits. Would you be willing to commit to monitoring on certain days of the week, or certain times of the day when your food intake is most likely to be a problem for you?

Q: Will I have to monitor like this for the whole program? Will it ever feel like less of an effort?

A: Recording becomes easier as it becomes part of your routine. You become familiar with the Fat Counter and the calorie/fat content of your favorite foods. Believe it or not, many people get so used to it, they continue recording when maintaining. People also report that if their weight starts to creep up, the first tool they turn to is the food diary to help regain control.

A: Maintaining a low-fat eating style and a seven percent weight loss in a high-fat world will always require attention, effort and persistence. Part of our job together is to figure out, over time, how much (and what kind) of keeping track you need to do (and can manage doing) in order to stick with your goals. Many ex-smokers, ex-drinkers, and

successful weight maintainers have said that there does come a time when they feel more confident about the lifestyle changes they have made and that it no longer feels like such a struggle. However, many of these same people also report that they can never afford to be “cocky” and need to keep up some degree of watchfulness. So, for example, a successful weight maintainer may no longer write down her food intake every single day but may tally up daily fat grams or calories in her head, or return to writing all her foods down every day or put herself on a very structured meal plan when her weight creeps up more than 3 pounds. An analogy is glucose monitoring for the person who already has diabetes. How much monitoring is “enough” for this person? As much monitoring as is necessary to keep good control over blood sugar. In DPP, it may be helpful for you to define “enough” self-monitoring as whatever amount which will help you keep good control over eating and weight.

Q: You are thin. Do you do all this stuff or does being thin just come naturally?

A: (The response will vary depending on the unique experience of the Lifestyle Coach. This question is common, so think about how you would respond.)

Q: Do you struggle with weight control? Do you do all this stuff?

A: (Same as above.)

B.6.2. Session 2 or 5: Move Those Muscles

Q: I started out feeling pretty motivated but right now as I think about the goal of 2 ½ hours per week I wonder if I will really be able to cut it. It’s too overwhelming for me to think about.

A: We will begin slowly at a rate that is most comfortable for you. I will help you break this goal down into bite-sized pieces, and help you figure out ways to make it happen.

A: Your desire to “do it perfectly” may be dragging you down. Let’s back up a moment. The behavioral approach in the DPP is one of gradual change and the first thing is for us to find out more about the activities you are already doing, used to like to do, or would like to do. We will build from there. Also keep in mind that your progress towards the activity goal is not likely to occur in a perfect, straight line but will necessarily involve some ups and downs. It is expected that you won’t “cut it” all the time. The most important thing right now is to help you do *something* active this week. Let’s start with that.

Q: I think I really find walking more fun when I can talk to somebody. But my husband has a remote control surgically implanted in his hand, and my friends seem

to be really busy with their families.

A: You might try to join a walking group at a mall, or have the kids go with you. You could wear a walkman and sing along, or listen to books on tape. How about taking an aerobics class?

A: You sound like the perfect candidate for the weekly supervised activity sessions. At the moment you don't expect to find immediate social support close to home. Let's explore this further because families and friends can work on changing their habits together, and eventually it will be very important for you to develop your home-based program. In the meantime, you can get started with us in the supervised sessions, but by all means extend an invitation to family and friends to join us too. There are others who are in the same boat as you, and overtime you may begin to support one another. Let's start to look into who your "walking pals" might be.

Q: Why do I need to keep track of my exercise? Isn't it enough to just do it?

A: Studies have shown that keeping track of your activity is one of the best ways to become more active and stick with it. It's the most important thing you can do to become more active. It's also the way that you and I will communicate about how your activity has been going and spot what works well for you and not so well (for example, the kinds of activities, the times of days, the roadblocks you run into). Also, your record of activity in your Keeping Track books is what we will use in the DPP as study data. This is what we will summarize at the end of the study to say how active the participants have been. It is very, very important.

B.6.3. Session 3 or 6: Being Active: A Way of Life

Coaches note: With physical activity, "making the time" is a frequently stated barrier (this is also addressed in the Healthy Eating Q & A's). The problem for a particular participant may involve any or all of the following skills: anticipating and planning, goal-setting and arranging positive cues and coping with negative cues (internal and external), assertion, working with social-support systems, problem-solving, and motivation (maintaining behavioral momentum). Helpful responses and ways of working with each participant will require that the coach address many of these skills over and over again.

Q: I know I must sound like a broken record. It has been so hard for me to make regular physical activity a top priority because of...(work, school, spouse, children, grandchildren, parents, in-laws, etc.)

A: You are worth the time and effort and so is your health! Overtime, your therapists and classmates will be here to help you design a newer, healthier lifestyle that works for you.

A: Modern life places demands on our time and energy that we may not have even imagined many years ago, and I can see that this has been a struggle for you. It looks like one way you cope with life's constant demands has been to sacrifice being more active. However, the fact that you are here today tells me that you are also pretty serious about wanting to prevent diabetes.

I admire your persistence and, of course, am on the side of wanting to help you find a way to fit this physical activity into your life.

Our belief is that there is always **something** more a person can be doing in and effort to prevent diabetes through physical activity.

Are you satisfied with working long stretches without stretching and moving your muscles?

What do you miss about being more active ? Do you remember how it felt when you were more active?

Do you think you deserve even 10 minutes each day where you take a walk and clear your head?

I'm wondering if this is something you would like to work on changing?

Let's work together to see how this might be possible for you.

Are there ways in which others can help you?

How might you ask for help in making this more manageable?

What "anchor points" could you use to get in more walking this week? This weekend?

Q: My family and I have gotten into such a rut. Our leisure time activity is mostly TV, movies, eating out, and going shopping. It seems like it would take an earthquake to shift this.

A: (Same as above.)

Q: I'm always running around. Doesn't that count?

A: Being an "on the go" person, as opposed to a "couch potato," is helpful to your overall physical well-being. However, it also has not been enough to keep your glucose levels down. In DPP, we ask you to keep track of the kinds of activities which are most likely to make a difference in your glucose control over time (like brisk walking). Also, being

“on the go” all the time may be coupled with feelings of stress and pressure. Walking for the sole purpose of walking can also be a way to unwind and relax.

B.6.4. Session 4 or 2: Be a Fat Detective

Q: Isn't weighing myself daily making me “too obsessive” about my weight?

A: You need a measurement tool to help gauge your progress. When you reach your weight goal, weighing yourself can help maintain your weight within your range. It's easier to keep your weight within a three-to-five pound range than to not weigh yourself for long periods of time and realize you have gained 10-15 pounds.

A: Let's talk about how you can come to terms with the concrete feedback provided by regular weighing. While it is not uncommon for people to want to avoid weighing themselves, unfortunately this tends to correlate with weight gain. We recommend weighing yourself daily (or at least weekly) so that you can learn more about the relationship between your eating, exercise behavior, and weight over time. Along with self-monitoring what you eat, weighing yourself daily says, “I am paying attention to what's happening here”. If the experience of weighing yourself, or weighing in with me is difficult for you, we need to talk about that, too. Sometimes the feedback is frustrating, and we need to talk about how you can cope with that. In general, we would like to help participants develop an approach in which self-weighing does not become an obsession but rather another way of tending to one's health. Let's talk about what this experience has been like for you.

Q: Everything I truly like is high in fat.

A: You have learned to enjoy high-fat foods, but you can retrain your taste buds. Now there are low-fat substitutes for most high-fat foods that you can buy. Try them, and over time you will probably find that you enjoy them as much or even more than the high-fat foods. A good example is milk. After drinking low fat or skim milk for a while, most people say that whole milk tastes unpleasantly rich or “greasy.”

A: You are certainly not alone. Many people say they prefer high-fat foods and find them “tastier” and “more satisfying” than other foods. This “fat liking” is shaped over time based on your family's and your culture's eating habits. The goal of the DPP lifestyle program is not to “get rid of” your liking for fat or particular foods, but rather to help you see that there can be other low-fat foods you will like or will learn to like. We are always struck by how surprised some people can be by the foods or toppings they liked after they made the effort to sample them. Some have told us that they actually couldn't “stomach” the high-fat foods so well after they made big changes in their eating habits. Others have told us that they love their high-fat favorites every bit as much as when they started but have learned to limit them, and “make do” with other low-fat foods the rest of

the time. I'm wondering if this is something you would like to work on changing?

Q: I really can't imagine eating my baked potato without butter.

A: You can continue to use butter if that is where you choose to use your fat grams. You will just need to be aware of the portion you use. If you want to experiment with alternatives, try butter flavor substitutes, herbs/spices, fat-free ranch dressing, or low-fat sour cream with green onion or dill.

A: You raise an important point because it brings up the whole issue of what it takes to make lifestyle change start to happen (even beyond the "baked potato" in question). Sometimes when we have behaved a certain way for what seems like "forever," it can be very tough to imagine how anything could ever be different. It may be useful to think about other times you made a "switch" whether it be a move from one home or job to another, how you spend a holiday, or making simple changes in your appearance. You probably did not get used to the change all at once but gradually. In making healthy eating changes, the first step is to try other ways of eating on for size and see what happens. Many participants have told us that a baked potato with picante, salsa, or Parmesan cheese is delicious, but they didn't know that until they tried it! Perhaps you and I can even experiment with different kinds of products during our meetings, to get you started on making changes.

Q: My family wouldn't eat vegetables at all if I didn't cook them in grease.

A: First of all, a low-fat diet is recommended for everyone over age two, so eating less fat will be healthy for your entire family. Many people say that when they talk with their families about this and explain their weight loss goals and their desire to live a healthier lifestyle, their families are very supportive. Second, everyone in the family can retrain their taste buds just like you can. It just takes time and the desire to be healthier. Also, you can experiment with herbs and spices, low-fat dips and sauces for vegetables, and so on. It's true that lowering the fat in some foods will make them less flavorful, but with a little experimentation, you can learn to flavor them without fat.

A: There are some great ways to modify high-fat family favorites that have been developed by homemakers (like yourself) who have a tough audience to please. However, you also seem to be saying that you have a hard time imagining how to start changing the way you have always cooked for your family. (See response to "Everything I truly like..." above.) If you haven't done so already, please let others in your family know that they are welcome to come with you to our sessions, and we can talk together about the benefits of low-fat eating. This may be especially helpful when we are sampling foods, doing cooking demonstrations, etc. In the DPP, we are open to finding whatever ways we can to make this a positive and healthy experience for the whole family.

Q: My teenage sons really like to eat. They're growing boys and I can't see depriving them of high-fat foods just because I am watching my weight.

A: You can give your kids a great gift by helping them learn at a young age what you are learning now: how to eat a healthy diet and make good food choices to increase health and lower their risk of disease. Teenagers do need more calories, but they can eat the same healthy foods that you do, just in larger portion sizes.

A: *(Coaches' note: For some participants, one issue underlying this question may be mixed feelings about using food to love and nurture family members. This is a complex issue and will require good listening skills and amplifying the discrepancies to build momentum towards change. The text provided here is meant to be a guide to the barriers and issues involved, and it is not necessarily expected that all coaches and participants will converse, at this level, about them.)* Many people get a lot of satisfaction out of providing food and cooking for their family, and many family favorites, when it comes to food, are high in fat. After all, "food is love" in many cultures. Is this true in your family? At the same time, loving our families means helping them to stay healthy and taking care of our own health. Let's think of some ways you can nurture your family with lower-fat foods or with something other than food. We can also talk about ways that both you and your family can enjoy favorite high-fat foods now and then, or how to keep them out of the house so they aren't tempting to you.

Q: I can't stop buying cookies (cakes, candy, chips, ice-cream). My husband/teenagers would have a fit.

A: They can learn to have these and other "junk foods" on a less regular basis. Substitute pretzels for chips, low-fat ice cream and frozen yogurt for ice cream, and so on. They (like you) can relearn taste preferences. Remember, your kids will be away from home soon, and you can begin now to show them what it means to eat a healthy diet.

A: See above.

Q: My family has been cooking certain fattening foods for special holidays for years and these traditions are very important to me.

A: You'll be learning low-fat cooking techniques and how to modify recipes so you can still use your favorite recipes! With some changes they will be lower in fat and calories and healthier. Many participants say that they lower the fat in their favorite recipes but don't tell their families, and no one even notices the change.

A: Family traditions are very important, and programs such as Lifestyle Balance are aimed at promoting "long-life" among individuals, families, and cultures. It is not the intent of this program to "take away" from important cultural celebrations. Special high-

fat foods eaten in moderation even several times throughout the year are not likely to be the reason for weight and health problems. There are several ways to look at this issue: 1) even traditional dishes can be modified to contain less fat and calories, and 2) families can focus more attention on the non-food aspects of social gatherings (songs, games, physical activity, and so on).

Q: Is it possible that I could eat too little fat? Wouldn't that be unhealthy?

A: Some fat in your diet is definitely important because it serves as a carrier for vitamins and minerals, provides essential fatty acids, protects and cushions vital organs, prevents loss of body heat, and provides energy for endurance activities. No specific RDA (recommended dietary allowance) has been set for fat, but nutritional guidelines suggest that a diet containing at least 15 percent of calories from fat, daily, is adequate. However, it should also be noted that even vegetarian diets of fruits, vegetables, beans and grain products, which result in only about 10% of total calories from fat, provide an ample supply of the fatty acids necessary for your body's health. The DPP recommendation of keeping under 25% of calories from fat should keep you well within a safe and healthy range. Since you and I will be monitoring your intake closely, we certainly will be able to keep an eye on this.

B.6.5. Session 5 or 3: Three Ways to Eat Less Fat

Q: Isn't all this weighing and measuring just making me too "obsessive" about my diet. I hear it's healthier to just try and eat "naturally".

A: If you watch small children eat, you'll notice they are very good at "listening to their bodies." They eat when they're hungry and stop when they're full. Most of us have lost this "listening" ability and have learned to eat because the food is around, others are eating, or because we are bored, stressed, lonely, etc. Weighing and measuring now is a teaching tool. You'll learn what portions should look like so later on you can "guess-timate." Also, you'll be able to calculate the exact amount of fat and calories you're getting every day, which will help you identify specific problem areas.

A: Eating naturally has a wonderful sound to it (especially when you conjure up an image of yourself eating in a relaxed and moderate way, and responding reasonably to hunger and fullness cues, and your level of physical exertion). However, in this day and age of "Big Gulps" and "Biggie Fries", exactly what does natural eating mean? I'm wondering how you would define "natural eating" for yourself. Are you in touch with what constitutes a "normal" meal, a "normal" snack, a "normal portion-size", or a "normal day of eating". In the DPP, all of the up-front attention to the details of portion size is part of the effort to help you get back in touch with some basic landmarks and guidelines about food that may help you define more specifically what healthy eating really means. Think of it as a "reality check".

Q: Aren't all those low-fat substitutes on the market full of chemicals that are just as bad for you?

A: Some low-fat substitutes do have added ingredients, but often they aren't chemical additives but rather things like sugar, flavorings, or gums. For example, food companies might replace some of the fat in cookies with extra sugar or spices to add back flavor. Or replace some of the fat in foods like sour cream with milk solids and gums to add back texture.

A related question is, are low-fat substitutes really necessary? Only you can answer that question based on what works for you. Are you able to control how much and how often you eat low-fat substitutes? And can you afford to spend your limited calories on those kind of foods? Remember, even low-fat cookies and nonfat cream cheese contain calories, and often, those are "empty calories." For example, four Snackwell® cookies contain 200 calories and few nutrients, whereas some nonfat yogurt and an apple contains 200 calories plus lots of nutrients.

A: With so much information coming at you all the time about what is good and bad for you, I can see why you might be wary and confused about new products on the market. Many low-fat or nonfat products are made with nearly the same ingredients as the original product except for the fat. Check the labels for the ingredient lists of specific products and **if you are suspicious about something, please check it out with us.** Part of my coaching role is to help you get clear and accurate information so you can become comfortable and satisfied with the products you use.

B.6.6. Session 6 or 4: Healthy Eating

Coaches note: The first set of barriers grouped together below relate to patterns of eating. Time is one of the central themes highlighted (this is also addressed in the physical activity Q & A's). Resistance to trying new foods, and restricting portions is also presented. The problem for a particular participant may involve any or all of the following skills: anticipating and planning, goal-setting, arranging positive cues and coping with negative cues (internal and external), assertion, working with social-support systems, problem-solving, and motivation (maintaining behavioral momentum). Helpful responses and ways of working with each participant will require that the coach address many of these skills over time.

Q: I really try hard to eat regular meals, but my life is so hectic that I usually end up skipping breakfast or lunch.

OR

If I didn't eat breakfast in the car on the way to work, then I probably wouldn't eat

breakfast at all.

OR

I have so many deadlines on my job, I feel I have no choice but to gulp something down at my desk.

OR

I have young children and they need me for one thing or another every minute. Dinner time is the worst with the phone ringing and the kids fighting. The idea of sitting down and enjoying my food is a joke!

OR

I'm so tired and hungry by the end of the day I just don't have the energy to cook. It's just easier to go to the drive-through.

- A: You need to determine if these are behaviors that helped cause you to gain weight in the first place and are these the behaviors that are keeping your weight up? If so, you need to change those behaviors. Also, remember the importance of planning ahead, prioritizing some time for yourself, and so on. Try our suggestions and see if it makes things easier for you. Some of our suggestions will work for you, and some won't. Feel free to discard the ones that don't work. Remember, you are designing a new healthy lifestyle for yourself, one that works for you!

For example, planning ahead is usually very important and can be a great time saver. By planning ahead, you can simplify the task of getting dinner. Have some frozen entrees on hand in the freezer, such as a Lean Cuisine® turkey sandwich, or plan ways to use leftovers.

- A: There is no doubt that modern life places demands on our time and energy that we may not have even imagined many years ago. It looks like one way you cope with life's constant demands has been to sacrifice a pleasurable meal time.

Are you satisfied with breakfast in the car and gulping down your lunch in between phone calls?

Do you think that you deserve even 10 minutes of quiet eating time a few times each day?

I'm wondering if this is something you would like to work on changing?

Let's work together to see how this might be possible for you.

I'm wondering if with a little planning, I might be able to help you figure out a way you can make some time for meals each day, even if they are not at precisely "traditional times."

Would it be possible for you to work at getting your children fed and settled into another activity and then sitting down to your meal, even for a few minutes, once things quieted down a little bit.

Are there others who can help you?

How might you ask for help in making this more manageable?

Dealing with **both** fatigue and hunger at the end of a stressful day is indeed a recipe for problem-eating. Let's discuss some other ways you can take care of yourself at these critical times.

Q: One of my biggest problems in eating a healthier, low-fat diet is that I have never been able to get myself to eat a lot of vegetables. I can barely imagine sneaking in one serving a day let alone five!

A: Experiment! Do you prefer cooked or raw vegetables? Can you add some cooked or raw vegetables to salad? Have you tried cooking vegetables just until they're crisp and still colorful instead of overcooking them? Remember, vegetables will increase your fiber and help you feel full. And the goal is five servings of fruits *or* vegetables per day. You may decide to have more fruits and/or fruit juices than vegetables if you prefer fruit.

Vegetables may become very appealing to you when you realize what large portions of them you can eat for only a few calories. What a fat and calorie bargain! For example, after a day of budgeting your fat grams and calories, you might find yourself very happy to see plenty of crisp green beans on your plate for dinner!

If it's all the peeling and cutting causing you to say "forget it" you may want to experiment with the wide variety of vegetable-rice, vegetable-pasta, vegetable-bean frozen products on the market and see if any appeal to your taste-buds. Maybe just working at eating more simple salads will be a start for you.

A: Before you "dismiss" fruits and vegetables entirely, it would be useful to discuss your personal reasons more fully and how those habits developed. As with any of the seemingly unchangeable, life-long habits we are working at modifying in this program, probably the most important thing you can do is **experiment**. In this particular instance I would encourage you to explore methods of preparation and sample different products.

What could **your goal** be this week to increase your fruit/vegetable servings?

Q: I have no trouble eating a healthy foods like pasta, grains, and rice. My problem is quantity. Particularly with something like pasta. I eat it without much fat, but it's one of those foods I hate to restrict.

A: Within reason, you can eat large portions of pasta, grains, or rice and still meet your calorie goals. The way to do this is by eating smaller portions of other foods (for example, you could eat a smaller breakfast, lunch, and snack and then spend more of your daily calorie budget at dinner).

A: Portion control can be quite a struggle for some but is nonetheless a very important skill to work on. It is still important to be aware of the quantity that you are eating, even if you choose to eat a lot. Everyone has times when they feel like eating “big” (let’s say two cups instead of one), and as long as you adjust the rest of your intake accordingly over the course of the day, or the week, and are not consuming “super-size” quantities on a regular basis this does not have to be a problem. This is what we call “making trade-offs.” The idea is that **you** get to pick and choose where you will be “liberal” and where you will be “restrictive.”

B.7. Resources on Motivational Interviewing from DPP Lifestyle Training in May 1996 (from DPP Consultant Delia Smith, PhD, University of Alabama)

See attached materials.

B.8. Resources on Motivational Interviewing from DPP Lifestyle New Coach Training in May 1999 (from Beth Venditti, PhD)

See attached materials.

B.9. Resources on Motivational Interviewing from DPP Lifestyle Training in October 1999 (from DPP Consultant Allan Zuckoff, MA, University of Pittsburgh)

See attached materials which were used as scripts for role play exercises during the training workshop.

Appendix D: Professional Resources

D.1. Recommended Readings for Lifestyle Coaches

Bourn, D. M., Mann, J. I., McSkimming, B. J., Waldron, M. A., & Wishart, J. D. (1994). Impaired glucose tolerance and NIDDM: Does a lifestyle intervention program have an effect? Diabetes Care, 17, 1311-1319.

Brownell, K. D. The LEARN Program for Weight Control, Seventh Edition. (1997). American Health Publishing Company, Texas

Colvin, R. H., & Olson, S. C. Keeping It Off: Winning at Weight Loss. (1989). Simon & Schuster, New York.

Davis, M., Eshelman, E. R., & McKay, M. The Relaxation & Stress Reduction Workbook, Fourth Edition. (1995). New Harbinger Publications, Inc., California.

Davis, M. Leader's Guide to The Relaxation & Stress Reduction Workbook, Fourth Edition. (1995). New Harbinger Publications, Inc., California.

Elmer, P. J., Grimm, R., Laing, B., Grandits, G., Svendsen, K., Van Heel, N., Betz, E., Raines, J., Link, M., Stamler, J., & Neaton, J. (1995). Lifestyle intervention: results of the treatment of mild hypertension study (TOMHS). Preventive Medicine, 24, 378-388.

Eriksson, K. F. & Lindgarde, F. (1991). Prevention of type 2 (non-insulin-dependent) diabetes mellitus by diet and physical exercise. Diabetologia, 34, 891-898.

Fairburn, C. Overcoming Binge Eating. (1995). The Guilford Press, New York.

Gorkin, L., Goldstein, M. G., Follick, M. J., Lefebvre, R. C. Strategies for enhancing adherence in clinical trials. (1990). In The Handbook of Health Behavior Change, Shumaker, S.A., Schron, E. B., & Ockene, J. K., Eds. (pp 361-375), Springer Publishing Company, New York.

Grilo, C. M. (1994). Physical activity and obesity. Biomedicine and Pharmacotherapy, 48, 127-136.

Insull, W., Henderson, M. M., Prentice, R. L., Thompson, D. J., Clifford, C., Goldman, S., Gorbach, S., Moskowitz, M., Thompson, R., & Woods, M. (1990). Results of a randomized feasibility study of a low-fat diet. Archives of Internal Medicine, 150,

421-427.

Jakicic, J.M., Wing, R.R., Robertson, R.J. (1995). Prescribing exercise in multiple short bouts versus one continuous bout: effects on adherence, cardiorespiratory fitness, and weight loss in overweight women. International Journal of Obesity, 19, 893-901.

Lustman, P. J. & Clouse, R. E. (1997). Identifying depression in adults with diabetes. Clinical Diabetes, 15, 78.

Lustman, P. J., Clouse, R. E., Alrakawi, A., Rubin, E. H., & Gelenberg, A. J. (1997). Treatment of major depression in adults with diabetes: A primary care perspective. Clinical Diabetes, 16, 122-126.

McNabb, W. L., Quinn, M. T., & Rosing, L. (1993). Weight loss program for inner-city black women with non-insulin-dependent diabetes mellitus: PATHWAYS. Journal of the American Dietetic Association, 93, 75-77.

Milas, C., Nowalk, M. P., Akpele, L., Castaldo, L., Coyne, T., Doroshenko, L., Kigawa, L., Korzec-Ramirez, D., Kinzel Scherch, L., & Snetselaar, L. (1995). Factors associated with adherence to the dietary protein intervention in the modification of diet in renal disease study. Journal of American Dietetic Association, 95:11, 1295-1300.

Miller, W. R., & Rollnick, S. (1991). Motivational Interviewing: Preparing people to change addictive behavior. The Guilford Press, New York.

Nelson, M. E., & Wernick, S. Strong Women Stay Young. (1997). Bantam Book, New York.

Pate, R. R., Pratt, M., Blair, S. N., Haskell, W. L., Macera, C. A., Bouchard, C., Buchner, D., Ettinger, W., Heath, G. W., King, A. C., Kriska, A., Leon, A. S., Marcus, B. H., Morris, J., Paffenbarger, R. S., Patrick, K., Pollock, M. L., Rippe, J. M., Sallis, J., & Wilmore, J. H. (1995). Physical activity and public health: a recommendation from the centers for disease control and prevention and the american college of sports medicine. Journal of the American Medical Association, 273:5, 402-407.

Perri, M. G., McAllister, D. A., Gange, J. J., Jordan, R. C., McAdoo, W. G., & Nezu, A. M. (1988). Effects of four maintenance programs on the long-term management of obesity. Journal of Consulting and Clinical Psychology, 56, 529-534.

Peyrot, M. & Rubin, R. R. (1997). Levels and risks of depression and anxiety

symptomatology among diabetic adults. Diabetes Care, 20, 585-590.

Probstfield, J. L., Russell, M. L. Insull, Jr., W., & Yusuf, S. Dropouts from a clinical trial, their recovery and characterization: A basis for dropout management and prevention. (1990). In The Handbook of Health Behavior Change, Shumaker, S. A., Schron, E. B., & Ockene, J. K., Eds. (pp. 376-400), Springer Publishing Company, New York.

The Hypertension Prevention Trial Research Group, (1990). The Hypertension Prevention Trial (HPT): Three-year effects of dietary changes on blood pressure. Archives of Internal Medicine, 150, 153-162.

Tribole, E. Eating on the Run, Second Edition. (1992). Leisure Press, Illinois.

Tribole, E. Stealth Health: How to Sneak Nutrition Painlessly into Your Diet. (1998). Penguin Putnam, Inc., New York.

Tuomilehto, J., Knowler, W. C., & Zimmet, P. (1992). Primary prevention of non-insulin-dependent diabetes mellitus. Diabetes/Metabolism Reviews, 8(4), 339-353.

Wadden, T. A. (1993). The treatment of obesity: an overview. In A. J. Stunkard & T. A. Wadden (Eds.), Obesity Theory and Therapy (pp. 197-218). New York: Raven Press, Ltd..

Wadden, T. A. & Letizia, K. A. (1992). Predictors of attrition and weight loss in patients treated by moderate and severe caloric restriction. In T. A. Wadden & T. B. VanItallie (Eds.), Treatment of the seriously obese patient (pp. 383-410). New York: The Guilford Press.

Warshaw, H. S. The Restaurant Companion: A Guide to Healthier Eating Out, Second Edition. (1995). Surry Books, Inc., Illinois.

Wood, P. D., Stefanick, M. L., Williams, P. T., & Haskell, W. L. (1991). The effects on plasma lipoproteins of a prudent weight-reducing diet, with or without exercise, in overweight men and women. New England Journal of Medicine, 325, 461-466.

D.2. Lower-Fat Cookbooks

The following cookbooks are recommended as resources for lifestyle intervention participants and Lifestyle Coaches.

A Lowfat Lifeline for the 90's. Valerie Parker. Lowfat Publications, 52 Condolea Court, Lake Oswego, OR 97035, 1990.

All-American Low-Fat Meals in Minutes. M.J. Smith, DCI Publishing, Inc., Minneapolis, MN 55447-9727, 1990.

Controlling Your Fat Tooth. Joseph C. Piscatella. Workman Publishing, New York, NY 10003, 1991.

Cooking Á la Heart. Linda Hachfeld and Betsy Eykyn. Appletree Press, Inc., Mankato, Minnesota 56001, 1992.

Cooking Light Cookbook. Oxmoor House, Inc., Birmingham, AL 35201, 1992
(Published once a year.)

Down Home Healthy Cooking. National Cancer Institute, 1995.

Food for Life: The Cancer Prevention Cookbook. Richard Bohannon, Kathy Weinstock and Terri P. Wuerthmer. Contemporary Books, Inc., Chicago, IL 60601, 1986.

Graham Kerr's Creative Choices Cookbook. Graham Kerr. G.P. Putnam & Sons, New York, NY, 1993.

Graham Kerr's Smart Cooking. Graham Kerr. Doubleday, New York, NY, 1991.

Healthy Heart Cookbook, The. Oxmoor House, Inc., Birmingham, AL 35201, 1992.

Jane Brody's Good Food Book: Living the High-Carbohydrate Way. Jane E. Brody. Bantam Books, New York, NY, 1985.

Jane Brody's Good Food Gourmet: Recipes and Menus for Delicious and Healthful Entertaining. Jane E. Brody. Bantam Books, New York, NY, 1990.

Lean and Luscious. Bobbie Hinman and Millie Synder. Prima Publishing, Rocklin, CA 95677, 1987.

Lean and Luscious Meatless. Bobbie Hinman and Millie Snyder. Prima Publishing, Rocklin, CA 95677, 1992.

Light-Hearted Seafood. Janis Harsila and Evie Hansen. National Seafood Educators, Richmond Beach, WA 98160, 1989.

Low Fat and Loving It. Ruth Spear. Warner Books, Inc., New York, NY 10103, 1991.

Low-Fat Way to Cook, The. Oxmoor House, Inc., Birmingham, AL 35201, 1993.

Mexican Light Cooking. Kathi Long. Perigee Books, The Putnam Publishing Group, 1992.

New American Diet, The. Sonja Connor and William Connor. Simon and Schuster, New York, NY 10020, 1986.

Not Just Cheesecake. Marilyn Stone, Shelley Melvin, and Carlie Crawford. Triad Publishing Co., Gainesville, FL, 1988.

Over 50 and Still Cooking: Recipes for Good Health and Long Life. Edna Langholz, Betsy Manis, Sandra Nissenberg, Jane Tougas, and Audrey Wright. Bristol Publishing Enterprises, Inc., San Leandro, CA, 1990.

Que Bueno: Five a Day Cookbook. Bonnie Jortberg, MS, RW. Colorado Department of Public Health and Environment.

Quick and Delicious Low-Fat, Low-Salt Cookbook, The. Jacqueline Williams and Goldie Silverman. A Perigee Book, The Putnam Publishing Group, New York, NY 10016, 1986.

Quick & Healthy, Volume II. Brenda J. Ponichtera. ScaleDown, The Dalles, Oregon 97058, 1994.

Quick & Healthy Recipes and Ideas. Brenda J. Ponichtera. ScaleDown, The Dalles, Oregon 97058, 1994.

Seafood: A Collection of Heart-Healthy Recipes. Janis Harsila and Evie Hansen. National Seafood Educators, Richmond Beach, WA 98160, 1986.

Six Ingredients or Less: Cooking Light & Healthy. Carlean Johnson. C.J. Books, Gig Harbor, WA 98335, 1992.

Snack to Your Heart's Content. Shelley Melvin and Marilyn Stone. Triad Publishing

Co., Gainesville, FL, 1990.

Southern But Lite. Jen Bays Avis and Kathy F. Ward. Avis and Ward Nutrition, Inc. 200 Professional Drive, West Monroe, LA 71291. Second Printing, February, 1990.

Sunset Low-Fat Cookbook. Sunset Publishing Corporation, Menlo Park, CA, 1992.

Table D.1. DPP Lifestyle Intervention
Fat and Calorie Goals

Starting wt. (lb.)	Weight goal (lb.)	Fat goal (g)	Calorie goal
120	112	33	1200
125	116		
130	121		
135	126		
140	130		
145	135		
150	140		
155	144		
160	149		
165	153		
170	158		
175	163	42	1500
180	167		
185	172		
190	177		
195	181		
200	186		
205	191		
210	195		
215	200		

Starting wt. (lb.)	Weight goal (lb.)	Fat goal (g)	Calorie goal
220	205	50	1800
225	209		
230	214		
235	219		
240	223		
245	228		
250	233	55	2000
255	237		
260	242		
265	246		
270	251		
275	256		
280	260		
285	265		
290	270		
295	274		
300	279		

**Table D.2. Sequence of Session Topics
and DPP Physical Activity Goals**

Topic	For participants who started with:			
	Physical Activity		Weight Loss	
	Session	Activity Goal	Session	Activity Goal
Welcome to the Lifestyle Balance Program	1	NA	1	NA
Getting Started Being More Active OR Getting Started Losing Weight	1A	Do something active 3-4 times per week	1A	NA
Move Those Muscles	2	60 minutes	5	60 minutes
Being Active: A Way of Life	3	90 minutes	6	90 minutes
Be a Fat Detective	4	120 minutes	2	NA
Three Ways to Eat Less Fat	5	150 minutes	3	NA
Healthy Eating	6	150 minutes	4	NA
Take Charge of What's Around You	7	150 minutes	8	150 minutes
Tip the Calorie Balance	8	150 minutes	7	120 minutes
Problem Solving	9	150 minutes		
Four Keys to Healthy Eating Out	10	150 minutes		
Talk Back to Negative Thoughts	11	150 minutes		
The Slippery Slope of Lifestyle Change	12	150 minutes		
Jump Start Your Activity Plan	13	150 minutes		
Make Social Cues Work for You	14	150 minutes		
You Can Manage Stress	15	150 minutes		
Ways to Stay Motivated	16	150 minutes		

D.4. Session Prompts and Notes

The attached Session Prompts and Notes are optional forms that the Lifestyle Coaches may use to:

- C Prompt them while conducting the Lifestyle Balance Core Curriculum sessions. The major points of each session are summarized, and the essential points are highlighted in bold and capital letters. The prompts are designed to jog the Coaches' memories of the detailed scripts for the sessions (see Appendix A), not replace the scripts which should be read carefully and reviewed before each session.
- C Record informal notes during the sessions for future reference. The notes are not designed to replace the Lifestyle Intervention Forms (see Appendix F) which must be completed as soon as possible after each contact and entered as study data.

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) ____ / ____ / ____

1A. Welcome to the Lifestyle Balance Program

Before: In pt. notebook: Figure weight goal. Fill in the activity session schedule.
Have ready: Team photo. Measuring tools. Keeping Track (KT).

Greeting

- C Assigned to group making lifestyle changes to try to prevent diabetes.
- C “Lifestyle Balance” = reach a healthy balance between eating and activity.
- C **INTRODUCE STUDY TEAM**, all will be resources.
- C **GIVE PT. NOTEBOOK.**

Notes:

Front page of notebook

- C At every session I’ll give you worksheets. Use them, take home, show family, bring back.
- C Call if questions, need to talk, can’t come.
- C **WHAT DO YOU THINK ABOUT BEING IN THIS GROUP? GOOD THINGS? NOT SO GOOD THINGS?**

Page 1 Fill out **Remember Your Purpose...**

Page 2 We strongly believe...

Page 3

- C Program carefully designed, based on studies.
- C Learn facts, **LEARN WHAT MAKES IT HARD FOR YOU TO EAT HEALTHY AND BE MORE ACTIVE AND HOW TO CHANGE THESE THINGS--TO WORK FOR YOU.**
- C Long-term support. Be your “coach.”

Page 4

- C **GOALS--7% WT. LOSS, 2 1/2 HOURS ACTIVITY/WK** (walking 30 minutes 5 days)
- C We’ll help. Gradual, healthy, reasonable.

Page 5

- C Reaching goals--prevent diabetes, look, feel better, more healthy, be a good example. You can do it.

Page 6

- C Work as team. Call 24 hours ahead (example). Etc. **(SIGN AGREEMENT.)**

Page 7

- C Want program to work for you. **CHOOSE WHICH GOAL TO FOCUS ON FOR NEXT FEW SESSIONS.** (Pull the wrong session list. Put other in front of pt. notebook.) 16 Sessions.
- C First 8, meet every week. Is this a good time? (Pencil in appointments on Update.)
- C Sessions 9-16, meet every --. After 16, every 1-2 mo.

Participant number _____
Participant initials (first, last) _____, _____
Date of visit (month/day/year) _____ / _____ / _____

1B. Getting Started Being Active

Page 1

- C To get you started, several things to do next week. (For every session, there will be a “To do next week” page. Boxes beside each thing to do, check after you do each one.)
- C **THIS WEEK, DO SOMETHING ACTIVE ON 3-4 DAYS.** Part of daily routine. Brisk walking. (List others.)
- C **COME TO ACTIVITY SESSIONS.** Very important. (Fill in schedule.)

Notes:

[illegible]

Page 2

- C **WRITE ACTIVITY DOWN IN KT.** (Give KT. Practice.)
- C Bring in KT, notebook.
- C Bring or wear shoes might use when active.

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) _____ / _____ / _____

1B. Getting Started Losing Weight

Page 1

- C To help you lose wt, help you eat healthy. Involves eating less fat. Fattening, related to heart disease, diabetes.
- C First step--figure out how much fat eating now.
- C **WRITE DOWN WHAT YOU EAT (LIKE IN RUN-IN). IT'S THE MOST IMPORTANT PART OF CHANGING YOUR BEHAVIOR.**
- C Keeping track will help you and I see--what foods, how much, when, change over time. Basis of working together.
- C Spelling not imp. Imp: honest (box cookies), accurate (number of slices of cheese, kind), complete (butter, cream, mayo, nibbles).

Notes:

[illegible]

Page 2 (To do next week)

- C To get started, several things next week--listed on the "To do next week" page (To do page for every session, with boxes beside each item to check after you do each one)
- C **WRITE DOWN EVERYTHING YOU EAT IN KT.**
- C **CIRCLE FOODS YOU THINK ARE HIGHEST IN FAT.**
- C Bring in Keeping Track, notebook.
- C Practice--think about a few foods you ate earlier today or yesterday. Write them down. Skip fat, calories columns. Do you think that food is high in fat? Skip activity.
- C If you want to, you can start measuring... (**GIVE WEIGHING AND MEASURING TOOLS.**) To get an idea of the amount you usually eat. Pour cereal as usual, then measure. (Demonstrate scale)

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) _____ / _____ / _____

2 or 5. Move Those Muscles

Before: Review MoOp Table 6.1 (types of activities equiv. brisk walking).
Have ready: KT. If Session 2, certificate for shoes. Pull wrong "To do" page.

Greeting

- C If Session 5--weigh and graph.
- C How did it go? Keeping Track?
If Session 2: Activity sessions? Active 3-4 days? If
Session 5: Match pyramid? Rate Your Plate (if not,
complete at session)

Notes:

Page 1

- C **ACTIVITY GOAL--2 1/2 HOURS ACTIVITY PER WEEK.** Sound like a lot? Pick activities you LIKE (lifelong habit, convenient), moderate, work up slowly (4 weeks), spread over 3-4 days (e.g., start 10 min/6 days, build to 25 min/6 days)
- C (Compare to ACSM and CDC national goals--30 min. most days)
- C **BEING ACTIVE WILL HELP YOU FEEL AND LOOK BETTER, BE MORE FIT, LOSE WT. AND KEEP IT OFF, LOWER RISK OF HEART DISEASE, SOME CANCERS, MAY PREVENT DIABETES.**

Before we can make a plan, need to know **HOW ACTIVE YOU ARE NOW.** (Record in notes.)

Any regular activity 10-15 minutes, where, with whom, times per week, how long? Any activities in past but not now? why did you stop? thought about starting again?

Page 2

Not easy being active. Here to help.

- C **COME TO THE ACTIVITY SESSIONS** (will be a review if Session 2).
- C **DO ACTIVITIES YOU LIKE.** (List only those equivalent to brisk walking.)
- C Wear good shoes. Give handout--may not need to buy shoes. (If Session 2: Did you bring in shoes? Give certificate if needed.)

Page 3 (To do)

- C **NEXT WEEK, 60 MINUTES.** (Make plan.)
- C Keep track. Only record time doing the activity. (Example--on walk, run into a friend)
- C (If Session 5: Bring in shoes.)

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) ____ / ____ / ____

3 or 6. Being Active: A Way of Life

Before: Have ready: KT. If Session 6, certificate for shoes. Get activity graph. Pull wrong "To do" page.

Greeting

- C If Session 6: Weigh and graph.
- C How did it go? Keeping Track?
 - If Session 3: Plan for activity?
 - If Session 6: Plan for activity? Fat, calories, weight?
- C Graph activity.
- C Important to solve any problems following plan. Did anything get in way? (Problem solve.)

Notes:

Page 1

- C One of most common problems--lack of time. But **YOU CAN FIND THE TIME TO BE ACTIVE.**
- C 2 ways:
 - Set aside **ONE BLOCK OF TIME** every day, predictable part of routine (example--shower). When can you set aside 20-30 minutes?
 - Look for **TWO OR THREE SHORTER PERIODS (10-15 MIN.) OF FREE TIME.** Example: break between meetings, after lunch, before supper. Or seize the moment.
- C Another kind--"**LIFESTYLE ACTIVITY**"--**MAKING ACTIVE CHOICES THROUGHOUT DAY.** Hard to record, won't write it in Keeping Track, just as impt. Example. Parents, grandparents were active because they had to be. Now, must make active choices. (List inactive, active choices.)
- C Turn inactive into active time. TV time in half.

(If Session 6: Did you bring in shoes? Give certificate if needed.)

Being active is usually quite safe. In rare cases, problems may arise. (Give Keep It Safe handouts. Don't review in detail. Key points: **BUILD UP SLOWLY, START AND END SLOWLY.**)

Page 2 (To do)

- C **FOR NEXT WEEK, 90 MINUTES.** (Fill in chart.)
- C Keep Track.
- C **INCLUDE LIFESTYLE ACTIVITY.** (Record.)

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) _____ / _____ / _____

4 or 2. Be a Fat Detective

Before: Review run-in records for high-fat foods and other examples to use during next 3 sessions. Figure fat goal.
Have ready: KT, measuring tools (if Session 4), Fat Counter, wt. scale. Get wt. graph. Pull wrong “To do” page.

Greeting

- C How did it go? If Session 4: KT of activity? Lifestyle activity? Graph.
- C If Session 2: KT foods? Circle high-fat? **NOTICE MANY GOOD THINGS, ONLY 1 SUGGESTION FOR IMPROVEMENT.**

Notes:

Page 1

- C Begin today to KT wt. (Fill in blanks. Weigh pt.)
- C **MARK WT. ON GRAPH.** (Insert, stay under line, look at pattern, reach goal by week 24 (fill in).
- C **WEIGH YOURSELF AT HOME** (fill in blanks).
Have a scale? **RECORD ON BACK OF KT.**

Page 2

- C **TO HELP YOU LOSE WEIGHT, FOCUS ON EATING LESS FAT.** Lowering fat helps with weight loss, heart disease, diabetes.

Page 3

- C Kinds of foods do you eat that are high in fat? Most of fat we eat (70%) hidden. (Example.)

Page 4

- C Best way to learn fat in foods--**WRITE DOWN EVERYTHING YOU EAT. IT'S THE MOST IMPORTANT PART OF CHANGING YOUR BEHAVIOR.** Will help you and I see: what foods, how much, when, behavior change over time.
- C Spelling not impt. Honest (box cookies), accurate (sl. cheese, kind), complete (butter, cream, mayo, nibbles). (If Session 2, refer to last KT.)
- C **FIND FOODS IN COUNTER.** Compare amounts. Write down fat. Add up fat grams.
- C **YOUR FAT GRAM GOAL IS...**
- C Don't expect you to stay under goal right away or every day. **COME AS CLOSE AS YOU CAN.**

Page 5, 6, 7

- C Let's write down some foods you ate yesterday. (Practice. Don't overwhelm). If Session 4, tools.

Page 8 (Adding up the fat grams)

- C Final step. **RUNNING TOTAL** (like checkbook, use to plan ahead), **FAT BANK** (cross thru circles above budget, go Down, then Up if over). **TRANSFER TO BACK OF KT.**
- C Don't expect perfection. Be best fat detective.

Page 9 (To do) If Session 4, 120 minutes activity.

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) _____ / _____ / _____

5 or 3. Three Ways to Eat Less Fat

Before: Have ready: KT, Counter, measuring tools, food models or actual foods for weighing, food models of tsp. fat or test tubes filled with shortening, blank Menu Make-Over worksheet (opt.). Pull wrong "To do" page.

Greeting

- C **WEIGH PT.** If lost wt., stress must already be making some changes in behavior; if did not lose, stress that little by little as behaviors changes, weight will change. Graph weight.
- C Weighed at home? Scales may differ; patterns of change should be similar.
- C How did it go? If Session 5: Plan for activity (120 min.)? Graph activity.
If Session 3 or 5: KT of foods? What did you learn? Fat Counter? Running total, Fat Bank? How close to fat goal?

Notes:

Page 1

- C Start with hands-on. First, some details about how to use measuring cups, etc.
(Demonstrate leveling, 2 TB. granola=3 g. fat; reading glass cup at eye level, scale. Weigh meats cooked.)
- C **(HAVE PT. GUESS AMOUNTS OF FOODS ON DISPLAY, THEN MEASURE AND COUNT FAT GRAMS.)** Were you surprised by the amounts?
Eventually, you'll get better at judging food amounts.
FOR NOW, MEASURE AS OFTEN AS YOU CAN.
- C Most of fat is hidden, here's what it would look like....
(show teaspoons fat).

Page 2

- C **3 BASIC WAYS TO EAT LESS FAT:**
... **EAT HI-FAT FOODS LESS OFTEN,**
... **IN SMALLER AMOUNTS,**
... **EAT LOWER-FAT FOODS INSTEAD.**

Page 3

- C In the coming months.... (review some examples).

Page 4

- C These menus show examples of small changes, big difference in fat grams. Not menus for you to follow. You will make your own food choices.
- C No good or bad foods (potato chips).

Page 5 (To do)

- C If Session 5, 150 minutes.
- C **MAKE A PLAN TO EAT LESS FAT**--list 5 foods you eat often, choose one, choose one way to eat less fat, something you can do (specific and realistic).

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) ____ / ____ / ____

6 or 4. Healthy Eating

Before: Have ready: KT, poster of Food Pyramid, low-fat samples to taste, opt. recipe handouts (Build a Better Recipe, How to Lower Fat in Recipes). Pull wrong “To do” page.

Greeting

- C Weigh pt. Graph. Wt. at home? Scales may differ; patterns of change should be similar.
- C How did it go? If Session 6: 150 min.? Graph. If Session 3 or 5: KT of food? What did you learn? Running total, Fat Bank?

Notes:

Page 1

- C **EATING LESS FAT IS ONE PART OF HEALTHY EATING. TODAY, TALK ABOUT OTHER PARTS.**
- C Way you eat--regular, slowly, don't clean plate.

Page 2

- C What you eat--one way to define healthy eating is to use the **FOOD PYRAMID**. General guide. At bottom--foundation, largest part, what rest is build on--grains. Main part of diet. 6-11 svg. No longer meat.
- C **FOR EACH GROUP--WHAT ARE SOME LOW-FAT FOODS?** A serving? High-fat foods to avoid? Breads--Starchy foods aren't high infat; it's the fat added. Meat--Nuts are in this group, very high fat. Milk--Some people trouble w/gas, bloating, diarrhea. You? Lactose-free milk.
- C Smallest part: fats, sweets, alcohol. Empty calories. Alcohol: 7/g. Many sweets also high in fat.

Page 3 Examples. Skip if overwhelmed.

Page 4 (Rate Your Plate)

- C Let's look at one or two days from your KT...

Page 5

- C **WHAT COULD YOU EAT TOMORROW TO BETTER MATCH THE PYRAMID?** If you want to eat..., how could you do it?
- C **(EMPHASIZE MORE GRAINS, VEGETABLES, AND FRUIT.)**

Page 6 and 7

- C Eating lower-fat foods instead goes along with Pyramid guidelines. (Review some examples.)
- C Do you cook from recipes? Spouse? Examples? (If great deal, review handouts.)

Page 8 (To do)

- C Keep Track. And this week only, we're adding one more simple form, the same **RATE YOUR PLATE**. (If pt. resists, KT only. Rate Plate next wk.)

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) ____ / ____ / ____

7 or 8. Take Charge of What's Around You

Before: Have ready: KT, optional handouts (Am I Really Hungry?).

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Under fat gram goal? Reach activity goal? Graph activity.
If Session 7: Rate Your Plate? (If not, complete w/pt.)
Changes in the way you eat? Better match the Pyramid? If Session 8: Calories? Meal plans?

Notes:

Page 1

- C Taking charge of what's around you or how to make what's around you support your goals.
- C **WHAT CUES (MAKES YOU WANT) TO EAT?**
Hunger, thoughts, feelings, other people, sight or smell, activities. Examples? When respond to cue in same way over and over--habit.
- C **TWO WAYS TO CHANGE PROBLEM CUES:**
1) STAY AWAY FROM CUE (OR KEEP OUT OF SIGHT), 2) BUILD A NEW HEALTHIER HABIT (respond differently, add new cue).
- C It takes time. These ideas are powerful, work, nothing new (e.g., samples of cereal in mail, leftovers in front of fridge)
- C Let's talk about some of problem food cues in your life.
START W/WHERE YOU LIVE. IMAGINE WE HAVE VIDEO and open front door. What room?
Any food? Anything else to make you want to eat?
What change could you make? (Go room to room.)
- C **WHERE YOU WORK?** Changes could you make?

Page 2

- C Common problem food cues. (Circle some.)
Remember, **KEEP FOOD OUT OF SIGHT, LIMIT EATING TO ONE PLACE, LIMIT OTHER ACTIVITIES.**
- C Video to **WHERE YOU SHOP.** Problems? (Review tips on work sheet.)

Page 3

- C Now activity. Many cues for inactivity (after dinner, TV). **WHAT ARE SOME POSITIVE CUES YOU COULD ADD FOR ACTIVITY?** Video, where you live (examples...others: reminders on mirror, car out of sight, shoes in car, bike ready). Where you work? (shoes in sight, note, appt.)
- C **GET RID OF CUES FOR INACTIVITY** (less TV, don't pile on stairs). Others?

Page 4 (To do)

- C **GET RID OF ONE PROBLEM FOOD CUE.**
- C **ADD ONE CUE FOR ACTIVITY.**
- C Keep Track.

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) _____ / _____ / _____

8 or 7. Tip the Calorie Balance

Before: Review past KT for positive changes since Session 1, strategies used to solve barriers. If not lost wt, figure calorie goal.
Make sure graphs up to date. Have ready: KT, meals plans (opt.)

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Under fat gram goal? Reach activity goal? Graph. If Session 8: Get rid problem food cue? Add activity cue? If Session 7: 90 min?

Notes:

Page 1

- C Everything we've covered so far fits together--calorie balance. Healthy eating, activity impt. themselves, may prevent diabetes. Also both relate to wt. loss.
CALORIE BALANCE: BALANCE BETWEEN FOOD AND ACTIVITY CALORIES.
- C Calories in food come from... Number depends on what's in food. Fat most concentrated in calories. E.g. meat--protein plus lot of fat.
- C Calories used, just staying alive, plus being active. Number used dep. on type of activity, time, wt. (energy used=wt. carried over distance. 1 mi ! 100 cal.)

Page 2

- C Your wt. result of balance bet. food and activity calories. 4 ways calorie balance works: wt. stay same, gain wt. (more from food, less from activity or both),
LOSE WT. (LESS FOOD, MORE ACTIVITY, BEST TO DO BOTH), or reach new balance (lose wt. and keep it off).

Page 3

- C Impt. thing: Food and activity work together. To lose weight, best to do both.

Page 4

- C How much to tip the balance to lose wt? 1 lb=3500 calories. Slow steady loss (1-2 lb./wk) best way to lose body fat. Quicker wt. loss, water or muscle loss.

Page 5

- C Let's **REVIEW SOME OF THE CHANGES YOU'VE MADE SO FAR** to be more active (record), eat less fat (record). **(HAS THE PT. LOST WT. AS EXPECTED? IF NOT, ASSIGN CALORIE GOAL.)**

Page 6 (To do)

- C KT. If Session 8, 150 min. If Session 7, 120 min. Make active lifestyle choices (write down).
- C **(IF WT. LOSS NOT AS EXPECTED, GIVE CALORIE GOAL. ASSIGN SELF-MONITORING OR MEAL PLANS.** Tailor meal plans.)

9. Problem Solving

Before: Have ready: KT.

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Under fat gram goal? Reach activity goal? Graph.
- C If Session 8 was on cues: Get ride of problem food cue? Add activity cue?
- C If Session 8 was on tipping balance: Active lifestyle choices? KT calories, follow meal plan?

Notes:

Page 1

- C In first 8 sessions, learned *how* to eat healthy be more active. To help lose wt., be healthier, hope it will reduce chance of diabetes. But eating healthy, being more active means **CHANGING YOUR HABITS AND MAKING THE CHANGES A PERMANENT PART OF LIFESTYLE...MANY THINGS CAN GET IN THE WAY.** That's what we'll focus on for next several sessions.
- C **PROBLEMS ARE INEVITABLE. BUT CAN BE SOLVED.** Today, process of problem solving.
- C Five steps: 1) **DESCRIBE** in detail. E.g., high fat desserts at mother's house. Look at what led up (chain of actions). Try to see links: cues, people, thoughts or feelings (review Sarah's chain.) May seem complicated, actually simpler: see real problem may not be last step; help you find weakest link.

Page 2

- C 2) **BRAINSTORM OPTIONS**, possible solutions. Storm of ideas, no matter how crazy. See you aren't powerless to change situation. (Review Sarah's options.)
- C 3) **PICK ONE OPTION TO TRY.** Weigh pros, cons, choose one very likely to work, you can do. Break as many links as early as you can), have more links to work with.

Page 3

- C 4) **MAKE POSITIVE ACTION PLAN.** Spell out what you will do, when, what first, roadblocks, build in steps to make success more likely (e.g., will it help to involve someone else? make it more fun? write plan down and post? tell someone else? join class? make date?). Build in step to get over first "hump," then everything snowballs, easier. (E.g., Sarah's action plan.)
- C 5) **TRY IT.** If didn't work, use what you've learned to make new action plan. Problem solving is a process. **DON'T GIVE UP.**

Page 4 and 5 For next week, work on a particular problem you're having now. (Fill in blanks.)

To do: KT, follow action plan, answer questions.

10. Four Keys to Healthy Eating Out

Before: Have ready: KT. Sample menus from local restaurants. Handouts on fast foods, ethnic restaurants.

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Fat gram, activity goals? Graph activity. Try your action plan? What did you learn about problem solving?

Notes:

Page 1

- C Today we're going to talk about eating out. What kinds of places do you eat out at? (Tailor the rest.) Hard to stay under your fat goal? What's difficult?
- C 4 keys to healthy eating out are to:
 - ... **PLAN AHEAD,**
 - ... **ASK FOR WHAT YOU WANT,**
 - ... **TAKE CHARGE OF WHAT'S AROUND YOU,**
 - ... **MAKE HEALTHY CHOICES.**
- C Let's **USE ONE OF THE PLACES WHERE YOU EAT OUT AS EXAMPLE.** What are some ways you can... when you eat out at...?
- C **(PRACTICE SELECTING FROM MENU, ASKING FOR MENU SUBSTITUTION.)**

Fast food restaurant:

1. Place with grilled chicken, salads. Order wo/menu.
2. Ask for low-fat milk instead of cream, oz. in burgers.
3. Be first to order.
4. Grilled chicken, no sauce. Salad, low-cal dressing. No French fries. Small. Burger--small, no cheese.

Other restaurants:

1. (Review list on handout.)
2. You're paying, have right to ask. Baked potato vs. Fr. fries, salad vs. coleslaw. Fish broiled with lemon juice. No butter on vegies. Foods not on menu, etc.
3. When bring rolls to table, No thank you. Have part of food doggie bagged before brought to you.
4. (Review rest of handout.)

Another person's home, potluck:

1. Bring something. Talk to hostess. Eat before you go.
2. "No thank you. It looks lovely, though."
3. Stay away from serving table. Use small plate.
4. Take small amounts to taste. Pick only favorites.

Airplanes

1. Order menu 24 hours ahead.
2. "No thank you," and hand peanuts right back.

Banquets, conferences:

1. Ask if prep. wo/fat. Make special order.

Page 7 (To do)

- C (Write down action plan.) KT. Try plan.

11. Talk Back to Negative Thoughts

Before: Have ready: KT. Optional handouts (STOP sign).

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Fat gram, activity goals? Graph activity. Try your action plan for eating out?
[If pt. brought in menus, help practice ordering.]

Notes:

Page 1

- C Today we're going to talk about **STOPPING NEGATIVE THOUGHTS**. Everyone has negative thoughts at times. Can lead to overeating or being inactive. Afterwards, you may feel worse: vicious cycle of self-defeat. Review example. May be unaware of negative thoughts.
- C Here are some **COMMON EXAMPLES OF NEGATIVE THOUGHTS**. Review work sheet and ask for personal examples.
 - **GOOD OR BAD** (Do you have some foods you consider "good" or "bad?" What happens when you eat a "bad" food?)
 - **EXCUSES** (Can you think of a time when you bought food "for someone else," but really for you?)
 - **SHOULD** (What kind of things do you think you "should" or "should not" do to lose weight and be more active? What do you expect yourself to do perfectly? What happens?)
 - **NOT AS GOOD AS** (Do you compare yourself to someone else? How does it make you feel? Affect your choices?)
 - **GIVE UP** (Do you ever want something good to eat and think, "I'm sick of DPP"?)

Page 2

- C Once aware, **YOU CAN LEARN TO TALK BACK**. Review examples on work sheet.

Page 3

- C **WHAT KIND OF NEGATIVE THOUGHTS ARE FAMILIAR TO YOU?** (Record examples. **ROLE PLAY** stopping and talking back. May want to review Remember Your Purpose work sheet from Session 1 for images for positive thoughts.)

Page 4

- C For next week, KT. Record negative thoughts in KT. Practice stopping and talking back.

12. The Slippery Slope of Lifestyle Change

Before: Review past KT and progress notes for positive changes since Session 7 or 8, strategies used to solve barriers. If not at goals, refer to Tool Box. Make sure graphs are up to date. Have ready: KT, meals plans (opt.)

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Fat gram, activity goals? Graph activity. Record negative thoughts? Practice stopping and talking back?

Notes:

Page 1

- C Today we're going to talk about "slips," times when don't follow plans for healthy eating, being active. Example of skiing: when learn to ski, it's natural to slip and fall. Instructor helps beginners plan for when might fall and how to get up again.
- C First, review progress since Session 7 or 8. **WHAT ARE SOME OF THE CHANGES YOU'VE MADE SO FAR** to be more active (record), eat less fat/calories (record)? **(IS THE PT. AT GOALS? IF NOT, USE TOOL BOX. RECORD PLAN.)**

Page 2

- C Define slips, stress that **SLIPS ARE NORMAL, DON'T HURT PROGRESS. WHAT HURTS PROGRESS IS WAY YOU REACT TO SLIPS.**
- C Different things cause different people to slip.
 - Some slip when happy. Imagine celebration... What would this be like for you?
 - Some slip when bored. Imagine at home... What would this be like for you?
 - Some slip when upset. Imagine argument... What would this be like?
- C Which is most difficult for you--happy, bored, upset? Other things? (Record examples.)
- C **WHAT CAUSES YOU TO SLIP, HOW YOU REACT, ARE HABITS. CAN LEARN NEW WAY.**

Page 3

- C **SLIPS ARE NORMAL. NO ONE WILL RUIN EVERYTHING.**
- C **AFTER A SLIP:** 1) Talk back to negative thoughts.
2) Ask what happened. Learn from the slip.
3) Regain control as soon as you can.
4) Talk to someone supportive.
5) Focus on positive changes you've made.

Page 4 Describe slip from healthy eating. Problem solve.

Page 5 Describe slip from being active. Problem solve.

Page 6 Next week: KT. Try action plans. Answer questions.

13. Jump Start Your Activity Plan

Before: Have ready: KT, optional handouts (on barriers to activity).

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Fat gram, activity goals? Graph activity. Did you try your two action plans to get back on your feet after slipping?

Notes:

Page 1

- C So far, our focus has been on gradually increasing activity to the goal. By this time, many pts. find activity routine has become a little boring.
- C Boredom may cause you to slip. Today we'll talk about ways to "jump start" your activity routine--keep it fresh.
- C **WAYS TO PREVENT BOREDOM**
(Review ways on worksheet, examples. Ask pt. for personal examples. Record.)
- C Have you been bored at times with activity in the past? Have you found anything to be helpful?
- C One way to challenge yourself is to focus on **IMPROVING YOUR AEROBIC FITNESS**, how well heart pumps oxygen. (Review work sheet.)

Page 2

- C Not all activities strengthen your heart, just those that are **FITT**. Review work sheet re:
 - **FREQUENCY**,
 - **INTENSITY**,
 - **TYPE**,
 - **TIME**.

Page 3

- C Review **HOW TO TAKE HEART RATE** and demonstrate for the pt.
- C **CALCULATE THE PTS' TARGET HEART RATE**. Record on the worksheet.

Page 4

- C Review **HOW TO RATE HOW HARD YOU ARE WORKING**.

Page 5

- C For next week: KT, take heart rate or pulse. Adjust how hard you're working to stay within target range.

(If appropriate, suggest that the pt. bring a family member or support person to the next session, on social cues.)

14. Make Social Cues Work *for* You

Before: Have ready: KT, optional handouts (e.g., tips/recipes for social events, holidays, traveling). Invite family member or support person to this session, if appropriate.

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Fat gram, activity goals? Graph activity. Did you take your heart rate? Adjust how hard you were working to stay within your target heart range?

Notes:

Page 1

- C We've talked before about food and activity "cues" (review examples relevant to pt.) and about negative thoughts and how they can be problem "cues." Today we'll talk about "**SOCIAL CUES**," how to change problem ones and add helpful ones.
- C Review **PROBLEM SOCIAL CUES** and **HELPFUL SOCIAL CUES** on work sheet. Record personal examples.
- C When you respond to social cue in same way over and over, build a habit. With social cues, **OTHER PERSON HAS LEARNED A HABIT, TOO**. Harder to change than other cues.

Page 2

- C **WAYS TO CHANGE PROBLEM SOCIAL CUES:**
 - **STAY AWAY** from cue. (Give examples.)
 - **CHANGE CUE, IF CAN**. Problem solve with other person. (Role play.) Tell supportive people about DPP. **ASK OTHERS TO PRAISE EFFORTS, IGNORE SLIPS**. (Role play.)
 - **PRACTICE RESPONDING IN NEW WAY**. (Review work sheet. Role play saying "No.")

Page 3 TO ADD HELPFUL SOCIAL CUES: Review work sheet. Add personal examples.

Page 4 WHO COULD PROVIDE SUPPORT FOR YOU? Review work sheet, add names of support people, check examples that might apply.

Page 5 SOCIAL CUES ARE POWERFUL AT SOCIAL EVENTS. Review work sheet using one personal example of a difficult social event.

Page 6 Describe a problem social cue. Problem solve.

Page 7 Describe a positive social cue you want to add. Problem solve.

Page 8 Next week: KT. Try action plans. Answer questions.

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) ____ / ____ / ____

15. You Can Manage Stress

Before: Have ready: KT.

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Fat gram, activity goals? Graph activity. Did you try your two action plans for making social cues work for you?

Notes:

Page 1

- C Stress is tension or pressure. Natural part of life. Any change, good or bad, big or small, can cause stress.
- C **WHAT KIND OF THINGS MAKE YOU FEEL STRESSED?**
- C **WHAT IS IT LIKE FOR YOU WHEN YOU GET STRESSED?**
- C **WAYS TO PREVENT STRESS:**
 - Practice saying "No."
 - Share some of your work with others.
 - Set goals you can reach.
 - Take charge of your time.
 - Use problem solving.
 - Plan ahead.
 - Keep things in perspective. Remember your purpose.
 - Reach out to people.
 - Be physically active.

Page 2

- C **WHEN YOU CAN'T AVOID STRESS:**
 - Catch yourself feeling stressed.
What signs do you have that you are stressed?
 - Take 10-minute "time out."
Move those muscles.
Pamper yourself.
Breathe.
- C **DPP CAN BE A SOURCE OF STRESS.**
Possible sources (review ones that apply):
Extra time in food preparation, shopping.
Feel deprived of favorite foods.
Upset if family doesn't like low-fat foods.
Uncomfortable at social events.
Difficult to find the time to be active.

Page 3

Record action plan for handling one source of stress.

Page 4

To do: KT, try action plan, answer questions.

Participant number _____
Participant initials (first, last) _____ , _____
Date of visit (month/day/year) _____ / _____ / _____

16. Ways to Stay Motivated

Before: Review past KT and progress notes for positive changes since Session 1, strategies used to solve barriers. If not at goals, refer to Tool Box. Make sure graphs are up to date. Have ready: KT (optional forms for maintenance, if applicable), signed certificate, meal plans (opt.).

Greeting

- C Weigh pt. Graph. Wt. at home?
- C How did it go? KT? Fat gram, activity goals? Graph activity. Did you try your action plan to manage stress?

Notes:

Page 1

- C Last of first 16 sessions. Congratulations! This certificate is to let you know how very important your participation has been. **(GIVE CERTIFICATE)**
- C For next few months, meet *at least* once every 2 months and speak by phone in between. How often would you *like* to come in? **(MAKE SCHEDULE)**
- C Today we're going to talk about ways to stay motivated, to make healthy eating and being active last for a lifetime.
- C First, review progress. **WHAT CHANGES HAVE YOU MADE SO FAR** to be more active, eat less fat/calories? (Record.) **(IS THE PT. AT GOALS? IF NOT, USE TOOL BOX. RECORD PLAN.)**
- C Motivation is crucial to maintaining healthy eating and activity for the long-term. How to stay motivated is one of the biggest problems people face.
- C One reason it's difficult: people do well. Think back to when you first joined DPP (give examples of difficulties that motivated pt. to lose weight, be more active, that aren't difficult now--e.g., tight clothes, tired when climbing stairs). But it's possible to stay motivated.

Pages 2, 3, and 4

- C **WAYS TO STAY MOTIVATED** (review each point, give examples, fill in blanks):
 - Stay aware of benefits. (Have you noticed any benefits you didn't expect?)
 - Recognize successes.
 - Keep signs of progress visible.
 - Keep track. **(FILL IN BLANK FOR HOW OFTEN TO RECORD EATING, WEIGHT. GIVE FORMS.)**
 - Add variety.
 - Set new goals.
 - Create friendly competition.
 - Use me and others to help you stay motivated.

Page 5 Make action plan for one way to stay motivated.

Page 6

- C For next week: KT, try action plan, answer questions.

Participant number _____
Participant initials (first, last) _____ , _____
Date of contact (month/day/year) ____ / ____ / ____

Other Individual Contact

Note: Use this page to record notes from individual contacts with DPP lifestyle participants other than the 16 core-curriculum sessions. Examples: An in-person review session held between two core curriculum sessions, a phone contact during which you collect weight and activity data or problem solve with the participant, or information you receive from the participant by mail (such as KT or an activity calendar).

Greeting.

- C Explain the purpose of the contact.

Notes:

Check one: ☒ In-Person ☐ Phone ☐ Mail

Review progress, collect data.

- C Weigh pt. (or ask for self-monitored weight from home). (Record on session update sheet.)
C Activity minutes? (Record on session update sheet.)
C KT? Fat gram/calorie intake? (Record.)
C Other home activities previously assigned?

Problem solve barriers to attendance, weight loss or physical activity goals, if any.

- C Describe problem in detail, including action chains.
C Brainstorm options.
C Weigh pros and cons. Pick one option to try.
C Make a positive action plan.

Assign home activity.

- O For next contact: KT, try action plan.
O Any questions?

Note: Remember to complete the Lifestyle Balance Update sheet and any required forms such as the In-Person Contact Form or Phone Contact Form.

Participant ID _____
Participant Initials _____

Lifestyle Balance Update: Core Curriculum

Participant Name _____ Phone _____
Goals: Weight (lb) _____ Fat (g/day) _____ Calories/day _____ Activity (min/week) 150+

Week Since Randomization	Appointments/Contacts		Week of Core Curriculum	Core Curriculum Session Number	Weight (lbs.)	Self-Monitoring				Comments
	Date	Time				Days/Week	Typical Daily Fat (g)	Typical Daily Calories	Activity Minutes Total/Week	
			1							
			2							
			3							
			4							
			5							
			6							
			7							
			8							
			9							
			10							
			11							
			12							
			13							
			14							
			15							
			16							
			17							
			18							
			19							
			20							
			21							
			22							
			23							
			24							

Checklist for Lifestyle Balance Sessions

Additional Items

In addition to the items listed under each Lifestyle Balance session, have the following on hand:

- 9 Lifestyle Manual of Operations
- 9 Fat Counter
- 9 Telephone Contact Forms (L02.1)
- 9 Schedule for physical activity sessions (e.g., if schedule has changed)

The following have been provided by the LRC for use as directed in the Tool Box. Note that some of these are not to be used until later in the intervention and only with selected participants.

Optional handouts

Behavioral Topics

Self-Monitoring:

- 9 How to Count the Fat Grams in Recipes (SM1)
- 9 Quick Track (SM2); Hispanic, Asian Indian, Pacific Islander, Southern/Soul, American Indian versions available
- 9 Count 100 Cards (SM3)
- 9 Personal Fat Counter (SM4)
- 9 Lifestyle Balance Eating Plans (SM5)
- 9 DPP Lifestyle Balance Calendar (SM6)

Nutrition Topics

Cooking

- 9 Build a Better Recipe (CK1)
- 9 How to Lower the Fat in Recipes (CK2)
- 9 Add Flavor Without Fat (CK3)

Physical Activity Topics

Barriers

- 9 Beat the Heat (BP1)
- 9 Keep Warm in the Cold (BP2)
- 9 Health Clubs, the Right Choice for You (BP3)

Exercise Equipment and Clubs

- 9 Mountain Bikes for Light Riding (EE1)
- 9 Exercise Choice, Which Workout Machine (EE2)
- 9 Exercising Choice, Which Workout Machine (EE3)

Behavioral Books

- 9 Keeping It Off (long-term maintenance of weight loss)

Nutrition Books

- 9 Restaurant Companion

Cookbooks

- 9 Cooking a la Heart (cookbook)
- 9 Que Bueno: Five a Day Cookbook
- 9 Quick and Healthy Recipes and Ideas
- 9 Quick and Healthy Recipes and Ideas, Vol. II
- 9 Black Family Dinner Quilt Cookbook
- 9 Down Home Healthy Cooking
- 9 Celebre la Cocina Hispana (cookbook)

Magazines

- 9 Cooking Light (magazine subscription)
- 9 Eating Well (magazine subscription)
- 9 Heart and Soul (magazine subscription)

Videotapes

- 9 Break Your Behavior Chains
- 9 Thin Dining
- 9 Low-Fat and Fast! Real Food for Busy People
- 9 Keep It Off Today with Art Ulene
- 9 Barbershop Talk
- 9 Sweatin' to the Oldies
- 9 Hip Hop

Miscellaneous

- 9 Water bottle
- 9 Jump rope

Participant initials (first, last) _____, _____

1A and 1B. Welcome, Getting Started Losing Weight or Being Active

Date of session

9 Binder or participant chart for Coach:

Label cover with participant's number and initials.

Inside pocket:

- 9 Lifestyle Balance Update
- 9 How Am I Doing? graph for weight
- 9 How Am I Doing? graph for activity

In the binder:

- 9 Session Prompts and Notes for Sessions 1A--16
- 9 Participant notebook pages for Sessions 2--16 (Spanish translation is available)
(the Coach will transfer these one session at a time to the participant's notebook)

If desired, replace selected pages with an ethnic version:

9	Hispanic	9	Southern/Soul
9	Asian Indian	9	American Indian
9	Pacific Islander		

9 Notebook for participant:

Inside pocket: 9 Lifestyle Balance Update
9 Keeping Track book
(or 9 Quick Track for selected participants, available in ethnic versions)

In binder:

- 9 Schedule for physical activity sessions (if applicable)
- 9 Participant notebook pages, Session 1A, 1B (Spanish translation is available) (replace black-and-white cover page with two-color version)

9 Team photo (or post on bulletin board)
9 Measuring cups (if start with weight loss)
9 Measuring spoons (if start with weight loss)
9 Food scale (if start with weight loss)
9 Audiotaping consent form (if required by local institution)
9 In-Person Contact Form (L03.1)
9 Medical record form (if required by local institution)
9 Other (specify)

2 or 4. Be a Fat Detective

Date of session

9 Date of Session

9 Keeping Track

9 Measuring spoons (if not given already)

9 Measuring cups (if not given already)

9 Food scale (if not given already)

9 Fat Counter (participant copy) (large print version is available)

9 How Am I Doing? graph for weight

9 Bathroom scale (if needed)

9 In-Person Contact Form (L03.1)

9 Medical record form (if required by local institution)

9 Other (specify) _____

Participant number _____
Participant initials (first, last) _____ , _____

3 or 5. Three Ways to Eat Less Fat

Date of session _____

- 9 Food models for weighing/measuring activity
 - 9 1/2 cup of spaghetti
 - 9 3/4 cup of dry cereal
 - 9 Chicken leg drumstick
 - 9 Chicken thigh, fried
 - 9 Chicken breast, fried
 - 9 Haddock, broiled
 - 9 Pork chop, fried
 - 9 Beef roast, cooked, slice
 - 9 Hamburger/beef patty
 - 9 Butter pats, package of 5
- 9 Actual foods for weighing/measuring activity (specify):
 - 9
 - 9
 - 9
 - 9
- 9 Test tubes of fat or other “lipo-visuals (if available)
- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

4 or 6. Healthy Eating

Date of session _____

- 9 Low-fat samples to taste
- 9 Optional handouts:
 - 9 How to Count the Grams of Fat in Recipes (SM1)
 - 9 Build a Better Recipe (CK1), ethnic versions are available for Asians, Hispanics, Southern/Soul
 - 9 How to Lower the Fat in Recipes (CK2)
- 9 Cookbooks
- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

5 or 2. Move Those Muscles

Date of session _____

- 9 Schedule for physical activity sessions (if not given at Session 1B)
- 9 Keeping Track
- 9 Certificate for shoes (if needed), water bottle, jump rope
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

Participant number _____
Participant initials (first, last) _____ , _____

6 or 3. Being Active: A Way of Life

Date of session _____

- 9 Certificate for shoes (if not given at last session)
- 9 How Am I Doing? graph for activity
- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

7. Take Charge of What's Around You

Date of session _____

- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

8. Tip the Calorie Balance

Date of session _____

- 9 Lifestyle Balance Eating Plans (optional, SM5)
- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

9. Problem Solving

Date of session _____

- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

10. Four Keys to Healthy Eating Out

Date of session _____

- 9 Nutrition in the Fast Lane brochure
- 9 Restaurant Companion by Hope Warshaw (for reference)
- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

Participant number _____
Participant initials (first, last) _____ , _____

11. Talk Back to Negative Thoughts

Date of session _____

- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

12. The Slippery Slope of Lifestyle Change

Date of session _____

- 9 Lifestyle Balance Meal Plans (optional, SM5)
- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Other (specify) _____

13. Jump Start Your Activity Plan

Date of session _____

- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form (if required by local institution)
- 9 Optional handouts:
 - 9 Beat the Heat (BP1)
 - 9 Keep Warm in the Cold (BP2)
 - 9 Health Clubs, the Right Choice (EE1)
 - 9 Mountain Bikes for Light Riding (EE2)
 - 9 Exercise Choice, Which Workout Machine (EE3)
- 9 Other (specify) _____

14. Make Social Cues Work for You

Date of session _____

- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form
- 9 Other (specify) _____

15. You Can Manage Stress

Date of session _____

- 9 Keeping Track
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form
- 9 Other (specify) _____

16. Ways to Stay Motivated

Date of session _____

- 9 Keeping Track
- 9 Certificate for completing core curriculum
- 9 Certificate for completing core curriculum and reaching weight loss goal
- 9 Certificate for completing core curriculum and reaching weight loss and physical activity goal
- 9 DPP Lifestyle Balance Calendar (SM6)
- 9 In-Person Contact Form (L03.1)
- 9 Medical record form
- 9 Other (specify) _____

How Am I Doing?

Weekly Weight Record

Core After Core
Starting Weight (lbs.) =
7% Weight Loss Goal (lbs.) =
Goal for this 6 months (lbs.) =

Weight
(pounds)

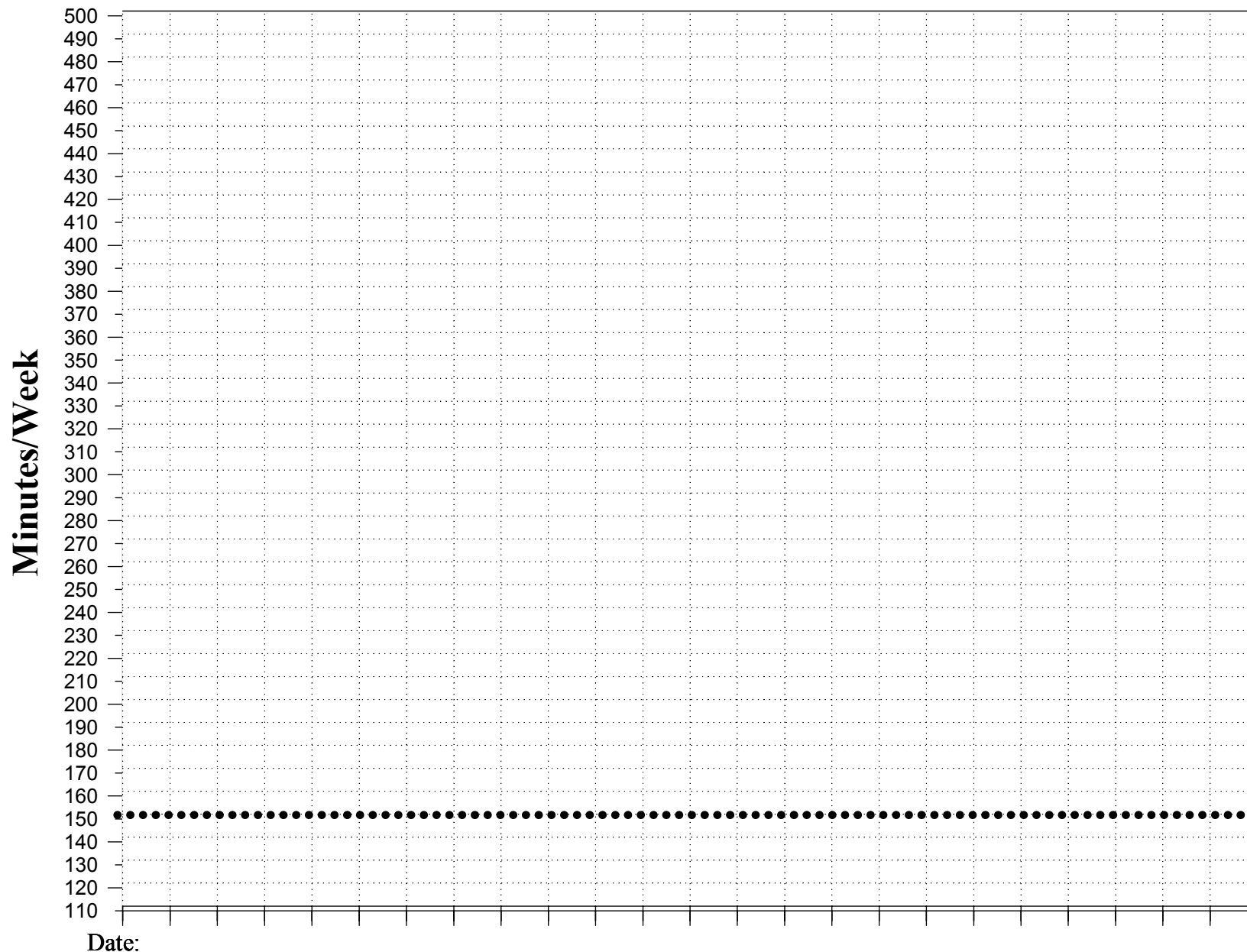


Date:
Wk. since random:

How Am I Doing?

Physical Activity Graph for _____

____ Core ____ After Core
Starting Level (min./wk.) =
Minimum Goal (min./wk.) = 150

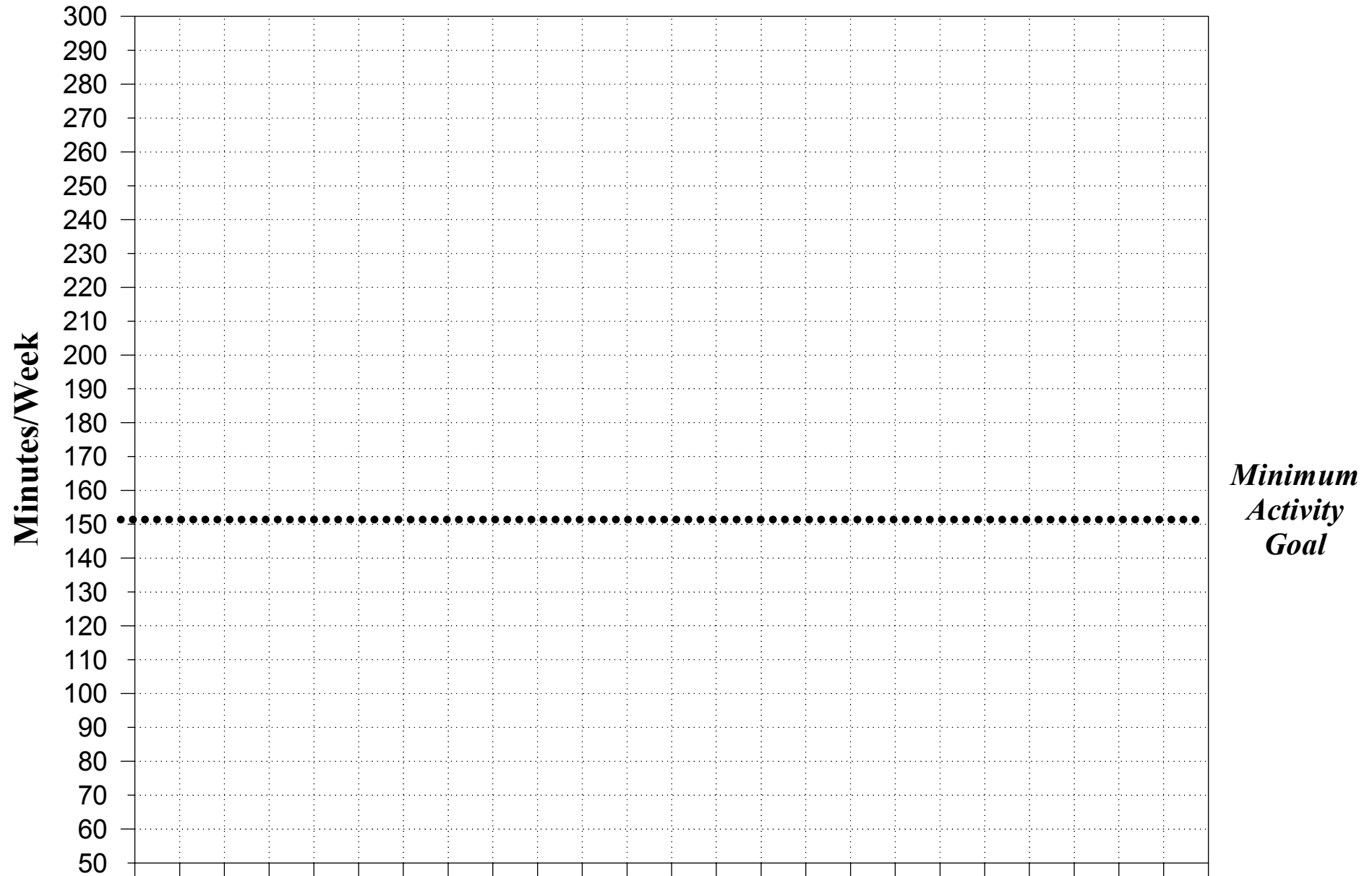


Wk. since random:

How Am I Doing?

Physical Activity Graph for _____

____ Core ____ After Core
Starting Level (min./wk.) =
Minimum Goal (min./wk.) = 150



Date:

Wk. since random:

D.9 Tool Box Quick Reference

Reinforcers

- C DPP Dollars
- C Lottery
- C Map of Miles
- C ...And Miles to Go Before I Sleep
- C Spell DPP

Not Attending Sessions

Level 1

- C Call and reschedule
- C Invite a friend or family member to session
- C See two participants together
- C Have another participant provide transportation

Level 2

- C Provide money for elder care or babysitting
- C Provide baby sitting
- C Meet at participant's home/work place
- C Meet while walking
- C Meet at a restaurant
- C Provide DPP Dollars

Level 3

- C Conduct intervention by phone/mail
- C Provide tapes of sessions

Not Self-Monitoring Food Intake or Weight

Level 1

- C Problem solve barriers
- C Complete 24-hour recall
- C Discuss cues for self-monitoring
- C Phone participant to remind to self-monitor
- C Involve family member
- C Negotiate less complete self-monitoring
- C Negotiate less frequent self-monitoring
- C Try different form of self-monitoring
- C Have pt. develop own meal plans

Level 2

- C Record intake on answering machine
- C Record on audiotape
- C Provide meal plans and shopping lists
- C Telephone and review intake
- C Provide DPP Dollars for self-monitoring

Not Self-Monitoring Physical Activity

- C Call pt. and ask to send in records
- C Ask for data over the phone

Not Reaching/ Maintaining Activity Goal

Level 1

- C Problem solve barriers
- C Increase frequency of visits/calls
- C Arrange for pal or other pt. to exercise with pt.
- C Refer pt. to non-DPP exercise class (no cost to DPP)
- C Identify exercise event in local area, set up training schedule
- C Develop motivational strategy/incentive/contract that does NOT involve spending DPP money/staff time
- C Actively involved significant other
- C Loan pt. exercise tape or equipment to monitor activity
- C Mail pt. card, note, or other mailing
- C Loan pt. self-help materials (books or tapes)

Level 2

- C Exercise with pt. during or outside of session time
- C Provide transportation
- C Buy pt. exercise tape or other equipment to monitor activity
- C Schedule a meeting with exercise physiologist
- C Schedule a meeting with behavior therapist
- C Enroll pt. in local exercise event (DPP pays)

Level 3

- C Enroll participant in health club, etc. (DPP pays)
- C Purchase home exercise equipment
- C Provide a "personal trainer" (DPP pays)
- C Develop motivational strategy/incentive/contract that DOES involve spending DPP money/staff time
- C Pay for child or elder care

Not Losing/Maintaining Weight

Level 1

- C Problem solve barriers
- C Increase frequency of visits/calls
- C Review self-monitoring skills
- C Recommend new approach to self-monitoring
- C Actively involve significant other
- C Provide recipes or loan cookbook
- C Provide meal plans
- C Assign calorie goal or lower fat/calorie goal
- C Develop motivational strategy/incentive/contract that does NOT involve spending DPP money/staff time
- C Recommend pt. buy Slim Fast for one meal/day
- C Recommend pt. buy Slim Fast for two meals/day

- C Refer pt. to non-DPP mental health professional
- C Schedule pt to come in before next contact to be weighed
- C Mail pt. a card, note, or other mailing
- C Loan pt. self-help materials (book or tape)

Level 2

- C Schedule meeting with dietitian
- C Schedule meeting with behavioral therapist
- C Schedule a visit to pt's home or nearby
- C Schedule visit to grocery store
- C Schedule visit to pt.'s work place or nearby
- C Schedule visit to restaurant
- C Provide food samples to taste
- C Buy pt. a belt
- C Schedule a small group visit to reinforce core curriculum (not an after-core class)

Level 3

- C Provide actual food for several meals/week
- C Enroll pt. in non-DPP class (DPP pays)
- C Provide Slim Fast or coupons for one meal/day
- C Provide Slim Fast or coupons for two meals/day
- C Develop motivational strategy/incentive/contract that DOES involve spending DPP money/staff time
- C Provide liquid formula (not Slim Fast)

Participant Initials _____

Attendance at Supervised Activity Sessions and Group Sessions

Participant Name _____

[illegible]

Appendix E: Optional Participant Materials

Note: A few optional materials are included in this mailing to illustrate the *types* of optional materials that are now being developed.

The optional participant materials included in Appendix E have been reviewed by the LRC and approved for use to supplement the standard materials in the participant notebook.

Lifestyle Coaches should follow these guidelines in selecting optional materials:

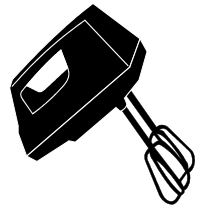
- C **Be very careful not to overload participants with additional information and related materials.** A great deal of information is presented to participants, particularly during the core curriculum (first 16 sessions). More information is not always better. In fact, the key concepts of the intervention may be lost if participants are given too much information or too many handouts.
- C **No supplemental materials should be given to participants unless they have been first reviewed by the LRC.** This process is designed to help the Lifestyle Coaches maintain the needed focus of each session, and it will also allow the LRC to bring additional materials and tools of presentation to the attention of the other clinical centers so that all can benefit.

Refer to Section 7.2.4., Maintaining the Basic Content and Sequence of Core Curriculum Sessions, for further guidelines.

How to Count the Grams of Fat in Recipes

If you cook from recipes often, use these steps:

1. List each ingredient and the amount on a separate line.
2. Look up the fat grams for each ingredient.
Write them down.
3. Add all the fat grams together.
4. Divide the total fat grams by the number of servings the recipe makes.
This will give the number of fat grams per serving.



Practice below with one of your favorite recipes.

Recipe Name _____

Serving Size _____ **Number of servings** _____

Ingredient	Amount	Fat grams

Divide the total fat grams _____ by the number of servings _____
= _____ grams of fat per serving

Quick Track.

Quick Track is an alternative self-monitoring tool for Lifestyle Balance participants. It has been designed for:

- C Participants who find standard self-monitoring, using the Keeping Track books and Fat Counter, too difficult (for example, because of very limited reading or math skills) or
- C Participants who have been successful using standard self-monitoring and now want a streamlined method for maintenance.

The first page of Quick Track lists certain “targetted” foods that are high in fat and common in the American diet. The second page lists lower-fat foods that may be eaten instead of those high-fat foods.

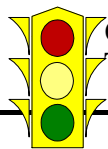
Give participants only the first page or both pages (you may want to print them back to back). Instruct participants to complete one column for each day by placing a check or hatch mark in the appropriate row **every time they eat any of the foods listed in that row in any amount**, including in mixed dishes.

Feel free to modify the targetted foods on either the front or back of the form. For example, you may want to add a specific food to one of the rows that contains similar foods (or to the row labelled “Other”) if that food is a significant source of fat and/or calories for the participant at this time. Or you may want to cross out certain rows to focus or simplify self-monitoring for a period of time.

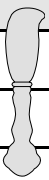







Quick Track is a record of the *number of times* certain foods are eaten. Amounts are not recorded. Care must be taken, therefore, to educate participants about the importance of appropriate serving sizes and overall caloric intake. For some participants, you may want to write in what a “serving” should be for some of the foods and instruct them to check the row every time they eat one serving and to check the row twice or even three times for larger servings. For others, Quick Track may not be suitable because of their need to self-monitor portion sizes closely.

Quick Track

Name _____ Week of _____



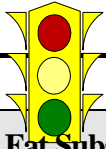
Check (H) every time you eat ANY AMOUNT of these high-fat foods, including in mixed dishes.
Try to LIMIT these foods.

CAUTION! High-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Added Fats							
Margarine, butter, regular cream cheese 							
Sour cream, gravy							
Oil, lard, bacon fat, shortening							
Salad dressing or mayonnaise (including on sandwiches, in potato salad, tuna salad, coleslaw)							
Dairy Foods							
Whole or 2% milk 							
Coffee creamer, cream, half and half							
Cheese, cheese or cream sauces 							
Meats, Main Dishes							
Hamburger, cheeseburger, ground beef (except super lean), meat loaf, beef burritos, tacos 							
Pizza							
Hot dogs, bologna, salami, ham (except extra lean), other lunch meats 							
Bacon, sausage							
Peanut butter							
Most red meats (except lean cuts, trimmed of fat)							
Fried fish or fried fish sandwich							
Fried chicken, fried chicken sandwich, skin on chicken							
Side Dishes, Breads							
French fries, fried potatoes 							
Pastry, doughnut, croissant 							
Snacks, Desserts							
Potato chips, corn chips, tortilla chips, nuts 							
Cookies, cake, pie, ice cream, chocolate candy							
Other:							

Quick Track

Name _____ Week of _____

Check (H) every time you eat these lower-fat foods *instead of* a high-fat food, including in mixed dishes. Remember: These foods still contain calories, so be careful about the amounts you eat.



GO! Lower-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Fat Substitutes							
Low-fat or fat-free margarine							
Fat-free cream cheese or sour cream							
Jelly, jam							
Vegetable cooking spray							
Low-fat/nonfat salad dressing or mayonnaise, mustard, catsup							
Dairy Foods							
Skim or 1% milk							
Low-fat or fat-free creamer							
Low-fat or fat-free cheese							
Meats, Main Dishes							
Grilled or roast chicken sandwich, without mayonnaise-based sauce							
Sliced turkey, chicken, or water-packed tuna, with low-fat mayonnaise or mustard							
Lean red meats (round or loin cuts, lean ham), with fat trimmed off							
Fish, baked, broiled or grilled							
Chicken or turkey, without skin, broiled, baked, or grilled							
Side Dishes, Breads							
Baked or boiled potato w/fat-free sour cream							
Bagels, English muffins, low-fat muffins, bread, plain rolls							
Vegetables, raw or cooked without added fat							
Snacks, Desserts							
Pretzels; plain, air-popped popcorn; low-fat chips							
Sherbet, ice milk, fruit ice, low-fat frozen yogurt, fruit							
Other:							

Count 100 Cards.

The Count 100 Cards are an alternative self-monitoring tool for Lifestyle Balance participants. The cards are designed for participants who find standard self-monitoring too difficult or who have been successful using standard self-monitoring and now want a streamlined method.

The Count 100 Cards may be used in various ways:

- C Xeroxed as is on one sheet of paper, for seven days of self-monitoring per page.
- C Cut into squares (allow some white space around the cards for recording comments) and stapled together to create a small booklet for the wallet or purse.
- C For the home assignment during the week after Session 6 or 4, Healthy Eating: Cut into squares and stapled into the participant's Keeping Track booklet for that week.
- C For greater durability: Xeroxed onto Avery 5095 Name Badge labels (they have been formatted for this particular label size) and then peeled off and stuck onto 3-by-5" index cards. The food list might be stuck on the back of every card or on only one card for reference.

Attached are:

- C Participant instructions.
- C Master copies of cards for 1200, 1500, 1800, and 2000-calorie goals.
- C A master copy of cards on which the calorie goal is left blank and the boxes are shaded for 1200 calories. Selected participants may wish to use these cards to develop individualized patterns (e.g., with a 1500-calorie goal, a participant could "spend" an additional 300 calories in various ways: 3 more bread servings, 1 more bread and 2 more fat servings, etc.). To maintain roughly 25% of calories from fat, participants should be cautioned against eating more than 2 or 3 fat servings per day.

The shaded boxes on the cards indicate the number of recommended servings for each calorie goal, based on the following calculations:

Food Guide Pyramid Group	Avg/serving		Recommended Daily Servings for:											
	Cal.	Fat (g)	1200 calories, 33 grams fat			1500 calories, 42 grams fat			1800 calories, 50 grams fat			2000 calories, 55 grams of fat		
			Svg	Kcal	Fat	Svg	Kcal	Fat	Svg	Kcal	Fat	Svg	Kcal	Fat
Bread	100	1	5	500	5	6	600	6	8	800	8	9	900	9
Vegetables	0	0	3	0	0	4	0	0	5	0	0	5	0	0
Fruits	100	0	2	200	0	3	300	0	4	400	0	4	400	0
Milk	100	3	2	200	6	2	200	6	2	200	6	2	200	6
Meat	100	5	2	200	10	2	200	10	2	200	10	2	200	10
Fat/Sweets	100	10	1	100	10	2	200	20	2	200	20	3	300	30
Total daily averages:			1200 31			1500 42			1800 44			2000 55		

Please note:

1. The food groups are the same as in the Food Guide Pyramid, but the Count 100 Cards differ from the Food Pyramid in several significant ways.
 - C The Count 100 food list includes only low-fat choices.
 - C The Count 100 serving sizes have been adjusted so that one serving is roughly equivalent to 100 calories (except for vegetables which are counted as 0 calories per serving). For example, one serving of fat equals *1 Tablespoon* of oil, butter or margarine, rather than 1 teaspoon as in the Food Guide Pyramid or ADA exchange system. This allows the same portion size to be used for these foods as well as mayonnaise and peanut butter, all of which contain about 100 calories/Tablespoon. It also allows participants to count as 1 Fat/Sweet a number of common portion sizes of sweets and alcoholic beverages, such as a medium oatmeal cookie, 1/2 cup of sherbet, or 1 can (12-oz) of light beer. Lifestyle Coaches should carefully instruct participants to accurately measure portion sizes in the Fats/Sweets group and, if in doubt, overestimate rather than underestimate portions.
 - C The 1200-calorie eating pattern includes 5 bread servings (the Food Guide Pyramid recommends a minimum of 6). However, the result is essentially the same, given the averaging of portion sizes and calories in the Count 100 system.
2. Participants are instructed to eat only those foods on the food list provided, and if other foods are eaten, to record them on the back of the card. Some participants will be able to use the Fat Counter to count the calories for these foods and may develop ways to include them, in serving sizes roughly equivalent to 100 calories, on the food list. Others will need the help of the Lifestyle Coach to do so.
3. Participants may want to record the meal at which each food is eaten by writing in the blocks a "B," "L," "D," or "S" for breakfast, lunch, dinner, or snack instead of, or in addition to, a check mark. Or participants may want to plan a particular pattern for each meal ahead of time by writing the letters in the blocks and then placing a check mark *over* these letters when the foods are eaten.

How to Use the Count 100 Cards.



The Count 100 Cards are a quick and easy way to count calories. And by following the cards *exactly*, you should be able to stay under your calorie goal.

- Step 1. Write your Lifestyle Balance goals at the top. These are **daily** (not weekly) goals.
2. Circle the day of the week. Fill in the date.
3. Put a check mark in one of the boxes whenever you eat **1 serving** of any of the foods on the food list.

To stay under your calorie goal:

- C Eat only the foods on the food list. (If you do eat other foods, write them on the back of the card. Include the name, description, and amount. Your Lifestyle Coach will help you count the calories from these foods. You will need to *add these calories to the total for the day.*)
 - C Eat no more than the number of servings shown by the shaded boxes.
 - C Weigh and measure the amounts you eat. Stick to the serving sizes on the food list.
 - C Cook and serve the foods without any added fat. If you do add fat, measure it carefully. Then count it as 1 or more servings from the Fats/Sweets group.
4. Total the calories for the day.
- C Count the number of check marks, skipping those in the Vegetable group. (1 Vegetable serving is so low in calories, it's counted as 0.)
 - C Multiply by 100 (or simply add two zeros to the number of check marks). Write the answer in the Total Calories blank.
5. Record your weight, the kind of physical activity you do, and the number of minutes activity for the day.



Goals: 1200 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____

Bread 1 slice bread, ½ bagel/muffin, 1 c. cereal

1 med. potato, ½ c. cooked rice/pasta

Veg. ½ c. cooked, 1 c. raw, ½ c. veg. juice**Fruit** 1 fresh fruit, ½ c. canned, ½ c. juice**Milk** 1 c. skim or 1% milk, plain 1% yogurt

2 oz. low-fat cheese, ½ c. (1%) cottage cheese

Meat ½ c. cooked dried beans, 1 egg, 2 egg whites3 oz. (deck of cards) trimmed, no fat added: fish,
chicken/turkey (no skin), extra lean ham,
round or loin cuts of beef/pork**Fat/Sw** 1 TB. oil, butter, margarine, mayo, peanut butter

2 TB. salad dressing, jam/jelly, sugar

2 popsicles, ½ c. sherbet or ice milk

3" oatmeal cookie, 4 vanilla wafers/gingersnaps



Goals: 1200 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1200 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1200 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1200 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1200 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1200 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1500 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____

Activity (kind, min.) _____

Bread 1 slice bread, ½ bagel/muffin, 1 c. cereal

1 med. potato, ½ c. cooked rice/pasta

Veg. ½ c. cooked, 1 c. raw, ½ c. veg. juice

Fruit 1 fresh fruit, ½ c. canned, ½ c. juice

Milk 1 c. skim or 1% milk, plain 1% yogurt

2 oz. low-fat cheese, ½ c. (1%) cottage cheese

Meat ½ c. cooked dried beans, 1 egg, 2 egg whites

3 oz. (deck of cards) trimmed, no fat added: fish, chicken/turkey (no skin), extra lean ham, round or loin cuts of beef/pork

Fat/Sw 1 TB. oil, butter, margarine, mayo, peanut butter

2 TB. salad dressing, jam/jelly, sugar

2 popsicles, ½ c. sherbet or ice milk

3" oatmeal cookie, 4 vanilla wafers/gingersnaps



Goals: 1500 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1500 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1500 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1500 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1500 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1500 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1800 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____

Bread 1 slice bread, ½ bagel/muffin, 1 c. cereal

1 med. potato, ½ c. cooked rice/pasta

Veg. ½ c. cooked, 1 c. raw, ½ c. veg. juice

Fruit 1 fresh fruit, ½ c. canned, ½ c. juice

Milk 1 c. skim or 1% milk, plain 1% yogurt

2 oz. low-fat cheese, ½ c. (1%) cottage cheese

Meat ½ c. cooked dried beans, 1 egg, 2 egg whites

3 oz. (deck of cards) trimmed, no fat added: fish, chicken/turkey (no skin), extra lean ham, round or loin cuts of beef/pork

Fat/Sw 1 TB. oil, butter, margarine, mayo, peanut butter

2 TB. salad dressing, jam/jelly, sugar

2 popsicles, ½ c. sherbet or ice milk

3" oatmeal cookie, 4 vanilla wafers/gingersnaps



Goals: 1800 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1800 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1800 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1800 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1800 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 1800 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 2000 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____

Bread 1 slice bread, ½ bagel/muffin, 1 c. cereal

1 med. potato, ½ c. cooked rice/pasta

Veg. ½ c. cooked, 1 c. raw, ½ c. veg. juice**Fruit** 1 fresh fruit, ½ c. canned, ½ c. juice**Milk** 1 c. skim or 1% milk, plain 1% yogurt

2 oz. low-fat cheese, ½ c. (1%) cottage cheese

Meat ½ c. cooked dried beans, 1 egg, 2 egg whites3 oz. (deck of cards) trimmed, no fat added: fish,
chicken/turkey (no skin), extra lean ham,
round or loin cuts of beef/pork**Fat/Sw** 1 TB. oil, butter, margarine, mayo, peanut butter

2 TB. salad dressing, jam/jelly, sugar

2 popsicles, ½ c. sherbet or ice milk

3" oatmeal cookie, 4 vanilla wafers/gingersnaps



Goals: 2000 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 2000 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 2000 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 2000 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 2000 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: 2000 calories, _____ min. of activity.

Sat Sun M T W Th Fri Date: _____

Bread											
Veg.	0	0	0	0	0	0	0	0	0	0	0
Fruit											
Milk											
Meat											
Fat/Sw											

Total calories _____ Weight _____

Activity (kind, min.) _____



Goals: ____ calories, ____ min. of activity. Sat
Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____
Activity (kind, min.) _____

Bread 1 slice bread, ½ bagel/muffin, 1 c. cereal
1 med. potato, ½ c. cooked rice/pasta

Veg. ½ c. cooked, 1 c. raw, ½ c. veg. juice

Fruit 1 fresh fruit, ½ c. canned, ½ c. juice

Milk 1 c. skim or 1% milk, plain 1% yogurt

2 oz. low-fat cheese, ½ c. (1%) cottage cheese

Meat ½ c. cooked dried beans, 1 egg, 2 egg whites

3 oz. (deck of cards) trimmed, no fat added: fish,
chicken/turkey (no skin), extra lean ham,
round or loin cuts of beef/pork

Fat/Sw 1 TB. oil, butter, margarine, mayo, peanut butter

2 TB. salad dressing, jam/jelly, sugar

2 popsicles, ½ c. sherbet or ice milk

3" oatmeal cookie, 4 vanilla wafers/gingersnaps



Goals: ____ calories, ____ min. of activity. Sat
Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____
Activity (kind, min.) _____



Goals: ____ calories, ____ min. of activity. Sat
Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____
Activity (kind, min.) _____



Goals: ____ calories, ____ min. of activity. Sat
Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____
Activity (kind, min.) _____



Goals: ____ calories, ____ min. of activity. Sat
Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____
Activity (kind, min.) _____



Goals: ____ calories, ____ min. of activity. Sat
Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____
Activity (kind, min.) _____



Goals: ____ calories, ____ min. of activity. Sat
Sun M T W Th Fri Date: _____

Bread												
Veg.	0	0	0	0	0	0	0	0	0	0	0	0
Fruit												
Milk												
Meat												
Fat/Sw												

Total calories _____ Weight _____
Activity (kind, min.) _____

Personal Fat Counter.

The Personal Fat Counter is both an abbreviated Fat Counter and a simplified self-monitoring record on one page. It has been designed for Lifestyle Balance participants:

- C Who find standard self-monitoring, using the Keeping Track books and complete Fat Counter, too difficult (for example, because of very limited reading or math skills) or
- C Who have been successful using standard self-monitoring and now want a streamlined method for maintenance.

To use the Personal Fat Counter:

1. Personalize the form (either in handwriting or on the computer).
 - C List for each meal the food items the participant eats most often, the typical amount the participant eats of each item, and the fat grams/calories in that serving size.
 - C List the kinds of physical activities the participant plans to do during the week and the number of minutes planned per day.
 - C Leave enough blank lines for the participant to add other foods and activities during the week.
2. Make one xerox copy of the personalized form for each day of the week. Keep the original on hand as a master copy.
3. The participant then records, on the xerox copies, the physical activities done and the foods and beverages consumed each day. If the foods and serving sizes eaten are the same as those on the form, there is no need to calculate or write down the fat grams; a check in the "Actual Serving" column will suffice. If the serving size eaten differs from that listed, the participant simply writes in the actual serving size and is able to calculate the fat grams without having to look for the food in the Fat Counter book. Any additional foods eaten are added to the form and the participant looks up the fat grams in the standard way, using the Fat Counter book (or the Lifestyle Coach could do this with the participant at the next session); if these foods are chosen often, they can be added to the master copy and the participant will not need to look them up in the future. Room is provided for sub-totaling fat grams/calories by meal and for comments.

The master copy of the Personal Fat Counter should be updated regularly. The revision process can be used to:

- C **Plan ahead.** For example, a participant may decide to try fat-free sour cream instead of butter on potatoes and other vegetables during the coming week. She could write this food choice in handwriting on the personalized form for the days she plans to use it. Its presence on the form would remind her of her plan.
- C **Reinforce new eating habits as they develop and are maintained.** For example, if the participant enjoys the fat-free sour cream and plans to eat it regularly, it could be added to the master copy of the personalized form in the place of butter.
- C **Develop meal plans and shopping lists.** The participant can mix and match food choices on the personalized form to quickly create meal plans and shopping lists.

B R E A K F A S T	FOOD ITEM	SERVING SIZE	FAT GRAMS	ACTUAL SERVING	FAT GRAMS	FOOD ITEM	SERVING SIZE	FAT GRAMS	ACTUAL SERVING	FAT GRAMS	D I N N E R
BREAKFAST SUB-TOTAL											
L U N C H											
LUNCH SUB-TOTAL											
						DINNER SUB-TOTAL					
						KIND OF PHYSICAL ACTIVITY	MINUTES PLANNED	MINUTES DONE			
LUNCH SUB-TOTAL						DAILY TOTAL MINUTES:					

Comments:

B R E A K F A S T	FOOD ITEM	SERVING SIZE	FAT GRAM	CAL.	ACT SER	FAT GRAMS	CAL.	FOOD ITEM	SERVING SIZE	FAT GRAM	CAL.	ACT SER	FAT GRAMS	CAL.	D I N N E R
	BREAKFAST SUB-TOTALS														
L U N C H															
LUNCH SUB-TOTALS								DINNER SUB-TOTALS							
								KIND OF PHYSICAL ACTIVITY	MINUTES PLANNED	MINUTES DONE:					
DAILY TOTAL MINUTES:															

Comments:

Lifestyle Balance Eating Plans.

Structured eating plans have been shown to help many people lose weight. Eating plans, when followed exactly, eliminate many temptations and decisions regarding food choices. Eating plans also simplify self-monitoring. Therefore, those Lifestyle Balance participants who have not lost weight as expected by Session 8 or 7, Tip the Calorie Balance, will be asked to either follow a structured eating plan or self-monitor calories. In addition, Lifestyle Coaches may give any participant one of the eating plans at any point during the study.

Attached are Lifestyle Balance Eating Plans for 1200 and 1800 calories for four days. The percent of calories from fat in both eating plans is approximately 10-15% (intentionally lower than the DPP goal of 25% fat in order to model a reduced-fat eating style). The calories are distributed approximately as follows:

	1200-Calorie Eating Plan	1800-Calorie Eating Plan
Breakfast	200-250 calories	350-400 calories
Light Meal	300-400 calories	400-500 calories
Main Meal	500-550 calories	600-650 calories
Snacks	100 calories	300 calories

The foods lists are identical for both plans. Compared to the 1200-calorie plan, the 1800-calorie plan includes these sources of additional calories: about 100 at breakfast (from bread, fruit juice, and/or diet margarine), 50-100 at the light meal (lunch) (from milk, yogurt, and/or bread), 200 at the main meal (dinner) (from bread, diet margarine, and nonfat frozen dessert), and 200 at snacks. Lifestyle Coaches may create 1500 and 2000-calorie plans, as needed, by making similar adjustments in writing on the 1200 and 1800-calorie plans. Lifestyle Coaches may also want to add a few foods to the various categories based on the participant's food preferences (for example, adding tortillas to the list of breads), provided that the average calories and fat grams per serving of the added foods are roughly the same as other foods in that category.

Participants should be encouraged to follow the plans *exactly* because it is the firm structure provided by eating plans that is most helpful. However, the plans are not designed to be followed indefinitely. It is expected that over time, participants will develop variations of the meal plans and create their own style of low-fat eating that suits their lifestyle, food preferences, and calorie needs during weight loss or weight maintenance.

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1200-Calorie Eating Plan.



Mix and match the following menus for breakfast, a light meal, and a main meal. Choose foods from the attached lists.

Breakfast 200-250 calories	C Cold or hot cereal C ½ cup milk C ½ cup fruit juice or 1 fruit serving	C Toast (2 slices), or 1 English muffin, or 1 bagel C Jam or jelly C ½ cup fruit juice or 1 fruit serving	C Egg substitute C Toast (1 slice), or ½ English muffin, or ½ bagel C Jam or jelly C ½ cup milk C ½ cup fruit juice or 1 fruit serving	C Nonfat plain yogurt (1 cup) C Fruit C Toast (1 slice) or ½ English muffin, or ½ bagel C Jam or jelly
Light Meal 300-400 calories	C Sandwich: 1 protein serving (chicken, turkey, salmon, tuna, or peanut butter and jelly), 2 bread servings, with fat-free mayonnaise or dressing C Fruit C 1 cup milk or fat-free yogurt	C Salad: Salad vegetables, 1 serving of turkey, chicken, tuna, or salmon, with fat- free dressing C ½ pita or ½ bagel C Fruit C 1 cup milk or fat-free yogurt	C Cottage cheese C 2 servings of fruit C ½ pita or ½ bagel C 1 cup milk or fat-free yogurt	C Low-calorie frozen entree (≤ 300 calories and ≤ 10 grams of fat) C Salad with fat-free dressing C Fruit
Main Meal 500-550 calories	C Fish or poultry (baked or broiled) C Pasta, potato, or rice C Vegetable with diet margarine C Fruit C Nonfat frozen dessert (½ cup)	C Low-calorie frozen entree C Salad with fat-free dressing C Vegetable with diet margarine C Fruit C Nonfat frozen dessert (½ cup)	C Pasta with marinara sauce (recipe attached) C Salad with fat-free dressing C Fruit C Nonfat frozen dessert (½ cup)	C Chinese stir-fry (recipe attached) C Rice C Fruit C Nonfat frozen dessert (½ cup)
Snack 100 calories	Mix and match choices from the snack list to total 100 calories.			

1800-Calorie Eating Plan.



Mix and match the following menus for breakfast, a light meal, and a main meal. Choose foods from the attached lists.

Breakfast 350-400 calories	C Cold or hot cereal C ½ cup milk C ¾ cup fruit juice or 1 fruit serving C Toast (1 slice), or ½ English muffin, or ½ bagel	C Toast (2 slices), or 1 English muffin, or 1 bagel C Diet margarine C Jam or jelly C ¾ cup fruit juice or 1 fruit serving	C Egg substitute C Toast (2 slices), or 1 English muffin, or 1 bagel C Diet margarine C Jam or jelly C ½ cup milk C ¾ cup fruit juice or 1 fruit sv.	C Nonfat plain yogurt (1 cup) C Fruit C Toast (2 slices), or 1 English muffin, or 1 bagel C Diet margarine C Jam or jelly
Light Meal 400-500 calories	C Sandwich: 1 protein serving (chicken, turkey, salmon, tuna, or peanut butter and jelly), 2 bread servings, with fat-free mayonnaise or dressing C Fruit C 1 cup milk or fat-free yogurt	C Salad: Salad vegetables, 1 serving of turkey, chicken, tuna, or salmon, with fat- free dressing C 1 Pita or 1 bagel C Fruit C 1 cup milk or fat-free yogurt	C Cottage cheese C 2 servings of fruit C 1 Pita or 1 bagel C 1 cup milk or fat-free yogurt	C Low-calorie frozen entree (≤ 300 calories and ≤ 10 grams of fat) C Salad with fat-free dressing C Fruit C 1 cup milk or fat-free yogurt
Main Meal 600-650 calories	C Fish or poultry (baked or broiled) C Pasta, potato, or rice C Vegetable w/diet margarine C Dinner roll with diet margarine C Fruit C Nonfat frozen dessert (¾ cup)	C Low-calorie frozen entree C Salad with fat-free dressing C Vegetable with diet margarine C Dinner roll with diet margarine C Fruit C Nonfat frozen dessert (¾ cup)	C Pasta with marinara sauce (recipe attached) C Salad with fat-free dressing C Vegetable with diet margarine C Fruit C Nonfat frozen dessert (¾ cup)	C Chinese stir-fry (recipe attached) C Rice C Dinner roll with diet margarine C Fruit C Nonfat frozen dessert (¾ cup)
Snacks 300 calories	Mix and match choices from the snack list to total 300 calories.			

Breakfast Choices



The starred foods are recommended to increase the fiber in your diet.

Cereal	Serving Size	Calories	Fat (g)
*Bran flakes	2/3 cup	90	0
Cheerios (plain)	1 cup	90	0
Corn Flakes	1 cup	110	0
*Oatmeal, cooked	2/3 cup	96	2
*Raisin Bran	3/4 cup	100	0
Shredded Wheat, Spoon Size	2/3 cup	90	1
Special K	1 cup	110	0

Milk/Yogurt

Skim milk	1/2 cup	43	0
1% milk	1/2 cup	51	2
Lactaid lactose-reduced non-fat milk	1/2 cup	43	0
Yogurt, non-fat, plain	1 cup	136	0

Bread

*Whole wheat toast (regular)	1 slice	70	1
White toast	1 slice	70	1
English muffin	1/2	67	0
Bagel (any flavor)	1/2 (3" diam)	78	0
Diet bread	2 slices	80	0

Egg Substitute

Fleischmann's Egg Beaters®	1/2 cup	50	0
Healthy Choice Cholesterol- Free Egg Product®	1/2 cup	60	0

Fruit Juice

Orange juice	1/2 cup	56	0
	3/4 cup	84	0
Grapefruit juice	1/2 cup	47	0
	3/4 cup	70	0
Apple juice	1/2 cup	58	0
	3/4 cup	87	0

Fruit

*Banana	1/2 (8" long)	48	0
*Orange	1 (2 5/8" diameter)	62	0
*Grapefruit	1/2	47	0
*Strawberries	1 cup	46	0
*Melon (any variety)	1 cup	60	0

Diet margarine (Only if included on your plan.)

Fleishmann's Diet tub®, Promise Extra Light® tub	2 teaspoons	33	4
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Jam/Jelly

Regular jam/jelly (any flavor)	2 teaspoons	32	0
Diet jam/jelly (any flavor)	2 teaspoons	15	0

Light Meal Choices



The starred foods are recommended to increase the fiber in your diet.

Protein	Serving Size	Calories	Fat (g)
Tuna, white, canned in water	3 ounces	99	1
Sockeye salmon, canned in water	3 ounces	118	5
Turkey or chicken breast, oven roasted (Oscar Mayer®, Hillshire Farm®, or Deli Select®)	3 ounces	90	2
Cottage cheese, 1% milk-fat	½ cup	82	1
Peanut butter, regular	1 Tablespoon	96	8

Bread			
Pita bread (6" diameter)	½ pocket	95	1
	1 pocket	191	1
Bagel, any flavor (3" diameter)	½ bagel	78	1
	1 whole	157	1
*Whole wheat bread	1 slice	70	1
	2 slices	140	2
White bread	1 slice	70	1
	2 slices	140	2

Fruit			
*Apple	1 (2¾" diam.)	81	0
*Banana	½ (8" long)	48	0
*Orange	1 (2⅝" diam.)	62	0
*Peaches, fresh	1 (2½ diam.)	37	0
*Pear, fresh	½ (2½ diam.)	49	0
*Pineapple, fresh	½ cup	38	0

Milk/Yogurt			
Skim milk	½ cup	43	0
	1 cup	86	0
1% milk	½ cup	51	2
	1 cup	102	3
Lactaid lactose-reduced non-fat milk	½ cup	43	0
	1 cup	86	0
Yogurt, non-fat, fruited (Dannon Light®, Light & Lively®, Yoplait®)	½ cup	81	0
	1 cup	162	0


Frozen Low-Calorie Entrees or Dinners

Choose any Healthy Choice® (HC), Lean Cuisine® (LC), Weight Watchers® (WW) or Budget Gourmet Light/Healthy® (BGL) dinners which have ≤ 300 calories and ≤ 10 gm fat.

<i>Examples:</i> Serving Size	Calories	Fat (g)	
HC Lemon Pepper Fish	1 entree	300	5
HC Chicken Enchiladas	1 entree	280	6
LC Oriental Beef w/ Vegetables & Rice	1 entree	290	9
WW Chicken Fettucini	1 entree	280	9
BGL Sirloin Beef in Wine Sauce	1 entree	280	8

Salad Dressing/Condiments

Miracle Whip® Fat-free	1 Tablespoon	19	0
WW Fat-free mayonnaise	1 Tablespoon	19	0
Kraft® Fat-free Dressings	1 Tablespoon	18 (avg.)	0
Marzetti® Fat-free Dressings	1 Tablespoon	20	0
Seven Seas® Fat-free Dressings, Creamy	1 Tablespoon	16	0
Clear	1 Tablespoon	5 (avg.)	0
Regular jelly/jam (any variety)	2 teaspoons	32 (avg.)	0
Diet jelly/jam (any variety)	2 teaspoons	15 (avg.)	0

Salad and Salad Vegetables Choose foods from the Free Food List.

Main Meal Choices



The starred foods are recommended to increase the fiber in your diet.

Protein	Serving Size	Calories	Fat (g)
Halibut	3 ounces	100	1
Cod	3 ounces	100	1
Tuna, yellow fin, fresh	3 ounces	118	1
Turkey, white meat	2 ounces	93	2
Chicken, white meat	2 ounces	81	2

Starch

Pasta:	white	1 cup	197	1
	*whole wheat	1 cup	197	1
Rice:	white	$\frac{3}{4}$ cup	154	0
	brown	1 cup	216	2
	wild	1 cup	166	0
Potato:	baked in skin	Medium	220	0
	boiled w/out skin	$1\frac{1}{2}$ cup	114	0
Sweet potato (yam)		Medium (5" x 2")	200	0
Dinner roll				
	<i>(only if included on your plan)</i>	1	100	1

Vegetables

Broccoli, cooked	1 cup	52	0
Brussels Sprouts, cooked	1 cup	66	0
Cabbage, cooked:			
Green	1 cup	32	0
Red	1 cup	32	0
Carrots, cooked	1 cup	70	0
Cauliflower, cooked	1 cup	34	0
Corn, cooked	$\frac{1}{2}$ cup	66	0
Green beans, cooked	1 cup	38	0
Peas, cooked:			
Green	$\frac{1}{2}$ cup	62	0
Snow	1 cup	78	0
Spinach, cooked	1 cup	54	0
Squash, cooked:			
Summer	1 cup	44	0
Acorn	$\frac{1}{2}$ cup	69	0
Butternut	$\frac{1}{2}$ cup	48	1
Hubbard	$\frac{1}{2}$ cup	59	1
Spaghetti	1 cup	49	0
Marinara Sauce (attached recipe or a brand with ≤ 5 g fat/cup)	1 cup	115	5

Main Meal Choices (continued)



Fat	Serving Size	Calories	Fat (g)
Diet Margarine			
(Fleishmann's Diet tub®, Promise Extra Light® tub)	1 Tablespoon	50	6
Kraft® fat-free dressings	1 Tablespoon	18 (avg.)	0
Marzetti® fat-free dressings	1 Tablespoon	20	0
Seven Seas® fat-free dressings, creamy	1 Tablespoon	16	0
clear	1 Tablespoon	5 (avg.)	0

Fruit

*Apple	1 (2¾" diam.)	81	0
*Orange	1 (2⅝ diam.)	62	0
*Peaches, fresh	1 (2½" diam.)	37	0
*Pear, fresh	½ (2½" diam.)	49	0
*Pineapple, fresh	½ cup	38	0
*Banana	½ (8" long)	48	0

Frozen Dessert Options

Frozen Yogurt			
Crowley's Fruit Flavors®	½ cup	100	0
	¾ cup	150	0
Homemade Brand®	½ cup	100	3
	¾ cup	150	5
Sherbet	½ cup	133	2
	¾ cup	200	3
Sorbet (Dole®)	½ cup	129	0
	¾ cup	194	0

Frozen Low-Calorie Entrees or Dinners

Choose any Healthy Choice® (HC), Lean Cuisine® (LC), Weight Watchers® (WW) or Budget Gourmet Light/Healthy® (BGL) dinners which have ≤ 300 calories and ≤ 10 gm fat.

Examples:

HC Lemon Pepper Fish	1 entree	300	5
HC Chicken Enchiladas	1 entree	280	5
LC Oriental Beef w/Vegetables & Rice	1 entree	290	9
WW Chicken Fettucini	1 entree	280	9
BGL Sirloin Beef in Wine Sauce	1 entree	280	8

Salads Choose foods from the Free Foods List.

Marinara Sauce and Chinese Stir-Fry See attached recipes.



Snack Choices

Protein	Serving Size	Calories	Fat (g)
Cottage cheese, 1% milk fat	¼ cup	41	0
Yogurt, fruited, nonfat	½ cup	100 (avg.)	0
Milk			
Skim milk	½ cup	43	0
1% milk	½ cup	51	2
Lactaid® lactose-reduced nonfat milk	½ cup	43	0
Fruit			
*Apple	½	40	0
*Banana	½	48	0
*Melon (any kind)	1 cup	60	0
*Orange	1	62	0
*Peaches, fresh	1	37	0
*Pear, fresh	½	49	0
*Pineapple, fresh	½ cup	38	0
Fruit Juice			
Apple juice	½ cup	58	0
Cranberry juice, low calorie	½ cup	72	0
Grapefruit juice	½ cup	47	0
Orange juice	½ cup	56	0
Popcorn			
Air-popped	2 cups	62	1
Orville Redenbacher's Light Gourmet Microwave® (natural and butter)	3 cups	77	3
Weight Watcher's Microwave®	½ ounce	50	1
Frozen Popsicles			
Food Club Junior Pop®	1	40	0
Dole Fruit and Juice Bars®	1	60	0
Jello Gelatin Pops®	1	35	0
Kool-Aid Gelatin Pops®	1	40	0
Hot Chocolate			
Carnation Sugar-free Hot Cocoa, Mocha and Rich Chocolate®	1 envelope	50	0
Alcohol			
Light Beer (most brands)	6 ounces	50	0
Wine, table (most brands)	3½ ounces	72	0



Free Foods

Salad greens, raw vegetables

Cabbage
Carrot
Celery
Chinese cabbage
Cucumber
Endive
Escarole
Lettuce
Mushrooms
Onion
Peppers
Radishes
Romaine
Spinach
Sprouts
Summer Squash
Tomato
Zucchini

Drinks

Bouillon or broth without fat
Bouillon, low-sodium
Carbonated drinks, sugar-free
Carbonated water
Club soda
Coffee/tea
(Use only fat-free cream, skim milk, or 1% milk in coffee or tea. Adjust milk/yogurt servings accordingly.)
Drink mixes, sugar-free
Tonic water, sugar-free

Condiments

Artificial butter flavors (e.g., Butter Buds®)
Catsup (1 Tablespoon)
Horseradish
Hot sauce
Mustard
Picante sauce
Pickles, dill, unsweetened
Taco sauce
Vinegar, any type

Sweet substitutes

Candy, hard, sugar-free
Gelatin, sugar-free
Gum, sugar-free
Sugar substitutes (saccharine, aspartame)

Miscellaneous

Herbs
Lemon juice
Nonstick pan spray
Soy sauce
Spices
Worcestershire sauce

Shopping List



Check (H) only the food items you need. Remember, these are the only food items you will need to follow your eating plan.

Cereals

- 9 Bran Flakes
- 9 Raisin Bran
- 9 Corn Flakes
- 9 Cheerios
- 9 Special K
- 9 Oatmeal
- 9 Shredded Wheat

Produce, Fresh

- 9 Apples
- 9 Bananas
- 9 Oranges
- 9 Grapefruit
- 9 Melon
- 9 Peaches
- 9 Pears
- 9 Pineapple
- 9 Strawberries
- 9 Lemons
- 9 Salad Greens
- 9 Raw Vegetables
- 9 Onions
- 9 Green onions
- 9 Potatoes, White
- 9 Potatoes, Sweet

Beverages

- 9 Skim Milk
- 9 1% Milk
- 9 Diet Drinks
- 9 Orange Juice
- 9 Apple Juice
- 9 Grapefruit Juice
- 9 Cranberry Juice
- 9 Pineapple Juice
- 9 Sugar-free Hot Cocoa, Drink Mixes
- 9 Bouillon or Broth, Without Fat

Salad Dressings, Condiments

- 9 Fat-Free Salad Dressing
- 9 Fat-Free Mayonnaise
- 9 Mustard
- 9 Catsup
- 9 Horseradish
- 9 Taco or Picante Sauce
- 9 Vinegar

Breads/Starches

- 9 Whole Wheat Bread
- 9 White Bread
- 9 Low-Calorie Bread
- 9 English Muffin
- 9 Bagel
- 9 Pita Bread
- 9 Rice, White, Brown, or Wild
- 9 Pasta, White or Whole Wheat

Frozen Dinners

(≤ 300 calories,
≤ 10 g/fat)

- 9 Weight Watchers
- 9 Healthy Choice
- 9 Lean Cuisine
- 9 Budget Gourmet
- 9 Light and Healthy

Frozen Desserts

- 9 Frozen Yogurt (Crowley's Fruit)
- 9 Sherbet
- 9 Sorbet (Dole)
- 9 Popsicles

Lean Protein

- 9 Chicken or Turkey Breast, Oven Roasted, Deli
- 9 Chicken, White Meat
- 9 Turkey, White Meat
- 9 Tuna/Salmon, Canned in Water
- 9 Tuna, Yellowfin, Fresh
- 9 Cod
- 9 Halibut
- 9 Yogurt, Nonfat, Plain or Fruited
- 9 Egg Beaters
- 9 Cottage Cheese (1% milk fat)
- 9 Parmesan Cheese, grated
- 9 Peanut Butter

Miscellaneous

- 9 Vegetable oil
- 9 Garlic
- 9 Soy sauce
- 9 Brown sugar
- 9 Ginger, fresh or powdered
- 9 Crushed tomatoes, 16 oz.
- 9 Tomato paste, 6 oz.
- 9 Basil, oregano, black pepper, thyme
- 9 Parmesan cheese, grated
- 9 Nonstick Pan Spray
- 9 Artificial Butter Flavor
- 9 Sugar Substitute
- 9 Sugar-free Gum, Jello, Candy
- 9 Coffee/Tea
- 9 Diet Jelly/Jam
- 9 Fat-free Creamer
- 9 Lemon Juice

Marinara Sauce

1 Tablespoon vegetable oil	1 cup water
1 clove garlic, finely chopped	1 teaspoon basil
½ cup diced onions	½ teaspoon oregano
16 oz. crushed tomatoes, canned	¼ teaspoon fresh ground black pepper
6 oz. tomato paste, canned	¼ teaspoon thyme
	2 Tablespoons Parmesan cheese, grated

1. Add oil to medium-size cooking pot. Heat over medium heat.
2. Sauté garlic and onions in oil until transparent.
3. Add crushed tomatoes, tomato paste and water. Allow mixture to come to a boil, then reduce heat to allow mixture to simmer.
4. Add spices. Adjust amounts as desired.
5. Simmer sauce for ½ hour.
6. Serve over pasta with 2 Tablespoons grated Parmesan cheese.

Makes 4 (1-cup) servings. Per Serving: 115 calories, 5 grams fat.

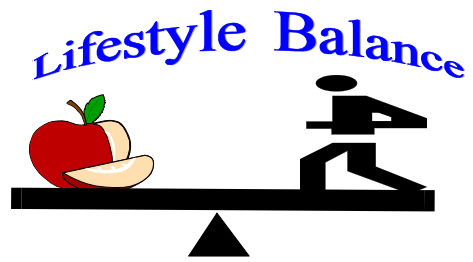
Chinese Stir-Fry

2 Tablespoons soy sauce	1 Tablespoon vegetable oil
2 Tablespoons water	1 clove garlic, finely chopped
1 teaspoon firmly packed brown sugar	¾ pound boneless, skinless chicken breast, cut into 1" cubes
1 Tablespoon fresh ginger, grated or ⅛ teaspoon powdered ginger (optional)	3 cups mixed vegetables, cut into bite-sized pieces (broccoli, carrots, cauliflower, snowpeas, etc.)
2 green onions, diced	

1. Mix soy sauce, water, brown sugar, ginger and diced green onions. Stir until blended. Set aside.
2. Add oil to wok or large non-stick skillet. Heat over medium-high heat.
3. Add garlic and cubed chicken to wok or skillet. Stir-fry 5 minutes.
4. Add mixed vegetables to chicken. Stir-fry 3 minutes or until vegetables are tender crisp.
5. Add soy sauce mixture to chicken and vegetables. Stir-fry until thoroughly heated.
6. Serve over a bed of rice.

Makes 6 (¾-cup) servings. Per Serving: 140 calories, 4 grams fat.

DPP Lifestyle Balance



Name: _____

Goals: Weight _____ pounds.

Activity _____ minutes per week.

(Month Year)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
<div>_____</div> <div>Activity _____</div> <div>Weight _____</div> <div><input type="checkbox"/> Recorded diet</div>	<div>_____</div> <div>Activity _____</div> <div>Weight _____</div> <div><input type="checkbox"/> Recorded diet</div>	<div>_____</div> <div>Activity _____</div> <div>Weight _____</div> <div><input type="checkbox"/> Recorded diet</div>	<div>_____</div> <div>Activity _____</div> <div>Weight _____</div> <div><input type="checkbox"/> Recorded diet</div>	<div>_____</div> <div>Activity _____</div> <div>Weight _____</div> <div><input type="checkbox"/> Recorded diet</div>	<div>_____</div> <div>Activity _____</div> <div>Weight _____</div> <div><input type="checkbox"/> Recorded diet</div>	<div>_____</div> <div>Activity _____</div> <div>Weight _____</div> <div><input type="checkbox"/> Recorded diet</div>	<div>Weekly Activity</div> <div>_____</div> <div>minutes</div>
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Why weigh myself?

Lifestyle Balance participants are expected to weigh themselves regularly at home.

What are your thoughts and feelings about weighing yourself?

Some of the good things about weighing myself	Some of the not so good things about weighing myself	Solutions for dealing with the not so good things

If you don't like weighing yourself at home, try it for a month or two. And talk with your Lifestyle Coach about your thoughts and feelings.

We think you'll discover that weighing yourself will help you to:

- C Respond promptly to changes in weight by adjusting your eating and activity.
- C Look at trends over time and evaluate what weight loss strategies work best for you.

Blueprints for Weight Loss.



To build a house, a construction crew needs to:

- C Follow a detailed blueprint or plan;
- C Check their work against the blueprint as they go along; and
- C When they run into problems, either do something different to follow the plan more closely or draw up a new blueprint.

What blueprint or plan have you been following to lose weight?

What problems have you run into? What can you do differently to better follow the plan? Or is it time to draw up a new blueprint?

Blueprints for weight loss	Problems I've run into	What I could do differently to better follow the plan
Keep track of fat grams. Stay under a fat gram goal for the day.	<ul style="list-style-type: none"> 9 Not keeping track consistently. 9 Not staying under fat gram goal for the day. 9 Staying under fat gram goal but not losing weight. 	<ul style="list-style-type: none"> 9 _____. 9 _____. 9 Use a different way to keep track. 9 Set a fat goal for meals and snacks. 9 Lower the fat gram goal.
Keep track of calories and/or fat grams. Stay under a calorie goal.	<ul style="list-style-type: none"> 9 Not keeping track consistently. 9 Not staying under calorie goal for the day. 9 Staying under calorie goal but not losing weight. 	<ul style="list-style-type: none"> 9 _____. 9 _____. 9 Use a different way to keep track. 9 Set a calorie goal for meals and snacks. 9 Lower the calorie goal.
Follow a meal plan for: <ul style="list-style-type: none"> 9 Certain meals or snacks, or 9 All meals on certain days of the week, or 9 All meals every day. 	<ul style="list-style-type: none"> 9 Not following the meal plan consistently. 9 Following the plan but not losing weight. 	<ul style="list-style-type: none"> 9 _____. 9 _____. 9 Change the meal plan. 9 Eat pre-packaged meals (made at home or purchased) for: <ul style="list-style-type: none"> C Certain meals or snacks, or C All meals and snacks on certain weeks of the month, or C All meals and snacks on certain days of every week.

What's your pleasure?

It takes time and effort to build new eating and exercise habits.
One way to keep going is to be sure there's enough pleasure in your life.

List three things you enjoy doing but rarely do.

Choose things that are not related to food and that are easy to do.
See the next page for ideas.



1. _____
2. _____
3. _____

Schedule these pleasures into your life.

Get out a calendar. Make appointments with yourself.
As often as possible, schedule your pleasures for the following times:

- C When the “old you” might have rewarded yourself by overeating or being inactive.** (For example, if you used to eat ice cream or sit down in front of the TV after a hard day at work, plan to buy yourself flowers instead.)
- C Right after you've taken a challenging step toward change.** (For example, if you've been putting off enrolling in an aerobics class, plan to take a long, hot bath on the night after the first class.)
- C When you feel discouraged.** Remember, it takes time to change. You deserve to be good to yourself for all of the efforts you make.

Follow through with your plan...no matter how odd it feels.

Treat your appointments with yourself as seriously as you would those with someone else you care about.

Let me count the ways...to be good to myself.

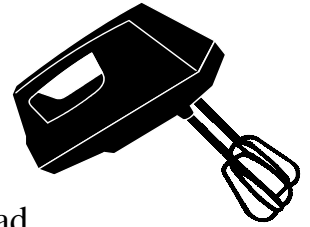
1. Soak in the bathtub.
2. Plan my career.
3. Collect shells.
4. Recycle old items.
5. Go on a date.
6. Buy flowers.
7. Go to a movie in the middle of the week.
8. Walk or jog.
9. Listen to music.
10. Recall past parties.
11. Buy household gadgets.
12. Read a humor book.
13. Think about my past trips.
14. Listen to others.
15. Read magazines or newspapers.
16. Do woodworking.
17. Build a model.
18. Spend an evening with good friends.
19. Plan a day's activities.
20. Meet new people.
21. Remember beautiful scenery.
22. Save money.
23. Go home from work.
24. Practice karate, judo, yoga.
25. Think about retirement.
26. Repair things.
27. Work on my car or bicycle.
28. Remember the words and deeds of loving people.
29. Wear sexy clothes.
30. Have a quiet evening.
31. Collect coins.
32. Take care of my plants.
33. Buy or sell stock.
34. Go swimming.
35. Doodle.
36. Collect old things.
37. Go to a party.
38. Think about buying things.
39. Play golf.
40. Play soccer.
41. Fly a kite.
42. Have a discussion with friends.
43. Have a family get-together.
44. Take a day off with nothing to do.
45. Arrange flowers.
46. Have sex.
47. Ride a motorcycle.
48. Practice religion (go to church, pray).
49. Go to the beach.
50. Sing around the house.
51. Go skating.
52. Paint.
53. Do needlepoint, crewel, knitting, sewing, etc.
54. Take a nap.
55. Entertain.
56. Go to a club meeting.
57. Go hunting.
58. Sing with groups.
59. Flirt.
60. Play a musical instrument.
61. Make a gift for someone.
62. Collect postcards.
63. Buy a record, tape, or CD.
64. Plan a party.
65. Go hiking.
66. Write a love poem.
67. Buy clothes.
68. Go sightseeing.
69. Garden.
70. Go to the beauty parlor.
71. Play cards, chess, etc.
72. Buy a book.
73. Watch children play.
74. Write a letter.
75. Write in a diary.
76. Go to a play or concert.
77. Daydream.
78. Plan to go to school.
79. Go for a drive.
80. Listen to music.
81. Refinish furniture.
82. Make lists of things to do.
83. Go bike riding.
84. Take a walk in the woods.
85. Buy a gift for someone.
86. Visit a national park.
87. Take photographs.
88. Go fishing.
89. Play with animals.
90. Read fiction.
91. Watch an old movie.
92. Go dancing.
93. Meditate.
94. Play volleyball.
95. Read nonfiction.
96. Go bowling.
97. Go to the mountains.
98. Think about happy moments in my childhood.
99. See or show photographs or slides.
100. Play cards, chess, checkers, etc.
101. Solve riddles.
102. Have a political discussion.
103. Play softball.
104. Do crossword puzzles.
105. Shoot pool.
106. Dress up and look nice.
107. Think about how I've improved.
108. Buy something for myself (perfume, golf balls, etc.)
109. Talk on the phone.
110. Kiss.
111. Go to a museum.
112. Light candles.
113. Get a massage.
114. Say "I love you."
115. Take a sauna or steam bath.
116. Go skiing.
117. Have an aquarium.
118. Go horseback riding.
119. Do a jigsaw puzzle.
120. Go window shopping.
121. Send a greeting card to someone you care about.



Other ideas:

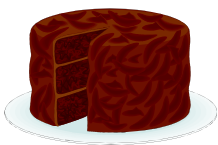
Adapted from *The Adult Pleasant Events Schedule* by M.M. Linehan, E. Sharp, and A.M. Ivanoff, 1980.

Build a Better Recipe



Look for high-fat foods in your recipes. Use low-fat foods instead.

Instead of...	Use...
Regular ground beef or pork sausage	Ground turkey breast (lean only, no skin)
Regular cheese	Fat-free or low-fat cheese (less than 2 grams of fat per ounce)
Sour cream	Low-fat or nonfat sour cream or plain, nonfat yogurt
Margarine, oil, or butter*	Low-fat or fat-free margarine, vegetable oil spray
Chocolate	Cocoa powder plus a small amount of low-fat margarine (see instructions on cocoa box label)
Pork or bacon fat for seasoning	Small amount of trimmed pork loin chop, extra lean trimmed ham, or turkey ham
Cream soup	Low-fat cream soups or flavored white sauce made without fat
Evaporated milk	Evaporated skim milk
Whole eggs	2 egg whites, egg substitute
Regular mayonnaise or salad dressing	Nonfat or low-fat mayonnaise or salad dressing, plain nonfat or low-fat yogurt
Whole milk or heavy cream	Skim, 1%, or evaporated skim milk



*Tip: In recipes for cakes, cookies, muffins, and quick breads:

- C Try cutting the amount of margarine/butter by 1/3 or 1/2.
- C Replace with the same amount of unsweetened applesauce, pureed prunes, or skim milk. It works!

How to Lower the Fat in Recipes

Begin slowly. Make one change at a time.

1. Leave out a high-fat food.

- 9 Don't add the cheese topping to a casserole.
- 9 Make spaghetti sauce without the meat.
- 9 Other _____

2. Use less of a high-fat food.

- 9 Use only 1 teaspoon of oil to brown meat or onions.
- 9 Use $\frac{1}{2}$ the amount of cheese.
- 9 Use $\frac{1}{2}$ the amount of mayonnaise.
- 9 Other _____

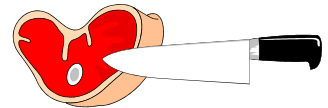


3. Use a lower-fat food instead of a high-fat one.

- 9 Use skim or 1% milk.
- 9 Use low-fat or fat-free cheese.
- 9 Use fat-free sour cream.
- 9 Use two egg whites or egg substitute instead of a whole egg.
- 9 Other _____

4. Use a lower-fat way to cook.

- 9 Trim fat from meat. Take skin off chicken.
- 9 Use a nonstick pan or nonstick vegetable spray.
- 9 Steam or microwave vegetables.
- 9 Cook meat without adding fat.
- 9 Drain and rinse browned ground beef.
- 9 Chill the broth when you make soups or stews until the fat becomes solid. Spoon off the fat before using the broth.
- 9 Other _____



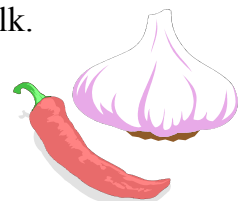
Make changes to add back moisture and flavor, too.

1. Add liquid when you remove $\frac{1}{4}$ cup of fat or more.

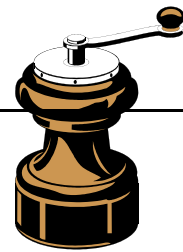
- 9 Add water, fruit juice, or skim milk.
- 9 In baked goods, add applesauce, pureed prunes, or skim milk.

2. Add flavor.

- 9 Use wine, lemon juice, flavored vinegars or mustards.
- 9 Use garlic, onions, hot peppers, fresh herbs and spices.



Add flavor without fat.



Experiment with different herbs and spices.

Here are a few ideas to get you started:

Beef	Bay, chives, cumin, garlic, hot pepper, marjoram, mustard, onion
Cheese	Cayenne, dill, garlic, oregano, parsley
Eggs	Cayenne, chives, dill, nutmeg, onion, parsley
Fish	Basil, chervil, dill, fennel, tarragon, garlic, parsley, thyme
Lamb	Basil, garlic, mint, onion, rosemary
Pork	Coriander, cumin, garlic, ginger, hot pepper, black pepper, thyme
Poultry	Basil, garlic, lemon, oregano, paprika, rosemary, savory, sage
Salads	Basil, chives, tarragon, garlic, parsley, sorrel, herb vinegar
Soups	Bay, basil, chervil, marjoram, parsley, savory, rosemary
Vegetables	Basil, chives, cinnamon, dill, tarragon, marjoram, mint, parsley

Some tips:



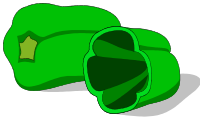
- C **Go easy.** A good rule of thumb is to combine no more than two or three different herbs or spices per dish. And start with $\frac{1}{4}$ teaspoon of dried herbs or spice for 4 servings.
- C **Don't use too many different seasonings in one meal.** For example, if your main dish is strongly flavored, keep the vegetable, salad, and dessert more simple.
- C **Crush dried herbs in the palm of your hand** before adding to a recipe. This will revive the flavor and aroma.
- C **Powdered herbs are more potent than dried flakes which are, in turn, more potent than fresh herbs.** In general, $\frac{1}{4}$ teaspoon of powdered herbs is equal to 1 teaspoon of dried herbs or 2 teaspoons of fresh herbs.
- C **Store dried herbs and spices in a cool, dry, dark place.**
- C **Don't keep dried herbs and spices for more than one year.**

Go ethnic.

International dishes are easy to create using a few key flavorings. To start, try combining two or three of the flavorings listed below.

Chinese	Garlic, ginger, green onion, hot peppers, mustard, sesame oil, soy sauce
Caribbean	Allspice, chili powder, cilantro, curry, garlic, ginger, mint
French	Bay leaves, chervil, garlic, parsley, tarragon, thyme, wine
Greek	Garlic, lemon juice, mint, oregano, parsley, thyme
Indian	Cardamon, chili powder, curry powder, cloves, garlic, ginger, mint
Italian	Basil, garlic, oregano, parsley, tomatoes, wine
Mexican	Cilantro, chili peppers, chili powder, cinnamon, cumin, garlic, oregano
Spanish	Black pepper, chili powder, cilantro, garlic, paprika, parsley, saffron

Try sweet and hot peppers.



Milder peppers include bell peppers, New Mexican and ancho. Hot peppers include jalapeño, serrano, and habanero.

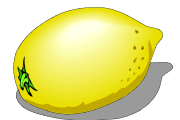


Experiment with flavored vinegars and mustards.

Flavored vinegars such as raspberry, balsamic, and herbed vinegars add zest to marinades and sauces.

Seasoned rice vinegar makes a delicious salad dressing.

Try Dijon mustard, mustard with horseradish, and other hot mustards.



Try low-fat sauces and seasoning mixtures.

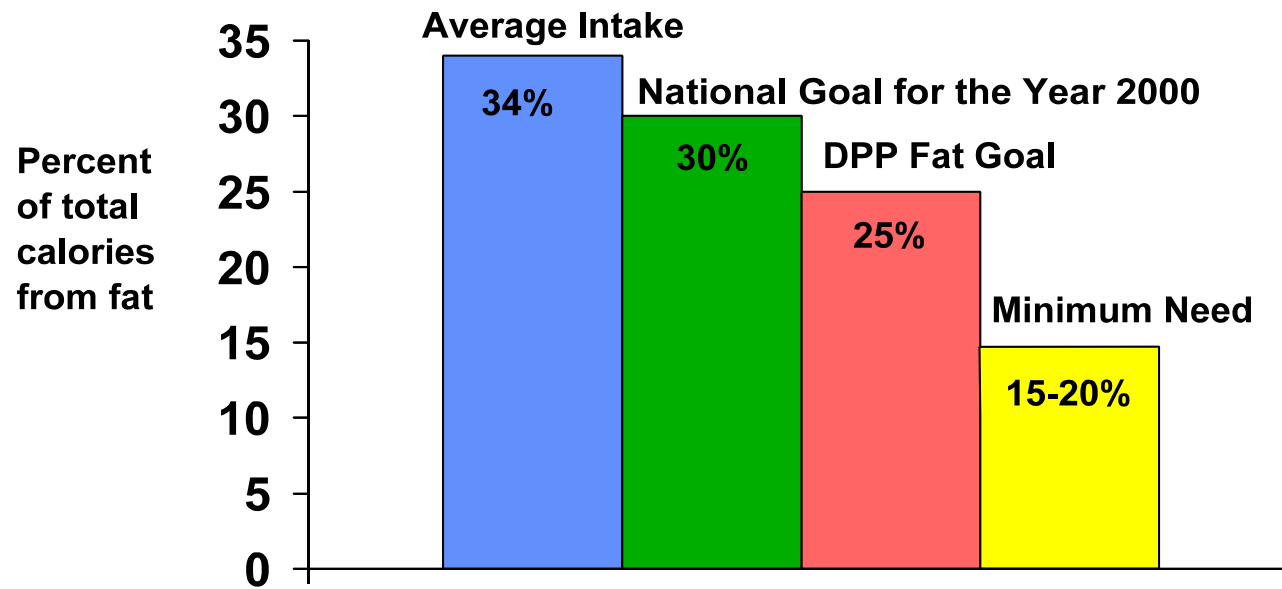
Season fish, poultry, and lean meats with lemon or lime juice, tomato sauce (low fat), Tabasco, chili sauce, barbecue sauce (low fat), salsa, Worcestershire, gravy mixes made with water, or catsup.

Try some oriental sauces such as soy, hoisin, teriyaki, oyster, or sweet and sour.

Seasoned oil sprays, available in Italian, Oriental, Cajun, and Southwestern, can be used to spice up vegetables, lean meats, or hot-air popped popcorn.

Use liquid smoke (not fatty, smoked meats) to flavor soups, beans, and vegetables.

The big picture on fat.



How to use the Big Picture on Fat.

The Big Picture on Fat is an optional handout for DPP lifestyle participants. The purpose of the handout is to place the DPP fat goal in a positive perspective as a safe, reasonable, and healthy goal. Do not use the handout if you think it would send a negative message to a particular participant.

For example, you might want to use the handout, and figures from the attached table (for Lifestyle Coach reference only), in the following situation: In the Be a Fat Detective session, you've just given Mrs. Smith her fat gram goal. Mrs. Smith is a 52 year-old Mexican-American.

- C She asks, "Isn't that too little? We all need *some* fat to stay healthy, don't we?" (You might want to refer to the handout and say something like this, "That's a good point. We do need some fat, but far less than most people eat. This graph shows the DPP fat goal, which is 25% of calories from fat, and the minimum need for health, which is 15 to 20% of calories. Most Americans eat about twice as much fat as they need, or about 34% of calories from fat, on average. Experts recommend that Americans eat no more than 30%, and that is the national goal that's been set by the Surgeon General for the year 2000. The DPP fat goal is set a little lower because DPP participants are at higher risk for diabetes.")
- C She comes back next week and says, "My fat grams were so high. Does everybody eat this much?" (If, based on the table on the next page, you know that her fat grams were lower than the average intake for Mexican-American women her age, you might want to say something like this, "Of course, everyone's different. The important thing is that you are learning about what *you* eat, which is the first step toward eating less fat. But to give you some perspective, we know that on average (and remember, this is just an average, with some people eating more and some people eating less than this), Mexican-American women your age tend to eat more fat than you do, about 58 grams. So you must already be doing some things to eat less fat than some of your neighbors. Is that right?" Again, tailor how you present the numbers so that you give a positive message to the particular participant. Don't mention it if it would be negative or discouraging.)

You might also choose to use the handout to reinforce the minimum need for fat if some participants cut their fat intake by too much.

Sources:

- C The average intake in the United States (34%) is based on data from the most recent National Health and Nutrition Examination Survey (NHANES), 1988-1991.
- C The national goal for the Year 2000 (30%) is from **Healthy People 2000: National Health Promotion and Disease Prevention Objectives**.
- C The minimum need for most adults (15-20%) is from **Fats and Oils in Human Nutrition: Report of a Joint Expert Consultation (Food and Agriculture Organization/World Health Organization)**, 1994. Note: The report recommends that women of reproductive age consume at least 20% of their energy from fat.

Mean Daily Fat Intake by Age, Sex, and Race/Ethnicity, United States, 1988-91

(from the Third National Health and Nutrition Examination Survey)

This is for DPP Lifestyle Coach reference only (not to be given to participants).

Mean Daily Fat Intake (grams)								
Age	Men				Women			
	Total Population	Non-Hispanic White	Non-Hispanic Black	Mexican American	Total Population	Non-Hispanic White	Non-Hispanic Black	Mexican American
20-29 years	116	121	124	99	75	74	86	72
30-39 years	113	116	106	100	75	76	74	70
40-49 years	98	100	100	93	70	72	67	66
50-59 years	95	99	73	78	63	63	64	58
60-69 years	80	81	73	73	59	60	53	46
70-79 years	73	74	59	59	53	53	58	45
80 years and older	67	69	58	56	47	47	42	50

Quick Guide to Low-Fat Shopping

Produce

Fresh fruit and vegetables (except avocado)

Canned, Bottled, Dried Foods

Canned fruit, in water or juice (no syrup)

Canned vegetables (no sauce), vegetable juice

Canned or dried beans, nonfat refried beans

Plain rice, pasta, barley

Canned tuna or salmon in water

Spaghetti sauce: < 2 g fat per ½ cup

Jam, jelly, nonstick pan spray

Dressings, Sauces, Condiments

Mustard, flavored vinegars, salsa

Nonfat or low-fat mayonnaise/salad dressing

Fat-free coffee creamer

Dairy Case

Milk: Skim or 1%, ½% buttermilk

Cheese: < 2 g fat/ounce, 1% cottage cheese

Yogurt: < 3 g fat/8 ounces, plain or low-calorie

Egg substitute

Nonfat margarine/sour cream/cream cheese

Bread, Cereal, Snacks

Bread, English muffins, bagels, pita,

plain tortillas: < 2 g fat/serving

Cereal: < 2 g fat and < 110 calories/serving

Crackers: < 3 g fat/svg., popcorn or rice cakes

Popcorn (light or airpopped), pretzels

Vanilla wafers, gingersnaps, graham crackers

Fish, Poultry, Meat, Deli

Most types of fresh fish, unbreaded

Chicken or turkey breast, unbreaded, remove skin

Beef round or sirloin (trim fat), super lean ground

Pork tenderloin, sirloin (trim fat), Canadian bacon

Lamb leg, sirloin, loin, or shoulder (trim fat)

Deli: Chicken or turkey breast, extra lean ham

Frozen Foods

Vegetables without sauce

Frozen dinners: < 300 calories, <10 g fat

Popsicles, sherbet, nonfat/low-fat frozen desserts

Know your budget.
Spend wisely.

Your calorie budget is
calories per day.

What can you afford?

Your fat budget is
grams per day.

What can you afford?

Nutrition Facts	
Serving Size (2 oz.) (50g) Servings Per Container 9	
Amount per Serving	
Calories (140)	Calories from Fat 20
% Daily Value	
Total Fat (3g)	3%
Cholesterol 0mg	7%
Sodium 250mg	1%
Total Carbohydrates 25 g	11%
Dietary Fiber 1g	8%
Sugar 2g	4%
Protein 4g	

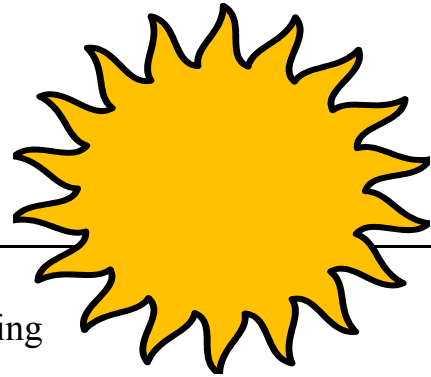
Watch the amounts.

How much will YOU be eating?

If you eat more than
the amount listed,
you will get
more calories and fat.

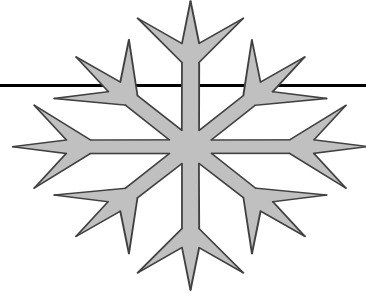


Beat the Heat



- « Drink water before, during, and after being active.
- « On hot, humid days, be active early or late in the day when it is the most cool.
- « Don't overdo it. Go at your own pace.
- « Wear light, loose-fitting, cotton clothes.
- « Wear a hat to shade your face from the sun.
- « Tell someone your route and when you'll be back.
Better yet, go with a friend.
And wear some form of ID.

Keep Warm in the Cold



€ Be active in the middle of the day, when it's the warmest.

€ Dress right from head to toe.

Head: Wear a stocking cap or ear muffs.

Body: Dress in several thin layers. Remove or add layers as needed.

C Full-length long-underwear or tights on your legs.

C T-shirt, long-sleeved turtleneck.

C Well-vented wind jacket with a zipper.

Hands: Wear mittens or gloves.

Feet: Wear well-insulated socks. Wear shoes or boots that keep your feet warm and dry and give you good traction.

€ Go out against the wind and come home with the wind.

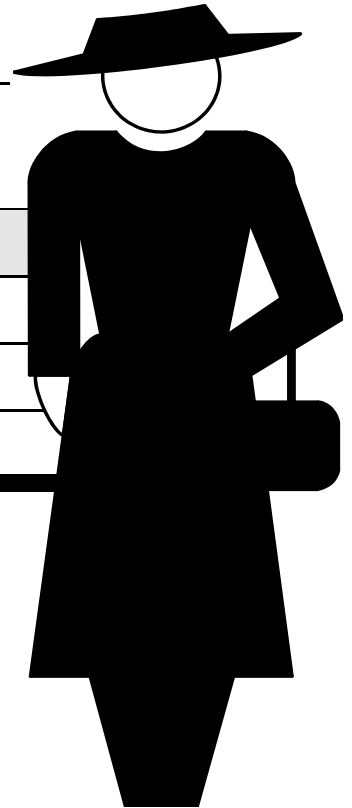
€ Avoid patches of ice.

€ Tell someone your route and when you'll be back. Better yet, go with a friend. And wear some form of ID.

Menopause and your weight.

Women tend to gain weight around the time of menopause.

Age	Number of women who are overweight
20-29	2 out of 10
40-49	4 out of 10
50-59	5 out of 10



Research suggests the following:

- ☐ This weight gain is **due to aging, not to menopause itself.**
- ☐ The weight gain is associated with an increase in total body fat.
- ☐ One of the key factors may be a **decrease in physical activity.**

What about the effect of hormone pills?

- ☐ Women who take hormone pills tend to gain about the same amount of weight as women who do not take hormones.
- ☐ This is true whether the hormones are estrogen alone or a mixture of estrogen and progestin.

The bottom line:

What can you do to avoid gaining weight around the time of menopause?

Be more physically active, and eat a healthy diet.

Sources:

Kritz-Silverstein D, Barrett-Connor E. Long-term postmenopausal hormone use, obesity, and fat distribution in older women. *JAMA*. 1996;275:46-49.

The Writing Group for the PEPI Trial. Effects of estrogen or estrogen/progestin regimens on heart disease risk factors in postmenopausal women: The Postmenopausal Estrogen/Progestin Interventions (PEPI) Trial. *JAMA*, 1995;273:199-208.

Wing RR, Matthews KA, Kuller LH, Meilahn EN, Plantinga PL. Weight gain at the time of menopause. *Arch Intern Med*. 1991;151:97-102.

How to Start Brisk Walking

Brisk walking is easy to do and good for you. Follow these three steps:

1. Warm-up

Slowly walk in place or in a circle for 1 or 2 minutes (this gets your muscles ready for stretching). Then do a couple of simple stretches (your Lifestyle Coach will show you how):

Arms:



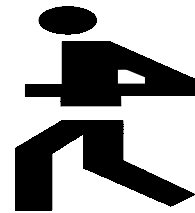
Stand up straight. Stretch your right arm to the ceiling, keeping your feet flat on the floor. Repeat with your left arm. Do this 5 times.

Legs:



Stand facing a wall an arm's distance away, with your knees straight and your heels flat on the floor. Rest your hands on the wall. Allow your body to lean forward by bending your elbows slowly. Keep your legs and body straight and your heels on the floor.

Begin walking at a slow pace for 5 minutes, gradually increasing how fast you are walking.



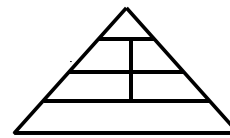
2. Walk Briskly

Walking “briskly” means to work and breathe harder than usual, but not so hard that you can’t catch your breath or talk.


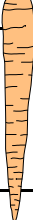
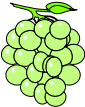

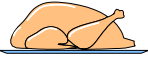
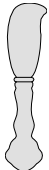
3. Cool-down

Don’t stop or sit/lie down right after walking because that can cause muscle soreness or injuries. Instead, cool-down by taking five minutes at the end of your walk to gradually slow your pace. Then do a couple of stretches for a few minutes to prevent tight, sore muscles.

You’ll learn some other stretches and more facts about fitness later in the Lifestyle Balance program. For now, just get out there and walk.






The Food Pyramid

Group	Example low-fat foods, serving	High-fat (or high-sugar) foods
Breads, cereals, rice, pastas (6-11 svg.)	C ½ cup cooked rice or noodles C 1 slice bread or tortilla C ½ bagel, English muffin, pita bread C 4-6 crackers C ½ cup cooked cereal C ¾ cup dry cereal  	C Fried rice, fried noodles C Croissants, sweet rolls, doughnuts, muffins, Danish pastry, biscuits, high-fat crackers, regular tortilla chips, fried tortillas, fried sweet cakes C Granola-type cereals
Vegetables (3-5 servings)	C 1 cup raw vegetables C ½ cup cooked vegetables or vegetable juice 	C Batter-fried vegetables C Vegetables with butter/margarine, cream, or high-fat sauces C Stir-fried vegetables
Fruits (2-4 svg.)	C 1 small fresh fruit C ½ cup canned fruit or fruit juice 	C Fruits in pastry (as in pies), coconut C High in sugar: dried fruit, juices or drinks sweetened with sugar, fruit canned in syrup, large amounts of fruit juice
Milk, yogurt, cheese (2-3 svg.)	C 2-3 ounces cooked lean meat, poultry, or fish C ½ cup tuna, canned in water C ½ cup cooked dry beans, lentils, split peas C 1 egg or ¼ cup egg substitute C ¾ cup tofu 	C 2% or whole milk, coconut milk C Regular yogurt C Regular cheese (>2 grams fat/ounce) C High in sugar: yogurt with added sugar
Meat, poultry, fish, dry beans, eggs (2-3 svg.)	Low-fat substitutes: C Low-fat or fat-free margarine, mayonnaise, salad dressings, cream cheese, or sour cream C Low-fat whipped topping  Foods lower in sugar: C Diet soft drinks C Lite syrup	C Peanuts, peanut butter, all nuts C Bacon, sausage, hot dogs, hamburgers, luncheon meats, most red meats (except lean, trimmed cuts) C Chicken or turkey with skin, duck C Tuna canned in oil C Beans cooked in lard or salt pork
Fats, sweets, alcohol (limit)		C Regular margarine, shortening, lard, oil, butter, mayonnaise, salad dressing, cream cheese, sour cream C Half and half, whipped cream C Cakes, cookies, ice cream, candy, cupcakes, egg tarts C Honey, jelly, syrup, sugar C Soft drinks


The Food Pyramid and “eating lower-fat foods instead” work together.

- **Instead of high-fat foods, pick low-fat foods.**



Choose fresh fruit and vegetables for snacks.	
Serve vegetarian dinners several times a week.	
Eat fruit for dessert.	
Other:	

- **Instead of high-fat foods, use lower-fat substitutes.**

Use low-fat or fat-free:		
<input type="checkbox"/> Margarine	<input type="checkbox"/> Cheese, cream cheese	<input type="checkbox"/> Frozen yogurt
<input type="checkbox"/> Mayonnaise	<input type="checkbox"/> Salad dressing	<input type="checkbox"/> Sour cream
Skim or 1% milk.		
Other:		

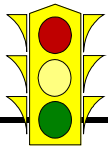


- **Instead of flavoring foods with fat, use low-fat flavorings.**

To flavor these foods:	Use these low-fat flavorings:
Vegetables	C Low-fat margarine (small amount), defatted broth. C Herbs, mustard, lemon juice, fat-free sauces (chili, garlic, black beans, miso). 
Bread	C Low-fat margarine (small amount), all fruit jams.
Pancakes	C Fruit, low-calorie syrup, unsweetened applesauce, crushed berries.
Salads	C Rice vinegar, nonfat or low-fat salad dressing, lemon juice. 
Rice, noodles	C Dry seaweed, beans, sesame seeds, vegetables. C Spaghetti sauce without meat or added fat, white sauce made with skim or 1% milk and no fat.
Other:	

Quick Track

Name _____ Week of _____

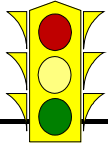


Check (H) every time you eat ANY AMOUNT of these high-fat foods, including in mixed dishes.
Try to LIMIT these foods.

CAUTION! High-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Added Fats							
Margarine, butter, regular cream cheese							
Sour cream							
Oil, lard, pork fat, shortening							
Salad dressing or mayonnaise (including on sandwiches, in potato salad, tuna salad, coleslaw)							
Dairy Foods							
Whole or 2% milk							
Coffee creamer, cream, half and half, coconut milk							
Cheese, tofu							
Meats, Main Dishes							
Hamburger, cheeseburger, ground beef (except super lean), meat loaf, beef burritos, tacos							
Pizza							
Hot dogs, bologna, salami, ham (except extra lean), other lunch meats							
Bacon, sausage							
Peanut butter							
Most red meats (except lean cuts, trimmed of fat)							
Fried fish or fried fish sandwich							
Fried chicken, fried chicken sandwich, skin on chicken							
Side Dishes, Breads							
French fries, fried potatoes, other fried vegetables							
Fried rice, fried noodles							
Pastry, doughnut, fried sweet cakes							
Snacks, Desserts							
Potato chips, corn chips, tortilla chips, nuts							
Cookies, cake, pie, custard, pudding							
Other:							

Quick Track



Name _____ Week of _____



Check (H) every time you eat these lower-fat foods *instead of* a high-fat food, including in mixed dishes. Remember: These foods still contain calories, so be careful about the amounts you eat.

GO! Lower-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Fat Substitutes							
Low-fat or fat-free margarine							
Fat-free cream cheese or sour cream							
Jelly, jam							
Vegetable cooking spray							
Low-fat/nonfat salad dressing or mayonnaise, mustard, catsup							
Dairy Foods							
Skim or 1% milk							
Low-fat or fat-free creamer							
Low-fat or fat-free cheese							
Meats, Main Dishes							
Grilled or roast chicken sandwich, without mayonnaise-based sauce							
Sliced turkey, chicken, or water-packed tuna, with low-fat mayonnaise or mustard							
Lean red meats (round or loin cuts, lean ham), with fat trimmed off							
Fish, baked, broiled or grilled							
Chicken or turkey, without skin, broiled, baked, or grilled							
Side Dishes, Breads							
Baked or boiled potato w/fat-free sour cream							
Bagels, English muffins, low-fat muffins, bread, plain rolls							
Vegetables, raw or cooked without added fat							
Snacks, Desserts							
Pretzels; plain, air-popped popcorn; low-fat chips							
Sherbet, ice milk, fruit ice, low-fat frozen yogurt, fruit							
Other:							

In the coming months, you'll discover a number of ways to "eat lower-fat foods instead." Here are a few examples of the difference you can make.

Ways to Eat Lower-Fat Foods Instead	Compare:	Grams of Fat
Instead of high-fat foods, pick low-fat foods.	Tortilla chips, baked, 1 cup	1
	Tortilla chips, fried, 1 cup	6
Instead of high-fat foods, use lower fat substitutes.*	Nonfat sour cream, 1 Tablespoon	0
	Low-fat sour cream, 1 Tablespoon	1
	Regular sour cream, 1 Tablespoon	3
Find ways to lower the amount of fat in meats you eat. 	Ground beef (super lean, 4% fat), 3 oz.	3
	Ground beef (regular, 25% fat), 3 oz.	19
Instead of flavoring foods with fat, use low-fat flavorings. 	Corn tortilla (6" diam.), steamed, w/salsa	0
	With 1/4 cup guacamole	8
Avoid frying foods; use other healthier ways to cook.	Flour tortilla (8" diam.), plain, not fried	3
	Flour tortilla (8" diam.), fried	11

*** Warning:** Low-fat or fat-free products still contain calories. Be careful about how much you eat. In fact, some low-fat or fat-free products are *very* high in calories because they're loaded with sugar. Check the label.




For example:

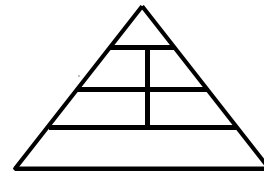
$\frac{1}{2}$ cup nonfat frozen yogurt 100 calories
 $\frac{1}{2}$ cup regular ice cream (10-12% fat) 143 calories


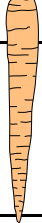


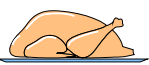

Menu Make-Over

The menus below show examples of small changes that make a big difference in fat grams saved.

	Breakfast	Make-Over	Grams of fat saved
Pick low-fat foods. ·	Chorizo sausage, 1 oz.	Turkey sausage, 1 oz.	8
Cook in healthy ways. ·	Flour tortilla, (8" diam.), fried	Flour tortilla, (8" diam), steamed	8
Use low-fat substitutes. ·	Eggs, 2, scrambled, with fat	Egg substitute, ½ cup, no fat added	15
Use low-fat substitutes. ·	Coffee, 1 cup, w/2 Tbsp. half + half	Coffee, 1 c., w/2 Tbsp. nonfat creamer	6
Snack			
Pick low-fat foods. ·	Empanada, fruit-filled	Apple, 1 (2¾" diameter) 	10
Lunch			
Eat smaller amounts. ·	Bread, 2 sl., with 1 Tbsp. mayonnaise	Bread, 2 sl., with 1 tsp. mayonnaise	7
Lower the fat in meats. ·	Ham, regular, untrimmed, 2 ounces	Ham, extra lean, 2 ounces	6
Use low-fat substitutes. ·	American cheese, 1 ounce	American cheese, low-fat, 1 ounce	6
Eat smaller amounts. ·	Tortilla chips, fried, 1 cup	Tortilla chips, fried, ½ cup	3
Use low-fat flavorings. ·	Guacamole, ¼ cup	Salsa, ¼ cup	8
Dinner			
Use low-fat substitutes. ·	Beef enchilada, with regular cheddar	Chicken enchilada, w/reduced-fat cheddar	8
Use low-fat flavorings. ·	Refried beans, with fat, ½ cup	Refried beans, no fat added, ½ cup	14
Use low-fat substitutes. ·	Sour cream, 4 Tablespoons	Sour cream, nonfat, 4 Tablespoons	12
Use low-fat flavorings. ·	Tossed salad, with 2 Tablespoons regular dressing	Tossed salad, with 2 Tablespoons fat-free dressing	16
Eat less often. ·	Flan, with whole milk	Orange, 1 [Save flan for a rare treat.]	12




The Food Pyramid



Group	Example low-fat foods, serving	High-fat (or high-sugar) foods
Breads, cereals, rice, pastas (6-11 svg.) 	C 1 slice bread or tortilla C ½ bagel, English muffin, pita bread C 4-6 crackers C ½ cup cooked cereal, pasta, bulgur, rice C ¾ cup dry cereal 	C Croissants, sweet rolls, doughnuts, muffins, Danish pastry, biscuits, high-fat crackers, regular tortilla chips, fried tortillas (corn or flour) C Pan dulce C Granola-type cereals
Vegetables (3-5 servings)	C 1 cup raw vegetables C ½ cup cooked vegetables or vegetable juice C Salsa, pico de gallo 	C Vegetables with butter/margarine, cream, or cheese sauces C Fried vegetables, olives, avocados
Fruits (2-4 svg.)	C 1 small fresh fruit C ½ cup canned fruit or fruit juice 	C Fruits in pastry (as in pies), coconut C High in sugar: dried fruit, juices or drinks sweetened with sugar, fruit canned in syrup, large amounts of fruit juice
Milk, yogurt, cheese (2-3 svg.)	C 1 cup skim or 1% milk C 1 cup low- or nonfat yogurt C 2-3 ounces low- or nonfat cheese (< 2 grams fat/ounce) 	C 2% or whole milk C Regular cheese (>2 grams fat/ounce) C High in sugar: yogurt with added sugar
Meat, poultry, fish, dry beans, eggs (2-3 svg.)	C 2-3 ounces cooked lean meat, poultry (without skin), or fish C ½ cup tuna, canned in water C ½ cup cooked dry beans, lentils, split peas C 1 egg or ¼ cup egg substitute	C Peanuts, peanut butter, all nuts C Bacon, sausage, chorizos, hot dogs, hamburgers, luncheon meats, most red meats (except lean, trimmed cuts) C Chicken or turkey with skin C Tuna canned in oil C Beans cooked in lard or salt pork
Fats, sweets, alcohol (limit) 	Low-fat substitutes: C Low-fat or fat-free margarine, mayonnaise, salad dressings, cream cheese, or sour cream C Low-fat whipped topping C Fat-free frozen yogurt Foods lower in sugar: C All fruit jams C Diet soft drinks C Lite syrup	C Regular margarine, shortening, lard, oil, butter, mayonnaise, salad dressing, cream cheese, sour cream C Half and half, whipped cream C Cakes, cookies, ice cream, candy, cupcakes, flan C Honey, jelly, syrup, sugar C Soft drinks

The Food Pyramid and “eating lower-fat foods instead” work together.

- **Instead of high-fat foods, pick low-fat foods.**



Choose fresh fruit and vegetables for snacks.	
Serve vegetarian dinners several times a week.	
Eat fruit for dessert.	
Other:	

- **Instead of high-fat foods, use lower-fat substitutes.**

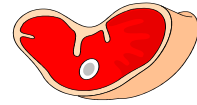
Use low-fat or fat-free:
<div>C Margarine</div> <div>C Cheese, cream cheese</div> <div>C Frozen yogurt</div> <div>C Mayonnaise</div> <div>C Salad dressing</div> <div>C Sour cream</div>
Skim or 1% milk.
Other:


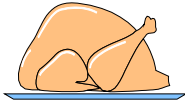


- **Instead of flavoring foods with fat, use low-fat flavorings.**

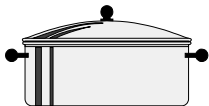
To flavor these foods:	Use these low-fat flavorings:
Potatoes, vegetables, tacos, enchiladas	<div>C Low-fat margarine (small amount), nonfat sour cream, defatted broth, low-fat or fat-free plain yogurt, salsa, picante sauce.</div> <div>C Herbs, mustard, lemon juice.</div> <div></div> <div></div>
Bread	C Nonfat cream cheese, low-fat margarine (small amount), all fruit jams.
Pancakes	C Fruit, low-calorie syrup, unsweetened applesauce, crushed berries.
Salads	C Nonfat or low-fat salad dressing, lemon juice, vinegar
Pasta, rice	C Salsa, pico de gallo, spaghetti sauce without meat or added fat, chopped vegetables, white sauce made with skim or 1% milk and no fat.
Other:	

- **Find ways to lower the fat in meats you eat.**

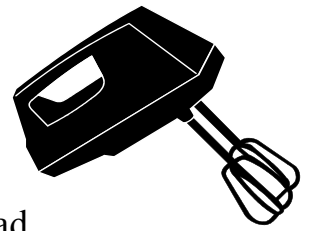


Buy lean cuts (round, loin, sirloin, leg).
Trim all the fat you can see. 
Bake, roast, broil, barbecue, grill instead of fry.
Or stir-fry: Heat pan to high heat. Add no more than 1 teaspoon oil or use vegetable cooking spray or defatted broth. Add thinly sliced meat. Stir until cooked well.
Remove skin from chicken, turkey, (This can be done before or after cooking.)
Choose white meat. 
Drain off fat after cooking. Blot with a paper towel. For ground beef, put in a colander after cooking, and rinse with hot water.
Flavor meats with low-fat flavorings, such as BBQ, Tabasco, catsup, lemon juice, or Worcestershire.
Other:

- **Avoid frying foods. Use other, healthier ways to cook.**

Poach, boil, or scramble eggs (or egg whites) with vegetable cooking spray. Use two egg whites instead of a whole egg.
Microwave, steam, or boil vegetables in a small amount of water. 
Or stir-fry (see directions above).
Cook meats without adding fat (see ideas above).
Other:

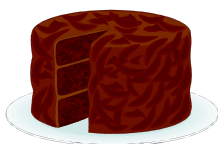
Build a Better Recipe



Look for high-fat foods in your recipes. Use low-fat foods instead.

Instead of...	Use...
Regular ground beef or pork sausage	Ground turkey breast (lean only, no skin)
Regular cheese	Fat-free or low-fat cheese (less than 2 grams of fat per ounce)
Sour cream	Low-fat or nonfat sour cream or plain, nonfat yogurt
Flour tortillas	Corn tortillas
Guacamole or avocado	Salsa, mock guacamole, pico de gallo
Margarine, oil, or butter*	Low-fat or fat-free margarine, vegetable oil spray
Chocolate	Cocoa powder plus a small amount of margarine
Pork or bacon fat for seasoning	Small amount of trimmed pork loin chop, extra lean trimmed ham, or turkey ham
Cream soup	Low-fat cream soups or flavored white sauce made without fat
Evaporated milk	Evaporated skim milk
Whole eggs	2 egg whites, egg substitute
Regular mayonnaise or salad dressing	Nonfat or low-fat mayonnaise or salad dressing, plain nonfat yogurt
Whole milk or heavy cream	Skim, 1%, or evaporated skim milk

*Tip: In recipes for cakes, cookies, muffins, and quick breads:

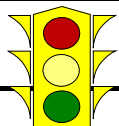


C Try cutting the amount of margarine/butter by 1/3 or 1/2.

C Replace with the same amount of unsweetened applesauce, pureed prunes, or skim milk. It works!

Quick Track

Name _____ Week of _____

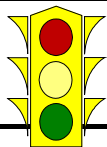


Check (H) every time you eat ANY AMOUNT of these high-fat foods, including in mixed dishes.
Try to LIMIT these foods.

CAUTION! High-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Added Fats							
Margarine, butter, regular cream cheese							
Sour cream, gravy							
Oil, lard, bacon fat, shortening							
Salad dressing or mayonnaise (including on sandwiches, in potato salad, tuna salad, coleslaw)							
Dairy Foods							
Whole or 2% milk							
Coffee creamer, cream, half and half							
Cheese, cheese or cream sauces							
Meats, Main Dishes							
Hamburger, cheeseburger, ground beef (except super lean), meat loaf, beef burritos, tacos							
Pizza							
Hot dogs, chorizos, bologna, salami, ham (except extra lean), other lunch meats							
Bacon, sausage							
Peanut butter							
Most red meats (except lean cuts, trimmed of fat)							
Fried fish or fried fish sandwich							
Fried chicken, fried chicken sandwich, skin on chicken							
Side Dishes, Breads							
Fried tortillas (corn or flour)							
French fries, fried potatoes or vegetables, avocado							
Snacks, Desserts							
Potato chips, corn chips, tortilla chips, high-fat crackers, nuts							
Cookies, cake, pan dulce, bunellos, ice cream, flan, chocolate candy, pie, empanadas							
Other:							

Quick Track


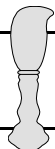


Name _____ Week of _____



Check (H) every time you eat these lower-fat foods *instead of* a high-fat food, including in mixed dishes. Remember: These foods still contain calories, so be careful about the amounts you eat.

GO! Lower-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Fat Substitutes							
Low-fat or fat-free margarine							
Fat-free cream cheese or sour cream							
Jelly, jam							
Vegetable cooking spray							
Low-fat/nonfat salad dressing or mayonnaise, mustard, catsup							
Dairy Foods							
Skim or 1% milk							
Low-fat or fat-free creamer							
Low-fat or fat-free cheese							
Meats, Main Dishes							
Grilled or roast chicken sandwich, without mayonnaise-based sauce							
Sliced turkey, chicken, or water-packed tuna, with low-fat mayonnaise or mustard							
Lean red meats (round or loin cuts, lean ham), with fat trimmed off							
Fish, baked, broiled or grilled							
Chicken or turkey, without skin, broiled, baked, or grilled							
Side Dishes, Breads							
Baked or boiled potato w/fat-free sour cream							
Bagels, English muffins, low-fat muffins, bread, plain rolls, steamed tortillas							
Vegetables, raw or cooked without added fat							
Snacks, Desserts							
Pretzels; plain, air-popped popcorn; low-fat chips							
Sherbet, ice milk, fruit ice, low-fat frozen yogurt, fruit							
Other:							

In the coming months, you'll discover a number of ways to "eat lower-fat foods instead."

Ways to Eat Lower-Fat Foods Instead	For example, instead of this food:	Fat (g)	Choose this food:	Fat (g)
Instead of high-fat foods, pick low-fat foods.	Sunflower seeds, hulled, roasted, ¼ cup	16	Pretzels, 1-ounce bag 	1
Instead of high-fat foods, use low-fat substitutes.*	Regular margarine, 1 teaspoon	4	Low-fat margarine, 1 teaspoon 	2
Find ways to lower the amount of fat in meats you eat.	Stew meat, untrimmed, 3 oz.	22	Stew meat, trimmed, 3 oz. 	13
Instead of flavoring foods with fat, use low-fat flavorings.	Baked potato with 2 tablespoons sour cream	6	Baked potato with salsa	0
Avoid frying foods; use other healthier ways to cook.	Chicken breast, with skin, breaded, fried	24	Chicken breast with skin, grilled 	9


*** Warning:** Low-fat or fat-free products still contain calories. Be careful about how much you eat. In fact, some low-fat or fat-free products are *very* high in calories because they're loaded with sugar. Check the label. For example:

½ cup nonfat frozen yogurt 100 calories
 ½ cup regular ice cream (10-12% fat) 143 calories

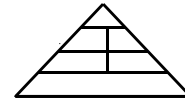



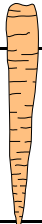
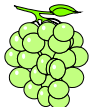







Menu Make-Over

The menus below show examples of small changes that make a big difference in fat grams saved.

High-fat Breakfast	Ways to lower the fat	Make-Over	Grams of fat saved
Pork sausage, 1 ounce	Pick low-fat foods. ·	Turkey sausage, 1 ounce	8
Potatoes, fried in fat, ½ cup	Cook in healthy ways. ·	Potatoes, stir-fried in nonstick pan with nonstick spray, with salsa, ½ cup	12
Toast, 1 slice, with 1 tsp. margarine	Use low-fat flavorings. ·	Toast, 1 slice, with 1 tsp. jam or jelly	4
Coffee, 1 cup, w/2 Tbsp. creamer	Use low-fat substitutes. ·	Coffee, 1 c., w/2 Tbsp. nonfat creamer	6
High-fat Snack			
Fry bread, no milk, 5" diameter	Pick low-fat foods. ·	Apple, 1 (2-3/4" diameter)	10
High-fat Lunch			
Bread, 2 sl., with 1 Tbsp. mayonnaise	Eat smaller amounts. ·	Bread, 2 sl., with 1 tsp. 	7
Spam, 1 ounce	Lower the fat in meats. ·	mayonnaise	8
American cheese, 1 ounce	Use low-fat substitutes. ·	Turkey ham, lunch meat, 1 ounce	6
Potato chips, 1-ounce bag	Eat smaller amounts. ·	American cheese, low-fat, 1 ounce	3
		Potato chips, ½ of a 1-ounce bag	
High-fat Dinner			
Hamburger Helper®, made with regular (25% fat) ground beef, 1 serving	Lower the fat in meats. ·	Hamburger Helper®, made with lean (10% fat) ground beef, 1 serving	8
Tortilla, flour (10" diam.), fried with oil	Cook in healthy ways. ·	Tortilla, flour (10" diam.), not fried	111
Corn, seasoned with fat, ½ cup	Use low-fat flavorings. ·	Corn, seasoned with salsa, ½ cup	0
Tossed salad w/2 Tbsp. Ranch dressing	Use low-fat substitutes. ·	Tossed salad w/2 Tbsp. fat-free Ranch dressing	16
Ice cream, premium, ½ cup	Eat less often. ·	Orange, 1 [Save ice cream for a rare treat.]	12

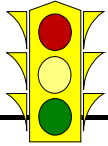
The Food Pyramid



Group	Example low-fat foods, serving	High-fat (or high-sugar) foods
 Breads, cereals, rice, pastas (6-11 svg.)	C 1 slice bread or tortilla C ½ bagel, English muffin, pita bread C 4-6 crackers C ½ cup cooked cereal, pasta, bulgur, rice C ¾ cup dry cereal 	C Fry bread, croissants, sweet rolls, doughnuts, muffins, Danish pastry, biscuits, high-fat crackers, regular tortilla chips, fried tortillas C Granola-type cereals
Vegetables (3-5 servings)	C 1 cup raw vegetables C ½ cup cooked vegetables or vegetable juice 	C Vegetables with butter/margarine, cream, or cheese sauces C Fried vegetables, olives, avocados
Fruits (2-4 svg.) 	C 1 small fresh fruit C ½ cup canned fruit or fruit juice 	C Fruits in pastry (as in pies), coconut C High in sugar: dried fruit, juices or drinks sweetened with sugar, fruit canned in syrup, large amounts of fruit juice
Milk, yogurt, cheese (2-3 svg.) 	C 1 cup skim or 1% milk C 1 cup low- or nonfat yogurt C 2-3 ounces low- or nonfat cheese (< 2 grams fat/ounce) 	C 2% or whole milk C Regular cheese (>2 grams fat/ounce) C High in sugar: yogurt with added sugar
Meat, poultry, fish, dry beans, eggs (2-3 svg.) 	C 2-3 ounces cooked lean meat, poultry (without skin), or fish C ½ cup tuna, canned in water C ½ cup cooked dry beans, lentils, split peas C 1 egg or ¼ cup egg substitute 	C Peanuts, peanut butter, all nuts C Bacon, sausage, chorizo C Spam®, hot dogs, hamburgers, luncheon meats, corned beef hash, potted meats C Most red meats (except lean, trimmed cuts) C Chicken or turkey with skin C Tuna canned in oil C Beans cooked in lard or salt pork
Fats, sweets, alcohol (limit) 	Low-fat substitutes: C Low-fat or fat-free margarine, mayonnaise, salad dressings, cream cheese, or sour cream C Low-fat whipped topping C Fat-free frozen yogurt Foods lower in sugar: C All fruit jams C Diet soft drinks C Lite syrup	C Regular margarine, shortening, lard, oil, butter, mayonnaise, salad dressing, cream cheese, sour cream C Half and half, whipped cream C Sunflower seeds, pinyon nuts C Cakes, cookies, ice cream, candy, cupcakes C Honey, jelly, syrup, sugar C Soft drinks

Quick Track

Name _____ Week of _____

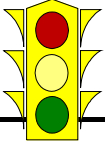


Check (H) every time you eat ANY AMOUNT of these high-fat foods, including in mixed dishes.
Try to LIMIT these foods.

CAUTION! High-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Added Fats							
Margarine, butter, sour cream							
Oil, lard, bacon fat, shortening, gravy							
Salad dressing or mayonnaise (including on sandwiches, in potato salad, tuna salad, coleslaw)							
Dairy Foods							
Whole or 2% milk							
Coffee creamer, cream, half and half							
Cheese							
Meats, Main Dishes							
Hamburger, cheeseburger, ground beef (except super lean), meat loaf, beef burritos, tacos							
Pizza							
Stew, meundo, chili stew, mutton stew							
Hot dogs, bologna, salami, Spam®, other lunch meats, corned beef hash, potted meat							
Bacon, sausage, chorizo							
Peanut butter							
Most red meats (except lean cuts, trimmed of fat)							
Fried fish or fried fish sandwich							
Fried chicken, fried chicken sandwich, skin on chicken							
Side Dishes, Breads							
French fries, fried potatoes, fry bread, tortillas (fried)							
Snacks, Desserts							
Potato chips, corn chips, tortilla chips, sunflower seeds, pinyon nuts							
Pastry, doughnuts							
Cookies, cake, chocolate candy							
Ice cream							
Other:							

Quick Track


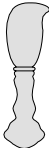

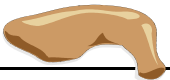

Name _____ Week of _____



Check (H) every time you eat these lower-fat foods *instead of* a high-fat food, including in mixed dishes. Remember: These foods still contain calories, so be careful about the amounts you eat.

GO! Lower-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Fat Substitutes							
Low-fat or fat-free margarine							
Fat-free cream cheese or sour cream							
Jelly, jam							
Vegetable cooking spray							
Low-fat/nonfat salad dressing or mayonnaise, mustard, catsup							
Dairy Foods							
Skim or 1% milk							
Low-fat or fat-free creamer							
Low-fat or fat-free cheese							
Meats, Main Dishes							
Grilled or roast chicken sandwich, without mayonnaise-based sauce							
Sliced turkey, chicken, or water-packed tuna, with low-fat mayonnaise or mustard							
Lean red meats (round or loin cuts, lean ham), with fat trimmed off							
Fish, baked, broiled or grilled							
Chicken or turkey, without skin, broiled, baked, or grilled							
Side Dishes, Breads							
Baked or boiled potato w/fat-free sour cream							
Bagels, English muffins, low-fat muffins, bread, plain rolls							
Vegetables, raw or cooked without added fat							
Snacks, Desserts							
Pretzels; plain, air-popped popcorn; low-fat chips							
Sherbet, ice milk, fruit ice, low-fat frozen yogurt, fruit							
Other:							

In the coming months, you'll discover a number of ways to "eat lower-fat foods instead." Here are a few examples of the difference you can make.

Ways to Eat Lower-Fat Foods Instead	Compare:	Grams of Fat
Instead of high-fat foods, pick low-fat foods. 	Pretzels, 1-ounce bag Potato chips, 1-ounce bag	1 11
Instead of high-fat foods, use lower fat substitutes.* 	Nonfat margarine, 1 teaspoon Low-fat margarine, 1 teaspoon Regular margarine, 1 teaspoon	0 2 4
Find ways to lower the amount of fat in meats you eat. 	Roast beef (top round), trimmed, 3 oz. Roast beef (chuck), untrimmed, 3 oz.	4 22
Instead of flavoring foods with fat, use low-fat flavorings. 	Kale or collards (½ cup), cooked with chicken broth or chicken thighs (no skin) Kale or collards (½ cup), cooked with bacon, fat back, or sausage	0 2
Avoid frying foods; use other healthier ways to cook. 	Chicken breast with skin, grilled Chicken breast, w/skin, breaded, fried	9 24

*** Warning:** Low-fat or fat-free products still contain calories. Be careful about how much you eat. In fact, some low-fat or fat-free products are *very* high in calories because they're loaded with sugar. Check the label.


For example:

½ cup nonfat frozen yogurt 100 calories
½ cup regular ice cream (10-12% fat) 143 calories

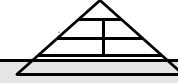







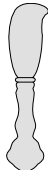
Menu Make-Over

The menus below show examples of small changes that make a big difference in fat grams saved.

	Breakfast	Make-Over	Grams of fat saved
Eat less often. ·	Sausage, 1 patty (1 oz)	Grits (1 cup), no fat added [Have sausage only on special occasions.]	8 13
Pick low-fat foods. ·	Biscuits, from mix, 2 (2" diam.)	English muffin, 1 whole	13
Use low-fat flavorings. ·	Butter, 2 teaspoons	Jelly, 2 teaspoons	8
Use low-fat substitutes. ·	Coffee, 1 cup, w/2 Tbsp. half + half	Coffee, 1 c., w/2 Tbsp. nonfat creamer	6
	Snack		
Pick low-fat foods. ·	Doughnut, glazed, yeast, 1 (4" diameter)	Bagel, blueberry, 1 (4" diameter)	19
	Lunch		
Lower the fat in meats. ·	Fried chicken leg (skin eaten), 1	Baked chicken leg (without skin), 1	13
Eat smaller amounts. ·	Hush puppies (1¼" by 2½"), fried, 6	Hush puppies (1¼" by 2½"), fried, 3	9
Use low-fat flavorings. ·	White beans, seasoned w/fat back, ½ cup	White beans, seasoned w/smoked turkey, ½ c.	1
Pick low-fat foods. ·	Blackberry cobbler, ½ cup	Baked cinnamon apple, 1	11
	Dinner		
Cook in healthy ways. ·	Fish, flounder, deep fried, 3 oz.	Fish, flounder, baked without fat, 3 oz. 	14
Use low-fat flavorings. ·	Mashed potatoes, ½ cup	Mashed potatoes, ½ c., no butter added	6
Use low-fat substitutes. ·	Gravy, ¼ cup	Gravy, from mix, with water, ¼ cup	5
Use low-fat flavorings. ·	Green beans, w/bacon, ½ cup	Green beans, with nonfat broth, ½ cup	2
Use low-fat substitutes. ·	Tossed salad w/2 Tbsp. French drsg.	Tossed salad w/2 Tbsp. fat-free drsg.	16
Pick low-fat foods. ·	Pound cake, 1 sl. (4¼" by 2½" by ½")	Angel food cake, 1 sl. (⅛ of 10" diam.)	10



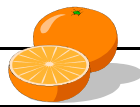
The Food Pyramid



Group	Example low-fat foods, serving	High-fat (or high-sugar) foods
Breads, cereals, rice, pastas (6-11 svg.) 	C1 slice bread, tortilla or dinner roll C½ bagel, English muffin, pita bread C4-6 crackers C½ cup cooked cereal, grits, pasta, bulgur, rice C¾ cup dry cereal CSmall baked potato, 1/3 baked sweet potato C2" square cornbread (low fat recipe) C1 buttermilk biscuit (<1 grams fat) CHominy CLow-fat pancakes, waffles 	CCroissants, sweet rolls, doughnuts, muffins, Danish pastry, biscuits, high-fat crackers, CRegular potato chips, corn chips, tortilla chips, fried tortillas CWaffles, cornbread CGranola-type cereals CFrench fries, fried potatoes CFried rice, hush puppies, pan-fried sweet potatoes CMacaroni and cheese
Vegetables (3-5 servings)	C1 cup raw vegetables C½ cup cooked vegetables or vegetable juice CVegetables cooked in turkey neck bones, turkey thighs, or chicken thighs (no skin)	CVegetables cooked or served with lard, fat back, ham hock, butter/margarine, cream, or high-fat sauces such as cream or cheese sauce CSalads made with regular mayonnaise or salad dressing (e.g., potato salad, cole slaw, pasta salads) CFried vegetables, olives, avocados
Fruits (2-4 svg.)	C1 small fresh fruit C½ cup canned fruit or fruit juice 	CFruits in pastry (as in pies, cobblers), coconut CHigh in sugar: dried fruit, juices or drinks sweetened with sugar, fruit canned in syrup, large amounts of fruit juice
Milk, yogurt, cheese (2-3 svg.)	C1 cup skim or 1% milk, buttermilk or lactose-reduced milk C1 cup low- or nonfat yogurt C2-3 ounces low- or nonfat cheese (< 2 grams fat/ounce) 	CWhole or 2% milk CRegular cheese (>2 grams fat/ounce)
Meat, poultry, fish, dry beans, eggs (2-3 svg.)	C2-3 ounces cooked lean meat, poultry (without skin), or fish, trimmed of fat C½ cup tuna, canned in water C½ cup cooked dry beans, lentils, split peas, without added fat CHog maw, pig ear, tripe, sous meat, rabbits, squirrel, venison, turtle, opossum C2 fat-free hot dogs C1 egg or ¼ cup egg substitute 	CPeanuts, peanut butter, all nuts CBacon, sausage, hot dogs, hamburgers, luncheon meats, most red meats (except lean, trimmed cuts) CPigtails, hamhocks, pork neckbones, pig feet, pork tongue CFried chicken, fried fish CChicken or turkey with skin CTuna canned in oil CBeans cooked in lard or salt pork
Fats, sweets, alcohol (limit) 	Low-fat substitutes: CLow-fat or fat-free margarine, mayonnaise, salad dressings, cream cheese, or sour cream CLow-fat whipped topping CFat-free frozen yogurt Foods lower in sugar: CDiet soft drinks CLite syrup, all fruit jams	CRegular margarine, shortening, lard, fat back, oil, butter, mayonnaise, salad dressing, cream cheese, sour cream CHalf and half, whipped cream CCakes, cookies, ice cream, candy, cupcakes Foods high in sugar: CHoney, jelly, syrup, sugar CSoft drinks


The Food Pyramid and “eating lower-fat foods instead” work together.

- **Instead of high-fat foods, pick low-fat foods.**



Choose fresh fruit and vegetables for snacks.	
Serve vegetarian dinners several times a week.	
Eat fruit for dessert.	
Other:	

- **Instead of high-fat foods, use lower-fat substitutes.**

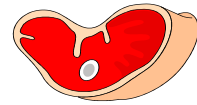
Use low-fat or fat-free:		
<input type="checkbox"/> Margarine	<input type="checkbox"/> Cheese, cream cheese	<input type="checkbox"/> Frozen yogurt
<input type="checkbox"/> Mayonnaise	<input type="checkbox"/> Salad dressing	<input type="checkbox"/> Sour cream
Skim or 1% milk.		
Other:		


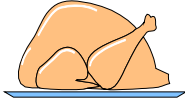


- **Instead of flavoring foods with fat, use low-fat flavorings.**

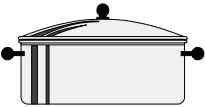
To flavor these foods:	Use these low-fat flavorings:
Potatoes, vegetables, dried beans	C Low-fat margarine (small amount), nonfat sour cream, defatted broth, low-fat or fat-free plain yogurt, salsa, low-fat cuts of meat. C Herbs, mustard, lemon juice. 
Bread	C Nonfat cream cheese, low-fat margarine (small amount), all-fruit jams.
Pancakes, waffles	C Fruit, low-calorie syrup, unsweetened applesauce, crushed berries. 
Salads	C Nonfat or low-fat salad dressing, lemon juice, vinegar.
Pasta, rice	C Spaghetti sauce without meat or added fat, chopped vegetables, white sauce made with skim or 1% milk and no fat.
Other:	

- **Find ways to lower the fat in meats you eat.**

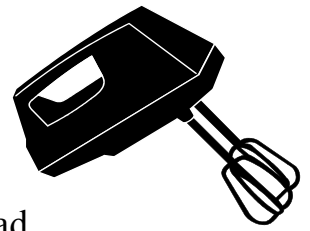


Buy lean cuts (round, loin, sirloin, leg).
Trim all the fat you can see. 
Bake, roast, broil, barbecue, grill instead of fry.
Or stir-fry: Heat pan to high heat. Add no more than 1 teaspoon oil or use vegetable cooking spray or defatted broth. Add thinly sliced meat. Stir until cooked well.
Remove skin from chicken, turkey, (This can be done before or after cooking.)
Choose white meat. 
Drain off fat after cooking. Blot with a paper towel. For ground beef, put in a colander after cooking, and rinse with hot water.
Flavor meats with low-fat flavorings, such as BBQ, Tabasco, catsup, lemon juice, chili sauce, garlic, or Worcestershire.
Other:

- **Avoid frying foods. Use other, healthier ways to cook.**

Poach, boil, or scramble eggs (or egg whites) with vegetable cooking spray. Use two egg whites instead of a whole egg.
Microwave, steam, or boil vegetables in a small amount of water. 
Or stir-fry (see directions above).
Cook meats without adding fat (see ideas above).
Other:

Build a Better Recipe



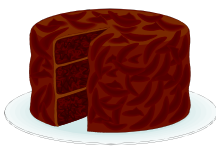
Look for high-fat foods in your recipes. Use low-fat foods instead.

Instead of...	Use...
Regular ground beef or pork sausage	Ground turkey breast (lean only, no skin), extra lean ground beef.
Regular cheese	Fat-free or low-fat cheese (less than 2 grams of fat per ounce)
Sour cream	Low-fat or nonfat sour cream or plain, nonfat yogurt
Margarine, oil, or butter*	Low-fat or fat-free margarine, vegetable oil spray
Chocolate	Cocoa powder plus a small amount of margarine
Pork or bacon fat or pork parts (e.g., ham hocks) for seasoning	Small amount of trimmed pork loin chop, extra lean trimmed ham, turkey neck bones, or turkey ham
Cream soup	Low-fat cream soups or flavored white sauce made without fat, evaporated skim milk
Evaporated milk	Evaporated skim milk
Whole eggs	2 egg whites, egg substitute
Regular mayonnaise or salad dressing	Nonfat or low-fat mayonnaise or salad dressing, plain nonfat yogurt
Whole milk or heavy cream	Skim, 1%, or evaporated skim milk

*Tip: In recipes for cakes, cookies, muffins, and quick breads:

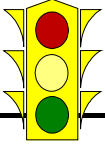
C Try cutting the amount of margarine/butter by 1/3 or 1/2.

C Replace with the same amount of unsweetened applesauce, pureed prunes, or skim milk. It works!



Quick Track

Name _____ Week of _____

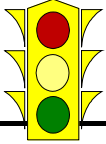


Check (H) every time you eat ANY AMOUNT of these high-fat foods, including in mixed dishes.
Try to LIMIT these foods.

CAUTION! High-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Added Fats							
Margarine, butter, regular cream cheese							
Sour cream							
Oil, lard, bacon fat, shortening, fat back							
Salad dressing or mayonnaise (including on sandwiches, in potato salad, tuna salad, coleslaw)							
Dairy Foods							
Whole or 2% milk, whole evaporated milk							
Coffee creamer, cream, half and half							
Cheese, macaroni and cheese, cheese or cream sauces							
Meats, Main Dishes							
Hamburger, cheeseburger, ground beef (except super lean), ground pork, meat loaf, beef burritos, tacos							
Pizza							
Hot dogs, bologna, salami, ham (except extra lean), other lunch meats							
Bacon, sausage, pig tails or feet, ham hocks, beans with pork, scrapple, chitterlings							
Peanut butter							
Most red meats (except lean trimmed cuts)							
Fried fish or fried fish sandwich, fried seafood							
Fried chicken, fried chicken sandwich, skin on chicken							
Side Dishes, Breads							
French fries, fried potatoes or vegetables, pan-fried/candied sweet potatoes							
Pastry, doughnut, croissant, hush puppies, cornbread, biscuits							
Snacks, Desserts							
Potato chips, corn chips, tortilla chips, nuts, pork rind							
Cookies, cake, pies, pudding							
Other:							

Quick Track

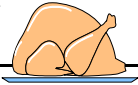
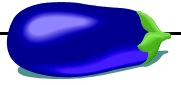
Name _____ Week of _____



Check (H) every time you eat these lower-fat foods *instead of* a high-fat food, including in mixed dishes. Remember: These foods still contain calories, so be careful about the amounts you eat.

GO! Lower-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Fat Substitutes							
Low-fat or fat-free margarine							
Fat-free cream cheese or sour cream							
Jelly, jam							
Vegetable cooking spray							
Low-fat/nonfat salad dressing or mayonnaise, mustard, catsup							
Dairy Foods							
Skim, 1% milk, evaporated skim milk							
Low-fat or fat-free creamer							
Low-fat or fat-free cheese							
Meats, Main Dishes							
Grilled or roast chicken sandwich, without mayonnaise-based sauce							
Sliced turkey, chicken, or water-packed tuna, with low-fat mayonnaise or mustard							
Lean red meats (round or loin cuts, lean ham), with fat trimmed off							
Fish, baked, broiled or grilled							
Chicken or turkey, without skin, broiled, baked, or grilled							
Side Dishes, Breads							
Baked or boiled potato w/fat-free sour cream							
Bagels, English muffins, low-fat muffins, bread, plain rolls, plain grits, hominy							
Vegetables, raw or cooked without added fat							
Snacks, Desserts							
Pretzels; plain, air-popped popcorn; low-fat chips							
Sherbet, ice milk, fruit ice, low-fat frozen yogurt, fruit							
Other:							

In the coming months, you'll discover a number of ways to "eat lower-fat foods instead." Here are a few examples of the difference you can make.

Ways to Eat Lower-Fat Foods Instead	Compare:	Grams of Fat
Instead of high-fat foods, pick low-fat foods.	Chapati/phulka, 6" diameter	0
	Puri, whole wheat, 5" diameter	7
Instead of high-fat foods, use lower fat substitutes.*	Nonfat yogurt, plain, 1 cup	0
	Low-fat yogurt, plain, 1 cup	4
	Whole milk yogurt, plain, 1 cup	8
Find ways to lower the amount of fat in meats you eat. 	Chicken breast, without skin, baked	3
	Chicken breast, with skin, breaded, fried	12
Instead of flavoring foods with fat, use low-fat flavorings.	Rice, cooked with spices, no fat, ½ cup	0
	With 1 teaspoon ghee	5
	With 1 Tablespoon ghee	15
Avoid frying foods; use other healthier ways to cook. 	Eggplant, stir-fried in nonstick pan w/nonstick pan spray, no fat added, ½ cup	0
	Eggplant, fried in 1 Tablespoon oil, ½ cup	15

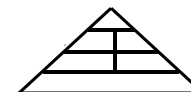
*** Warning:** Low-fat or fat-free products still contain calories. Be careful about how much you eat. In fact, some low-fat or fat-free products are *very* high in calories because they're loaded with sugar. Check the label.



For example:

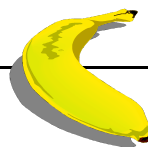
½ cup nonfat frozen yogurt 100 calories
 ½ cup regular ice cream (10-12% fat) 143 calories

Menu Make-Over

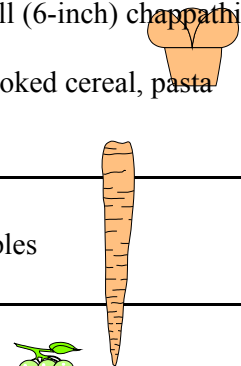
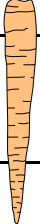
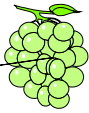





The menus below show examples of small changes that make a big difference in fat grams saved.

	Breakfast	Make-Over	Grams of fat saved
Pick low-fat foods. ·	Fried egg	Cold cereal (1 cup)	7
Use low-fat substitutes. ·	Milk, whole, 1 cup	Milk, skim, 1 cup	8
Use low-fat flavorings. ·	Toast, 1 slice, with 1 tsp. margarine	Toast, 1 slice, with 1 tsp. jam	4
Use low-fat substitutes. ·	Coffee, 1 cup, w/2 Tbsp. half + half	Coffee, 1 c., w/2 Tbsp. nonfat creamer	4
Snack			
Pick low-fat foods. ·	Samosa, fried, 1	Mango, 1	5
Lunch			
Lower the fat in meats. ·	Biryani (chicken), ½ cup	Chicken, grilled, no skin, no fat added, 3 oz. Raita,	10
Use low-fat substitutes. ·	Raita, w/whole milk yogurt, 1/2 cup	made with nonfat yogurt, 1/2 cup	2
Use smaller amounts. ·	Oil for cooking, 3 teaspoons	Oil for cooking, 1 teaspoon	10
Eat less often. ·	Ghee, for flavoring rice, 1 Tablespoon	[Save ghee for special occasions.]	15
Pick low-fat foods. ·	Bengali sweets, 1½" diam., 3	Banana, 1	18
Dinner			
Pick low-fat foods. ·	Chicken curry, 1 cup	Rajmah/kidney beans, 1 cup	18
Cook in healthy ways. ·	Eggplant (fried in 1 Tbsp. oil), ½ cup	Spiced eggplant (cooked without oil), ½ cup	15
Pick low-fat foods. ·	Puris (5" diameter), 2	Phulkas, 2	14
Use low-fat substitutes. ·	Raita, w/whole milk yogurt, ½ cup	Raita, made with nonfat yogurt, ½ cup	4
Pick low-fat foods. ·	Ice cream, premium, ½ cup	Vanilla pudding, made with 2% milk, ½ cup	10






The Food Pyramid

Group	Example low-fat foods, serving	High-fat (or high-sugar) foods
Breads, cereals, rice, pastas (6-11 svg.)	C 1 slice bread or 1 small (6-inch) chappathi C ½ naan C ½ cup cooked rice, cooked cereal, pasta C ¾ cup dry cereal 	C Puri, upma
Vegetables (3-5 servings)	C 1 cup raw vegetables C ½ cup cooked vegetables or vegetable juice 	C Vegetables with butter/margarine, cream, or high-fat sauces C Fried vegetables
Fruits (2-4 svg.)	C 1 small fresh fruit, melon wedge C ½ cup canned fruit or fruit juice 	C Fruits in pastry (as in pies), coconut C High in sugar: dried fruit, juices or drinks sweetened with sugar, fruit canned in syrup, large amounts of fruit juice
Milk, yogurt, cheese (2-3 svg.)	C 1 cup skim, 1% milk, or buttermilk C 1 cup low- or nonfat yogurt C 2-3 ounces low- or nonfat cheese (< 2 grams fat/ounce) C ¼ cup paneer made from low-fat or nonfat milk 	C 2% or whole milk C Regular cheese (>2 grams fat/ounce) C High in sugar: yogurt with added sugar C Paneer made with whole milk
Meat, poultry, fish, dry beans, eggs (2-3 svg.)	C 2-3 ounces cooked lean meat, poultry (without skin), or fish C ½ cup tuna, canned in water C ½ cup cooked dry beans, lentils, split peas, dhal preparation or sambar C 1 egg or ¼ cup egg substitute C 2 to 2 ½ cups rasam 	C Peanuts, peanut butter, all nuts C Chicken or turkey with skin C Beans, meats, poultry, fish prepared with oil
Fats, sweets, alcohol (limit)	Low-fat substitutes: C Low-fat or fat-free margarine, mayonnaise, salad dressings Foods lower in sugar: C Diet soft drinks 	C Regular margarine, butter, ghee, salad dressings, cream, half and half C Sweets and desserts such as gulab jamun, lapsi, kheer C Food prepared in oil as in deep frying, pan frying C Soft drinks, candies

The Food Pyramid and “eating lower-fat foods instead” work together.

- **Instead of high-fat foods, pick low-fat foods.**



Choose fresh fruit and vegetables for snacks.	
Serve vegetarian dinners several times a week.	
Eat fruit for dessert.	
Other:	

- **Instead of high-fat foods, use lower-fat substitutes.**

Use low-fat or fat-free:
<div>C Margarine</div> <div>C Cheese, cream cheese</div> <div>C Frozen yogurt</div> <div>C Mayonnaise</div> <div>C Salad dressing</div> <div>C Sour cream</div>
Skim or 1% milk.
Other:


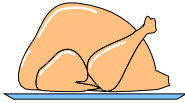


- **Instead of flavoring foods with fat, use low-fat flavorings.**

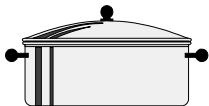
To flavor these foods:	Use these low-fat flavorings:
Potatoes, vegetables	<div>C Low-fat margarine (small amount), nonfat sour cream, defatted broth, low-fat or fat-free plain yogurt, salsa.</div> <div>C Herbs, mustard, lemon juice.</div> 
Bread	<div>C Nonfat cream cheese, low-fat margarine (small amount), all fruit jams.</div> 
Pancakes	C Fruit, low-calorie syrup, unsweetened applesauce, crushed berries.
Salads	C Nonfat or low-fat salad dressing, lemon juice, vinegar.
Pasta, rice	C Curries without oil, spaghetti sauce without meat or added fat, chopped vegetables, white sauce made with skim or 1% milk and no fat.
Other:	

• **Find ways to lower the fat in meats you eat.**

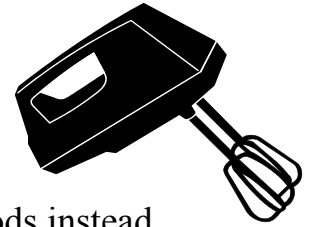


Buy lean cuts (round, loin, sirloin, leg).
Trim all the fat you can see. 
Bake, roast, broil, barbecue, grill instead of fry. Or stir-fry: Heat pan to high heat. Add no more than 1 teaspoon oil or use vegetable cooking spray or defatted broth. Add thinly sliced meat. Stir until cooked well.
Remove skin from chicken, turkey, (This can be done before or after cooking.) 
Choose white meat.
Drain off fat after cooking. Blot with a paper towel. For ground beef, put in a colander after cooking, and rinse with hot water.
Flavor meats with low-fat flavorings, such as BBQ, Tabasco, catsup, lemon juice, or Worcestershire.
Other:

• **Avoid frying foods. Use other, healthier ways to cook.**

Poach, boil, or scramble eggs (or egg whites) with vegetable cooking spray. Use two egg whites instead of a whole egg.
Microwave, steam, or boil vegetables in a small amount of water. 
Or stir-fry (see directions above).
Cook meats without adding fat (see ideas above).
Other:

Build a Better Recipe

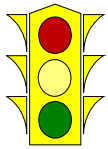


Look for high-fat foods in your recipes. Use low-fat foods instead.

Instead of...	Use...
Whole milk, half and half, cream	Skim or 1% milk
Regular paneer	Paneer made with skim milk
Sour cream	Low-fat or nonfat sour cream or plain, nonfat yogurt
Butter, oil, or ghee*	Low-fat or fat-free margarine, vegetable oil spray
Chocolate	Cocoa powder plus a small amount of margarine
Pork or bacon fat for seasoning	Small amount of trimmed pork loin chop, extra lean trimmed ham, or turkey ham
Coconut milk, cream, whole milk yogurt	Low-fat or nonfat yogurt
Evaporated milk	Evaporated skim milk
Whole eggs	2 egg whites, egg substitute
Regular mayonnaise or salad dressing	Nonfat or low-fat mayonnaise or salad dressing, plain nonfat yogurt

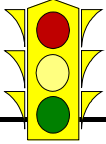
*Tip: In recipes for cakes, cookies, muffins, and quick breads:
 Try cutting the amount of margarine/butter by 1/3 or 1/2.
 Replace with the same amount of unsweetened applesauce, pureed prunes, or skim milk. It works!





Check (H) every time you eat ANY AMOUNT of these high-fat foods, including in mixed dishes.
Try to LIMIT these foods.

CAUTION! High-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Added Fats							
Ghee							
Oil							
Shortening							
Salad dressing or mayonnaise							
Dairy Foods							
Whole or 2% milk, whole yogurt (including in raita)							
Coffee creamer, cream, half and half							
Cheese, paneer							
Meats, Main Dishes							
Chicken with skin							
Fried meats or meats cooked with added fat							
Fried foods (samosa, kofta, pakoda, paratha)							
Side Dishes, Breads							
Puri							
Potatoes or rice cooked with added fat							
Snacks, Desserts							
Pastry, doughnuts, croissant							
Gulab jumuns, lapsi, ras gulla, sira (seera)							
Ice cream							
Other:							



Check (H) every time you eat these lower-fat foods *instead of* a high-fat food, including in mixed dishes. Remember: These foods still contain calories, so be careful about the amounts you eat.

GO! Lower-fat foods	M	Tu	W	Th	Fri	Sat	Sun
Fat Substitutes							
Low-fat or fat-free margarine							
Fat-free cream cheese or sour cream							
Jelly, jam							
Vegetable cooking spray							
Low-fat/nonfat salad dressing or mayonnaise, mustard, catsup							
Dairy Foods							
Skim or 1% milk							
Low-fat or fat-free creamer							
Low-fat or fat-free cheese							
Meats, Main Dishes							
Grilled or roast chicken sandwich, without mayonnaise-based sauce							
Sliced turkey, chicken, or water-packed tuna, with low-fat mayonnaise or mustard							
Lean red meats (round or loin cuts, lean ham), with fat trimmed off							
Fish, baked, broiled or grilled							
Chicken or turkey, without skin, broiled, baked, or grilled							
Side Dishes, Breads							
Baked or boiled potato w/fat-free sour cream							
Bagels, English muffins, low-fat muffins, bread, plain rolls							
Vegetables, raw or cooked without added fat							
Snacks, Desserts							
Pretzels; plain, air-popped popcorn; low-fat chips							
Sherbet, ice milk, fruit ice, low-fat frozen yogurt, fruit							
Other:							

Appendix F: Lifestyle Intervention Forms

F.1. General Instructions

The Lifestyle Coaches will be responsible for completing four of the five Lifestyle Intervention Forms: L02, L03, L04, and L05. The individual who performs the exercise stress test will complete the form (L01) using that data.

The Lifestyle Intervention Forms should be completed *as soon as possible* after the contact with the participant so that the data will be available for reports generated by the Coordinating Center.

Please note:

C Several of the forms include a code for “Other” (for barriers or approaches to improve adherence). **Whenever you choose “Other,” please FAX a New Codes Needed Form to the Lifestyle Resource Core so that we can create new codes as necessary (see Code Book).**

C **Remember that it is *essential* to obtain physical activity data, whether in writing or as a verbal estimate, to determine whether or not participants are reaching their study goal for physical activity.**

During the core: If no written record is available, ask participants to verbally estimate their activity for the previous week and record the number of minutes on their Update sheet. However, this data is *not entered* on the In-Person Contact Form (L03) (see instructions for E3 below).

After the core: If no written record is available, ask participants to verbally estimate their activity for the previous week. This data *is entered* on the In-Person Contact Form (L03) (see instructions for E5 below).

The completion of the forms is self-explanatory other than where indicated as follows.

Form L02: Lifestyle Contact--Telephone

This form is to be completed for every telephone contact between a participant and DPP staff member *except for* routine calls between a secretary and participant to schedule visits, remind participants of appointments, or reschedule visits (for example, due to illness, weather, etc.).

Part I. Identification

- A. Participant Identification
- B. Contact Information

Item 3: Complete according to the 24-hour clock.

Item 5: Check “scheduling/attendance” if the call is to discuss scheduling or attendance as a barrier to adherence. **Do NOT check this, or for that matter, complete this form at all (no form is necessary), for routine calls to schedule visits, remind participants of appointments, or reschedule visits.**

Check “information/content” if the majority of the contact is spent providing or discussing information about a topic or topics, teaching, planning, or problem solving.

Check “personal discussion” if the majority of the contact is spent dealing with a *personal issue or providing general support* to a participant.

Form L03: Lifestyle Contact--In Person

Note: Use the second edition of the Lifestyle Contact In-Person Form (numbered L03.2) for any In-Person Contacts dated July 28, 1997 or beyond. After that point, do not use the first edition (numbered L03.1).

The In-Person Contact Form (L03) is to be completed for standard In-Person contacts between a participant and DPP staff member.

Note for items 4 and 6 in Part II:

It is *very important* to collect physical activity data to determine whether participants are reaching their physical activity goal. If the data is not available in written form on a self-monitoring record, ask the participant to give you the data verbally (or, if necessary, phone the participant to get the information.)

Part I. Identification

- B2. “Week of in-person contact” is the same as weeks since randomization, as indicated on the participant’s study calendar provided by the Coordinating Center. Please consult the participant calendar each time you complete this question. Note:” Week of in-person contact” is not the same as the Week of Core Curriculum as indicated on the Lifestyle Balance Update.

Part II. Lifestyle Contact--In Person

- D1. Check “with other participants” if you see two or more participants together for regular intervention sessions. This is NOT the same as an after-core group class.
- D2a-b Complete D2a and b only if the contact is during the Core Curriculum. (If after-core, skip this box.) Be sure to complete D2 b (is the session a “repeat”?). Check yes if the content of the entire session was repeated (don’t check yes if it was reviewed only briefly.) Otherwise, check no.
- E1-2. If you answer No to both question 1 and 2, do NOT go on to questions 3 and 4. Skip to question 5.

- E3. Interpret this question as “Self-monitoring data **(from written record only)** from the most recent week available since the last In-Person Contact.” That is, if the participant has no written record of physical activity, do **not** record the participant’s verbal estimate here.
- E3a. Do not enter “1” for NA (not available) in the goal boxes (please remind data entry staff about this). Rather, check the box labeled “NA.”

The goal for minutes of physical activity corresponds to the goal line on the How Am I Doing? graph for activity (that is, where we expect the participant’s activity to be at this point in the intervention). On the most recent revision of the How Am I Doing? graph for activity, we’ve drawn in a **dotted line at 150 minutes**. You should **add a solid line for the activity goal line**. During the core, start the line whenever the participant is expected to have returned his or her first self-monitored minutes of activity (this will vary based on which goal the participant begins with and how often you see the participant). Then draw in the upward slope over 4 weeks, from 60 to 90, then to 120, and finally to 150 minutes. After the core, the activity goal will remain 150 minutes for the purposes of completing the L03 form, regardless of whether the participant wishes to go beyond that.

- E3b-h. For the fat gram and calorie data, leave blank if the self-monitoring record does not provide data or if the participant has not otherwise provided data. (If the participant has recorded fat and/or calories but simply not totalled or transferred the totals to the back of the record, do this and record the data. On the other hand, you are not expected to extensively look up foods in the Fat Counter in order to complete the record for the participant.) **For the physical activity data, do not record verbally reported data here. If no written record of physical activity is available, leave this column blank.** If written data is available, enter it here and check to be sure that the Total minutes of activity is the sum of Days 1 through 7.
- E4. Watch the “skip pattern” on this question. If you answer No to question 4 (not more than one week of records was available), skip to question 5 (do not complete 4a and 4ai). But if you answer Yes to question 4, complete 4a. If you answer yes to 4a, skip to question 5. But if you answer No to question 4a, complete 4ai.
- E5. Answer this question only if the contact is after the core. Interpret this question as “If a written record is **not** available, indicate how many minutes of physical activity the participant **verbally reported** during the previous week (**one week only**). [That is, do **not** collect data from the entire period since the last In-Person Contact. And do not record data from written records here.]

F. Physical Activity Status

- F1. **During the Core, the goal for minutes of physical activity corresponds to the goal line on the How Am I Doing? graph for activity.** See the above instructions for question E3a for details. The answer to F1 will be checked against the answer to question E3a for consistency. **After the Core, check Yes (participant is at goal) if the average weekly minutes since the last In-person Contact was 150 minutes or more.** That is, some weeks may be less than 150 and some more, but if the average is 150 minutes or greater since the last L03 was completed, consider the participant at goal.
- F2-3. Code at least one and up to three barriers to physical activity and approaches to improve or maintain physical activity **whether or not the participant is at goal.** See the introduction to the Code Book (Section F2) for detailed instructions.

G. Weight Status

- G1-3: **During the Core Curriculum, the weight goal corresponds to the goal line (line of reduction) on the How Am I Doing? graph for weight (that is, where we expect a participant's weight to be at this point during the Core).** Use the participant's individualized weight graph to determine his or her goal in pounds for each session. **At Session 1, the participant's weight goal will be the same as his or her current weight.** The Session 1 weight is also the weight that will be used to calculate the 7% weight loss goal which is the weight goal for session 16 and thereafter.

Related note: On the most recent revision of the How Am I Doing? weight graph, the horizontal axis is in weeks since randomization which is the "Week of In- Person Contact" from the Coordinating Center's participant calendar. (Do not confuse this with session numbers or "week of Core Curriculum" from the Lifestyle Balance Update. For example, when you weigh Mrs. Smith at Session 5, you would graph that weight at week 8 on the How Am I Doing? graph if it has been 8 weeks since she was randomized.)

After the Core Curriculum, the weight loss goal is the 7% study goal, regardless of any other personal goals that the participant may set.

- G4. Complete this question whether or not the participant is at goal.
- G5-6. Code at least one and up to three barriers to weight loss and approaches to improve or maintain weight loss **whether or not the participant is at goal.** See the introduction to the Code Book (Section F2) for detailed instructions.

Form L04: Lifestyle Physical Activity Log

Complete this form for any supervised physical activity sessions with participants (including if you walk for part of a session with an individual participant or if a participant comes in to weigh-in and then walks with you).

Part I.D. Type of exercise:

If a code for the type of exercise is not provided in the Code Book (Section F.2), use the code for “Other” and FAX a New Codes Needed Form (see Code Book) to the LRC.

Form L05: Lifestyle Group Session Log

Use this form only to document **after-core group classes**.

If during the Core you conduct a regular session with two or more participants, complete the L03 form for each of them and code attendance (question D1) as “with other participants.” Do NOT complete a group session log.

If during the Core, you conduct an extra small group meeting, such as a one-time low-fat cooking demonstration with several participants, code the approach to improve/maintain weight loss as code 429 (schedule a small group visit to reinforce content of the core curriculum) on each participant’s L03 form. Do NOT complete a group session log.

Part I.D. Type of session: If a code for the type of session is not provided in the Code Book (Section F.2), use the code for “Other” and FAX a New Codes Needed Form (see Code Book) to the LRC.

F2. Code Book

Use the following codes when completing the Lifestyle In-Person Contact Form (L03), Lifestyle Physical Activity Log (L04), and the Lifestyle Group Session Log (L05), as indicated on the forms. For your reference, Tool Box levels are given where applicable (see Appendix G for details).

Important: When coding barriers (series 100 and 300) and approaches to improve/maintain (series 200 and 400), keep in mind the following:

- C **Remember to FAX the LRC a New Codes Needed Form (attached) whenever you use a code for “Other.** The LRC will help you identify an existing code to use or will create a new code. For example, if you aren’t sure of what’s standing in the way of a participant losing weight but you have some idea, code the barrier as “Other” (rather than using the code for “None”) and use the New Codes Needed Form to let us know what you’re thinking.
- C **Although older age, genetics, certain medications (e.g., steroids), or physical changes (e.g., menstrual cycle) may be reported as problems by participants, we do not want to code these as barriers.** We feel that these types of long-term or ongoing problems should be handled as follows:
 - C Acknowledge that the participant experiences the problem.
 - C Provide any related facts. (For example, *it is* more difficult to lose weight as we age. Women on hormone replacement therapy have *not* been shown to gain any more weight than women who do not take hormones.)
 - O Express confidence that participants can reach the study goals despite these problems. Help them realize that in all these cases, eating less and exercising more will indeed produce weight loss and may prevent diabetes.
 - C Encourage participants to focus on things that they can change.We want to code as barriers the types of problems that a participant (or we) can change (e.g., little or no access to exercise facilities) or the kind of problems that may impede a participant’s progress temporarily but that can either be planned for or recognized as unusual (e.g., illness, weather, or significant life events).
- C **Continue to code any barriers or approaches to improve/maintain as long as they apply.**
 - C When you first identify something that is getting in the way of a participant’s weight loss or physical activity, code it as a barrier at that contact and *continue to code it* at ongoing contacts as long as the participant experiences it as a barrier. The data will be used **to document how long the barrier was experienced.** For

example, if a participant loses a job at the beginning of July and experiences it as a barrier to weight loss at every contact during July and August, continue to code it throughout this time.

- C When you first initiate an approach to improve/maintain weight loss or physical activity, code it as an approach taken at that contact and *continue to code it* as long as the participant uses it. The data will be used **to document how long the approach was used**. For example, if a participant meets with the behaviorist on July 8, again two weeks later, and again, two weeks later, code it on the L03 forms once for each time that the participant met with the behaviorist. Or if a participant uses Slim Fast for two meals a day over a period of two months, code it on the L03 forms at each contact during that time.
- C **Use codes 198, 298, 398, or 498 (“None”) only if you can identify absolutely NO barriers or approaches to improve or maintain weight loss or physical activity (remember to consider any approaches that you are continuing to use, as explained above).** For example, if a participant started the core curriculum with weight loss and has not yet received a goal for activity, code “None” for the barrier to physical activity (198) and approach to improve/maintain physical activity (298). If a participant has been losing weight steadily but progress is slow and the participant is not at goal, AND you can think of no barrier, code “None” for the barrier to weight loss (398).

100 Series: Revised August 1999

What are the barriers to physical activity? (See question F.1.a, Lifestyle In-Person Contact Form, L03.)

Code	Barrier	Date Added
101	Illness	March 1996
102	Vacation/holiday/atypical work or family demands causing significant disruptions in usual routine	March 1996
103	Injury	March 1996
104	Participant reports diminished/no motivation to pursue activity goal, bored with exercise, dislikes exercise	March 1996
105	Chronic time management problems (difficulty finding time to exercise due to typical family, work, or social demands)	March 1996
106	Increase in significant life events causing pt. to neglect self-care (e.g., death of a spouse, divorce, marriage, being fired from work, retirement, major change in living conditions/working conditions/financial state, etc.)	March 1996
107	Little or no access to place, equipment, or facilities to exercise	March 1996
108	Weather	March 1996
109	Internal cues (positive or negative thoughts or emotions, e.g., perceived stress, depression, anxiety, anger, boredom, loneliness, happiness, relief) prompting sedentary behavior or a change in activity plan.	Rev. Nov. 1997
110	Exercise temporarily restricted by physician or other health professional for health reasons.	October 1997
111	Aches and pains (for example, due to arthritis, previous activity)	Nov. 1997
112	Inaccurate or not consistent self-monitoring of physical activity.	Oct. 1998
113	Expected social cues for physical activity become unavailable (e.g., a regular walking partner is ill or moves away, a seasonal exercise class ends) (Note: Do not use this code for the chronic absense of social cues for activity such as an unsupportive spouse or sedentary job.)	NEW: August 1999
198	None	July 1997
199	Other barrier (please FAX the LRC a New Codes Needed Form)	March 1996

200 Series: Revised January 2001

What approaches are taken to improve (or maintain) physical activity? (See question F.1.b on the Lifestyle In-Person Contact Form, L03)

Code	Level	Tool	Date Added
201	1	Problem solving (outlining the behavior chains associated with inactivity, that is, the antecedents (cues), behaviors, and consequences, as well as making and evaluating related action plans) Examples of specific problem solving strategies include: encouraging participant to attend DPP activity sessions, recommending music or books on tape, discussing priority of exercise and time management skills, recommending finding help with child/elder care, suggesting activities to do with child or elder.	March 1996
202	1	Increased frequency of phone calls and/or visits to cue increased activity	March 1996
203	2	Exercised with the participant during or outside of regular session time	March 1996
204	1	Developed a plan for someone other than yourself (e.g., another participant or DPP staff person) to exercise with participant	Rev. March 1998
205	2	Provided transportation to exercise, child/elder care (DPP pays)	March 1996
206	2	Bought the participant an item to support physical activity for \$100 or less (e.g., heart rate monitor, exercise tape, hand weights, clothing) (DPP pays)	Rev. Dec. 1998
207	1	Referred participant to non-DPP exercise class, facility, or trainer in the community or non-DPP personal trainer/exercise expert (no cost to DPP). This includes referral to a physical therapist or rehabilitation program.	Rev. March 1998
208	1	Identified exercise event in local area and set up a training schedule for the participant	March 1996

209	1	Set up motivational strategy/incentive/contract that does NOT involve spending DPP money or extra staff time (for example, Coach initiates Map of Miles, Miles to Go Before I Sleep, or Spell DPP but doesn't buy prizes); encouraged participant to identify self-reward for attaining a specific behavioral or weight loss goal.	March 1996
210	2	Scheduled a meeting with exercise physiologist on DPP staff	March 1996
211	2	Scheduled a meeting with behavior therapist on DPP staff	March 1996
212	3	Enrolled participant in health club , YMCA, Exercise Class, cardiac rehabilitation program (DPP pays)	March 1996
213	3	Purchased home exercise equipment for the participant (DPP pays)	March 1996
214	3	Provided a " personal trainer " for the participant (DPP pays to have someone <i>other than the exercise specialist on the DPP staff</i> to exercise with participant)	Rev: Oct. 1997
215	NA	No approach taken --participant is ill or injured	March 1996
216	1	Actively involved significant other in the exercise program (e.g., scheduled a session with the significant other and participant)	July 1997
217	3	Set up motivational strategy/incentive/contract that DOES involve spending DPP money or extra staff time (for example, using DPP Dollars or buying prizes for a lottery or reaching milestones on Map of Miles, Miles to Go Before I Sleep, or Spell DPP)	July 1997
218	1	Loaned the participant an item (worth \$100 or less) to support physical activity (e.g., heart rate monitor, exercise tape, hand weights). (<i>This does not include large exercise equipment such as a treadmill, stationary bike, or stepper.</i>)	REV: Dec. 1998
219	2	Enrolled participant in local exercise event (DPP pays)	July 1997
220	1	Mailed the participant a card, note, <i>educational material</i> (e.g., <i>journal article</i>) or other mailing to provide additional cues, <i>education</i> , and encouragement	Rev. Jan. 2001
221	3	Paid for child or elder care	July 1997

222	1	Loaned the participant self-help materials such as books or tapes (e.g., Keeping It Off Today with Art Ulene) <i>or gave recent journal article to provide participant education and encouragement</i>	Rev. Jan. 2001
223	2	Gave the participant a pedometer (provided by DPP).	March 1998
224	3	Loaned the participant home exercise equipment (such as a treadmill, stationary bike, stepper)	Oct. 1998
225	1	Recommended new approach to self-monitoring physical activity (e.g., devise an alternate form or calendar)	Oct. 1998
226	1	Scheduled a meeting between the participant and the PI	May 1999
227	1	Temporary/permanent transfer of lifestyle participant to another Coach as an approach to improve adherence (this does <i>not</i> apply to situations in which a Coach transfer is done as a result of staff turnover, pregnancy leave, etc.)	NEW: Jan. 2001
298	NA	None	July 1997
299	NA	Other approach taken (please FAX the LRC a New Codes Needed Form)	March 1996

300 Series: Revised October 1998

What are the barriers to weight loss? (See question G.3.b, In-Person Contact Form, L03.)

Code	Barrier	Date Added
301	Inaccurate or not consistent self-monitoring of foods eaten, portion sizes, and/or body weight (<i>e.g., this includes suspected underreporting of foods or portion sizes eaten</i>)	Rev: Oct. 1997
302	Poor cooking or food shopping skills (self or others in the home)	March 1996
303	Social cues prompting poor food choices or overeating away from home (<i>e.g., restaurants/parties/buffets</i>)	March 1996
304	Vacation/holiday/atypical work or family demands causing significant disruptions in usual routine	March 1996
305	Internal cues (positive or negative thoughts or emotions, <i>e.g.,</i> perceived stress, depression, anxiety, anger, boredom, loneliness, happiness, relief) prompting poor food choices or overeating. Note: This encompasses what has been described as night eating, emotional eating, binge eating in response to positive or negative affect.	Rev. Nov. 1997
306	Increase in significant life events causing poor food choices or overeating (<i>e.g.,</i> death of a spouse, divorce, marriage, being fired from work, retirement, major change in living conditions/working conditions/financial state, etc.)	March 1996
307	Bored or dissatisfied with diet or meal plan	March 1996
308	Illness	March 1996
309	Participant reports diminished/no motivation to pursue weight loss goal	March 1996
310	Insufficient calorie expenditure (not enough exercise or exercise not intense enough)	Rev: Oct 1997
311	Chronic time management problems (<i>eg.</i> difficulty finding time to food shop, prepare food, go to appropriate restaurants, pack lunches).	July 1997
312	Participant quit smoking within the last four to six months.	Jan. 1998
313	Pregnancy (weight loss goal suspended)	Oct. 1998

398	None	July 1997
399	Other barrier (please FAX the LRC a New Codes Needed Form)	March 1996

400 Series: Revised January 2001

What approaches are taken to improve or maintain weight loss? (See question G.3.c on the Lifestyle In-Person Contact Form, L03.)

Code	Level	Tool	Date Added
401	1	Problem solving (outlining the behavior chains associated with problem eating, that is, the antecedents (cues), behaviors, and consequences, as well as making and evaluating related action plans) other than problems related to self-monitoring (see code 403) Examples of specific problem solving strategies include: focusing on problem meals, number of meals eaten out, food choices made when eating out.	March 1996
402	1	Increased frequency of calls/visits to cue more structured eating	March 1996
403	1	Reviewed skills for standard self-monitoring (e.g., label reading; weighing, measuring, and estimating portion sizes; remembering to monitor foods that may have been omitted from Keeping Track) and encouraged more accurate, consistent monitoring	March 1996
404	1	Recommended new approach to self-monitoring (e.g., Quick Track, Personal Fat Counter)	March 1996
405	1	Actively involved significant other in the program (e.g., scheduled the next session with the participant and the significant other)	March 1996
406	1	Provided recipes or loaned the participant a cookbook	March 1996
407	1	Provided structured meal plans	March 1996
408	3	Bought the participant actual food for \$100 or less (e.g., frozen entrees, fruit basket, gift certificate to grocery store).	REV: Dec. 1998
409	1	Assigned calorie goal or lowered fat/calorie goal	March 1996
410	2	Scheduled a meeting with the dietitian on DPP staff	March 1996
411	2	Scheduled a meeting with the behavioral therapist on staff	March 1996

412	1	Developed motivational strategy/incentive/contract that does NOT involve spending DPP money or extra staff time (for example, using Spell DPP without DPP-purchased prizes); encouraged participant to identify self-reward for attaining a specific behavioral or weight loss goal.	March 1996
413	2	Scheduled a visit at the participant's home (or nearby).	March 1996
414	3	Enrolled participant in non-DPP class (e.g. low fat cooking class at a community college) (DPP pays)	March 1996
415	1	Recommended participant buy Slim Fast (<i>or other similar product such as Sweet Success</i>) to replace one meal per day	Rev: Oct. 1997
416	1	Recommended participant buy Slim Fast (<i>or other similar product such as Sweet Success</i>) to replace two meals per day	Rev: Oct. 1997
417	3	Provided Slim Fast or coupons to replace one meal per day (DPP pays)	May 1997
418	3	Provided Slim Fast or coupons to replace two meals per day (DPP pays)	May 1997
419	3	Set up motivational strategy/incentive/contract that DOES involve spending DPP money or extra staff time (for example, using a lottery, DPP Dollars or purchasing prizes or rewards for reaching milestones on Spell DPP)	July 1997
420	2	Provided food samples to taste	July 1997
421	2	Scheduled a visit to a grocery store with the participant	July 1997
422	2	Scheduled a visit to the participant's work place (or nearby) with the participant	July 1997
423	2	Scheduled a visit to a restaurant with the participant	July 1997
424	2	Bought the participant a belt to mark changes in waist size over time	July 1997
425	3	Provided liquid formula (other than Slim Fast)	July 1997

426	1	Referred participant to a provider of social, medical, and/or mental health services for multiple somatic complaints including, but not limited to, symptoms of depression (e.g., to primary care provider for antidepressant therapy) that appear to be interfering with participant's attempts to make healthy lifestyle changes	Rev: May 2000
427	1	Scheduled the participant to come in before the next contact to be weighed	July 1997
428	1	Mailed the participant a card, note, or other mailing to provide personal support and encouragement	July 1997
429	2	Schedule a small group visit to reinforce content of the core curriculum (e.g., a one-time low-fat cooking demonstration) (Note: This is NOT an after-core class.)	July 1997
430	1	Loaned the participant self-help materials such as books or tapes (e.g., Keeping It Off Today with Art Ulene)	July 1997
431	1	Recommended increased physical activity (or increased intensity).	October 1997
432	1	Deleted November 1997. Was redundant with code 210.	Del. Nov. 1997
433	1	Recommended participant buy calorie/fat-controlled frozen entrees (<300 calories, 10 gram fat) to use for several meals per week.	October 1997
434	2	Bought the participant an item to support healthy eating for \$100 or less that was not actual food (e.g., subscription to low-fat cooking magazine, cook book, kitchen appliance).	December 1998
435	1	Scheduled a meeting between the participant and the PI	May 1999
436	1	Referred for medical and physiological tests (e.g., basal metabolic rate, thyroid level) beyond routine tests done in the DPP to promote education and adherence	May 2000
437	1	Provided computerized nutritional analysis of food intake	May 2000
438	1	Temporary/permanent transfer of lifestyle participant to another Coach as an approach to improve adherence (this does <i>not</i> apply to situations in which a Coach transfer is done as a result of staff turnover, pregnancy leave, etc.)	NEW: Jan. 2001

439	1	Recommended participant attend a nonDPP class (e.g., nutrition, low-fat cooking, meditation, yoga) (DPP does not pay)	NEW: Jan. 2001
440	1	Provided calorie-controlled meals at no cost to the DPP (e.g., meals provided by the CRC).	NEW: Jan. 2001
498	NA	None	July 1997
499	NA	Other approach taken (please FAX the LRC a New Codes Needed Form)	March 1996

500 Series: Revised January 2001

Note: Some of the codes (e.g., yoga, softball) are not equivalent to brisk walking. We have added these codes because some centers want to offer these types of activities occasionally as social events which do provide some physical activity. We strongly recommend that you choose aerobic activities whenever possible for supervised activity sessions.

Types of exercise (See question D on the Lifestyle Physical Activity Log, L04.1.)

Code	Type of Exercise	Date Added
501	Walking (outdoor route)	March 1996
502	Aerobic Dance	March 1996
503	Resistance	March 1996
504	Step Aerobics	March 1996
505	Competitive Sport (e.g., tennis, basketball, racketball; this does not include community-sponsored competitive events such as walk/runs or cycling races)	March 1997
506	Walking (indoor route)	May 1997
507	Walking (treadmill)	May 1997
508	Stationary bike	May 1997
509	Biking (outdoors)	May 1997
510	Stair master	July 1997
511	Rowing Machine	July 1997
512	Nordic Track	July 1997
513	Aerobic Circuit Training (e.g., combination of various aerobic activities)	July 1997
514	Water Aerobics (includes hydrotone). Caution: Be sure the intensity is equivalent to brisk walking. Most water aerobics classes focus on toning rather than developing aerobic fitness and would not meet this criteria.	November 1997

515	Yoga (Note: Yoga is not equivalent to brisk walking, is not to be counted toward DPP activity minutes, and should not be offered as one of the two supervised activity sessions per week required by the protocol. Should only be offered as an occasional <i>social event</i> .)	March 1998
516	Community-Sponsored Physical Activity Event (registration paid by DPP) Examples: city-sponsored walk or biking race, ADA walking event, Race for the Cure.	March 1998
517	Community-Sponsored Physical Activity Event (registration not paid by the DPP) Examples: city-sponsored walk or biking race, ADA walking event, Race for the Cure.	March 1998
518	Softball/baseball (Note: Softball/baseball are not equivalent to brisk walking, are not to be counted toward DPP activity minutes, and should not be offered as one of the two supervised activity sessions per week required by the protocol. Should only be offered as an occasional <i>social event</i> .)	March 1998
519	Skating (roller skating, roller blading, ice skating, etc.)	February 1999
520	Snowshoeing	February 1999
521	Jogging/running	August 1999
522	Boxing	August 1999
523	Kickboxing (e.g., Tae Bo)	August 1999
524	Swimming	November 1999
525	Aerobic Cross Trainer (Seated Elliptical)	November 1999
526	Elliptical Trainer	November 1999
527	Social and recreational dance (e.g., line dancing)	May 2000
528	Bowling (Note: Bowling is not equivalent to brisk walking, is not to be counted toward DPP activity minutes, and should not be offered as one of the two supervised activity sessions required by the protocol. Should only be offered as an occasional <i>social event</i> .)	May 2000

- 529 **Tai Chi** (Note: Tai Chi is **not** equivalent to brisk walking, is **not** to be counted toward DPP activity minutes, and should **not** be offered as one of the two supervised activity sessions required by the protocol. Should only be offered as an occasional *social event*.) **NEW: Jan. 2001**
- 599 **Other type of exercise (please FAX the LRC a New Codes Needed form)** March 1996

600 Series: Revised May 2001

Types of class offered (See question D on the Lifestyle Group Session Log, L05.1)

Code	Type of Class	Date Added
601	Winning at Losing	May 1997
602	Getting Ready for a Walking Event	May 1997
603	Low-Fat Cooking Class	July 1997
604	Muscle Training	October 1997
605	Considering Vegetarian Food Options	March 1998
606	Being Assertive	June 1998
607	Family Support	June 1998
608	Stress Management	June 1998
609	Time Management	June 1998
610	Walks	October 1998
611	Lifestyle Balance During the Holidays	October 1998
612	Eating on the Town	October 1998
613	Food Tastings	October 1998
614	Ready to Restart	October 1998
615	Maintaining Motivation in the After-Core: Setting Goals, Keeping Track of Success, Problem Solving, and Reaping Rewards	December 1998
616	The Management of Emotional Eating	May 1999
617	Fantastic Fiber	August 1999
618	Planning for the Holidays the Low-Fat Way	May 1999
619	Aerobic Exercise Class	November 1999

620	Making Sense of Health News and Popular Diets	July 2000
650	One-Time Group Get-Together (this includes social gatherings such as picnics, holiday parties, and dinners as well as events at which study data are presented--as opposed to the other classes which focus on specific educational content)	Rev: July 2000
651	One Session Class on a Nutrition Topic	November 1997
652	One Session Class on a Physical Activity Topic (If part of the class is a supervised activity session, code that separately on the Physical Activity Log.)	November 1997
653	One Session Class on a Behavioral Topic	November 1997
654	One Session Class on Diabetes Education/Diabetes Complications	November 1999
655	DPP Spring Training	March 2000
656	One Session Class on Combination Topic (combines healthy eating, physical activity, and behavioral topics)	July 2000
657	10,000 Steps Campaign	July 2000
658	Food Shopping the DPP Way (from UCLA)	Jan. 2001
659	DPP Lifestyle Survival Skills	Jan. 2001
660	DPP Lifestyle World Series	Feb. 2001
661	DPP Peak Performance Campaign	NEW: May 2001
698	Combination Class (Pulls together several sessions from other classes or reviews core materials for a combination of healthy eating, physical activity, and behavioral topics. <i>Also includes ongoing group motivational/educational meetings, support groups, etc.</i> As always, send us an outline of what you are planning before you offer the class.)	Rev. Jan. 2001
699	Other	

New Codes Needed

Complete this form as soon as possible whenever you use an “Other” code. FAX to Bonnie Gillis, DPP Lifestyle Resource Core, at (412) 624-0545. The LRC will use this information to develop new codes as necessary. **Please print using dark ink.**

Your clinic number _____ Clinic name _____

Your name _____

Participant ID						Visit Date(s)	Other Code Used	We need a new code for the following:

Appendix G: Tool Box, Recommended Strategies to Promote Adherence to the Lifestyle Intervention

G.1. Introduction

This Appendix (or “Tool Box”) contains recommended strategies or “tools” for promoting participant adherence to the DPP lifestyle intervention. This Appendix also describes the formal process for monitoring and supporting lifestyle adherence.

It is expected that throughout the trial, the process for monitoring and supporting adherence will be refined, and these refinements will be indicated in revisions to this Appendix. In addition, it is hoped that the clinical centers will propose additional Tool Box strategies which will be added to the Appendix so that other centers may benefit.

The strategies or tools presented in the Tool Box are grouped into two sections:

Section 1: Reinforcers

Reinforcers are those strategies or tools that reinforce participant success. A reinforcer may be used before an adherence problem occurs (to prevent problems with adherence) or when signs of a problem first emerge, or after the problem has been ongoing (so in some cases, reinforcers are also problem solving tools). The same reinforcement concepts may be applied to various kinds of behaviors or accomplishments (for example, a “DPP dollar” might be used to reinforce either a participant’s weight loss or minutes of physical activity), so reinforcers are grouped together in Section 1.

Section 2: Problem Solving Tools

Many *problem solving tools*, on the other hand, are specific to one type of problem, so they are organized in Section 2 according to the type of problem: attendance, self-monitoring of food intake and weight, weight loss/maintenance, self-monitoring of physical activity, or physical activity. For each type of problem, the Appendix provides the related requirements, action points (times or situations in which problem solving tools are recommended), and a list of the recommended tools.

G.2. Guidelines for Using the Tool Box

Lifestyle Coaches, in consultation with other local study team members, will typically be in the best position to decide if, when, and for how long to use which reinforcers and/or problem-solving tools in the Tool Box. Care should be given to **tailoring the tool to the participant**, so that the reinforcer(s) used are truly reinforcing to the individual and the problem-solving tools address the particular barriers that that individual is facing. Costs, both in terms of money and staff time, should also be kept in mind, and in general, the simplest and least expensive tools should be tried before proceeding on to more intensive or expensive ones. For this reason, the

problem solving tools have been grouped under “levels” according to anticipated costs (i.e., in general, Level 1 Tools are simpler and less costly than Level 2 or Level 3 Tools). These levels may not apply at certain centers (for example, at some centers a cardiac rehabilitation program is not very costly) and are meant only as a rough guideline.

The Lifestyle Resource Core will be available to the clinical centers to discuss guidelines for using the Tool Box on a participant-by-participant basis, as needed.

Please keep in mind that the Tool Box strategies, including DPP Dollars, are **options** that may or may not be used with individual lifestyle participants or groups of lifestyle participants. The clinical centers may choose to use none or one or more of the Tool Box strategies. Moreover, the clinical centers are encouraged to develop their own individualized strategies to reinforce behaviors supportive of the lifestyle intervention goals. (Please let the Lifestyle Resource Core know about any strategies you develop so they can be added to the Tool Box to share with other centers.)

The underlying principles for using the Tool Box are the following:

1. Be creative and responsive to the needs of individual participants when you implement any strategy to enhance adherence.
2. Although adherence to the lifestyle intervention is extremely important, retention of participants is even more important. Be aware that under no circumstances should the struggle to improve adherence get to the point that a participant drops out of the DPP. Such dropouts are irretrievable losses. So although our goal is to achieve 100 percent adherence to the lifestyle intervention, this translates into a goal of participants doing as much as they possibly can and remaining in the trial.
3. Rewards for accomplishments should be structured so as to reinforce both steps in the direction of the weight loss and physical activity goals as well as reaching and maintaining those goals (or better) in the long-term.
4. An individualized approach to rewarding participants must be carefully constructed. Some may feel demeaned when offered tangible rewards for their accomplishments, while others will clearly benefit from the added attention and rewards.
5. Special care must be taken that rewarding one individual, or group of individuals, does not offend, disappoint, or otherwise inhibit the performance of other individuals or groups in the study.

With the principles enumerated above in mind, feel free to use the Tool Box strategies at your discretion and with your good judgment.

G.3. Formal Process for Monitoring and Supporting DPP Lifestyle Adherence

The Tool Box is only one part of an overall system for promoting DPP lifestyle adherence. The foundation of the system is the ongoing relationship between the Lifestyle Coach and each individual participant. The social bond between the Coach and participant underlies all of the DPP's adherence and retention efforts.

In addition, a formal process for monitoring and supporting adherence is in place which includes the following components. (Note: Unless otherwise specified, in addition to the individuals listed below, other relevant members of the study team, including the program coordinator and principal investigator, are welcome to participate at any point.)

- C The Lifestyle Coaches complete **update sheets** for each lifestyle participant at each contact (see Section D3 in Appendix D). These updates include ongoing data on attendance, weight, activity, and calorie and fat intake from self-monitoring records. Once a month, the Coaches send the update sheets to the Lifestyle Resource Core.
- C The Lifestyle Coaches complete the **lifestyle forms** at each participant contact which include detailed data on attendance, weight, activity, and calorie and fat intake from self-monitoring records (see Appendix F). As part of the In-Person Contact Form (L03), the Coaches code up to three barriers to weight loss and physical activity as well as up to three approaches taken by the Coach to improve or maintain weight loss and physical activity (see F2, Code Book, in Appendix F).
- C Based on data from the lifestyle forms, the Coordinating Center produces monthly **adherence reports** of attendance, weight, and activity which are reviewed by the LRC and the DPP Interventions Subcommittee. Some of these reports are also provided to the clinical centers for their review.
- C The clinical centers hold **local lifestyle case conferences** on a regular basis. It is strongly recommended that these are held at least biweekly, with the Lifestyle Coaches and consultants to the lifestyle intervention (behavioral, nutrition, and exercise consultants) participating. (The program coordinator will need to attend at least periodically in order to provide an update on any news from Steering Committee Meetings and to distribute copies of lifestyle materials that are sent to the program coordinator, such as revisions to the Lifestyle Manual of Operations, Manual for Contacts After Core, the Lifestyle News (the newsletter from the LRC), and lifestyle participant materials. The program coordinator also needs to stay informed about the overall adherence and retention of the lifestyle participants and related issues, either by attending the case conferences or other staff meetings.) The majority of the case conference time is to be spent problem solving adherence issues for specific participants and developing Tool Box plans for improving and maintaining adherence.

- C **Individual contacts between the Lifestyle Resource Core and the Coaches** occur frequently, either by phone, e-mail, or FAX. The LRC and the Coach review the update sheets and adherence reports, problem solve adherence issues related to individual participants, and develop plans to improve or maintain their adherence. (As the number of randomized participants increases, the regional lifestyle conference calls described below will take over some of the functions of these one-on-one contacts, although not completely. Individual Coaches are encouraged to contact the LRC whenever necessary with any questions or concerns, and the LRC remains committed to helping and supporting the Coaches in any way possible.)
- C **Regional lifestyle conference calls** are held monthly with the Lifestyle Resource Core. It is strongly recommended that all Lifestyle Coaches and consultants to the lifestyle intervention (behavioral, nutrition, and exercise consultants) participate. The regions represented on the calls are as follows. (Due to scheduling requirements, representation on the calls may change, and some centers may be included in regions that don't correspond to their geographical location.)
- C **Pacific Region:** University of Washington (8), University of California San Diego (12), University of Southern California (16), University of Hawaii (22).
 - C **Midwest/Southwest Region:** University of Chicago (2), Northwestern University (10), University of Colorado (6), University of New Mexico (19).
 - C **American Indian Region:** SW Indian Center/Salt River (23), SW Indian Center/Zuni (24), SW Indian Center/Gila River (25), SW Indian Center/Shiprock (26).
 - C **Northeast Region (Part 1):** Jefferson Medical College (3), Joslin Diabetes Center (7), St. Lukes-Roosevelt Hospital (13), Medlantic Research Institute (15).
 - C **Northeast Region (Part 2):** Massachusetts General (11), Washington University (17), Johns Hopkins School of Medicine (18), Albert Einstein College of Medicine (20), University of Pittsburgh (21).
 - C **Southern Region:** Pennington Biomedical Center/LSU (1), University of Miami (4), University of Texas (5), University of Tennessee (9).

The purpose of the calls is to allow the Coaches and consultants to network, support each other, and ultimately help improve and maintain participant adherence. In general, the calls last about one hour and begin with a brief adherence report and a review of some of the things that are working well in implementing the intervention. The majority of each call is spent problem solving adherence issues and developing a Tool Box plan for a few participants selected before the call. It is recommended that the calls first focus on the participants most in need of adherence support and most likely to benefit from it, such as: a) those who, during the Core, haven't lost at least 3% of their weight by Session 8, and b) those who, after the core, had reached their goals previously but are now slipping farther and farther away from them.

- C Every three months, **five "target" participants** are selected at each center. These are participants whom the study team believes are most likely to reach their lifestyle goals within

the upcoming three months (e.g., participants who had been at goal but have slipped recently, or participants who have been approaching goal slowly but surely and with some concentrated effort, they are likely to reach goal in the next couple of months). The purpose is to help centers focus their energies and attention on those participants who are most likely to improve the center's and the study's lifestyle data. After the target participants are selected, a Target Five Worksheet is completed for each one as part of a discussion with the study team. The worksheet leads the team through a problem solving process for each participant (select one or two barriers to lifestyle adherence to focus on in the next three months, brainstorm possible solutions, choose one or more solutions to try, etc.). The completed worksheets are sent to the Lifestyle Resource Core for review.

- C **Site visits** will be held as necessary to support the clinical centers in their efforts to promote lifestyle adherence.

DPP Dollars

DPP Dollars is an optional program in which Lifestyle Balance participants can earn “points” for a specified period of time for a specific behavior or achievement related to adherence to the weight loss and physical activity goals. The points are then translated into reinforcers or gifts.

Earning points

The way in which a participant earns points should be measurable, specific, short-term, and realistic yet challenging for that individual. For example, if you are working with a participant who has lost weight to his goal in the past and is now regaining slowly, you may want to develop a contract by which that participant can earn 5 points for every pound lost during the coming month (with a maximum of 10 pounds because this would be a reasonable loss for one month). The participant and Coach should agree, in writing, on exactly how the action or achievement is to be documented (for example, the participant will come in to the clinic to be weighed every Friday morning) and exactly how the points will be awarded (for example, only whole pounds lost will earn points, not partial pounds). A DPP Dollars contract form is attached.

Other ways to earn points might include: attending two supervised physical activity sessions per week for two months, maintaining weight for 3 bimonthly visits in a row during maintenance, or following a supervised training program with other DPP participants to prepare for a locally sponsored race and then completing the race.

Cashing in points

Participants translate the points they earn into a specified dollar equivalent (e.g., one point equals one dollar) and may either purchase small gifts of their choice at any time or “bank” their points until they have enough for a larger gift. Participants will **not be given cash** (to distinguish DPP Dollars from the study honorarium) but instead will be able to “cash in” their points in one of two ways:

- C The clinical center could write a **check to a mail order catalog of the participant's choice**, encouraging participants to buy, but not necessarily limiting them to, items related to healthy eating and physical activity (e.g., a piece of clothing, in a desired size).
- C The participant may purchase a **“grand prize,”** any item that the center wants to make available locally and/or at a discount which would enable the participant's points to “go further.” Examples of grand prizes might include a subscription to a weight loss magazine, registration at a local cooking class, tickets to a local athletic event, or dinner for two at a popular restaurant. These items may have been donated to a local center, so for example, a participant might be able to earn a \$60.00 meal for only \$40.00.

The Lifestyle Coach, in consultation with other members of the study team, should carefully consider which participants, if any, might benefit from DPP Dollars, which behavior(s) to

reinforce with DPP Dollars, and when and for how long to do so. Costs, both in terms of money and staff time, should also be kept in mind.



Date _____

For the period beginning _____ and ending _____ ,

I will earn points for doing or achieving the following:

Action or Achievement	Points

I will document that I have done so by _____
_____ .

I will be able to “cash in” my points for real dollars whenever I want,

with 1 point equal to _____ .

I will either bring in a mail order catalog of my choice, with an item I want to buy,
and the DPP center will write out a check for the amount I’ve earned,

or

I can make my money go further by buying one of these DPP Grand Prizes:

Grand Prizes	Description	Retail Cost	Cost in DPP Dollars

Signed: _____

DPP Participant

Lifestyle Coach



(Example of a DPP Dollars Contract)

For the period beginning _____ and ending _____ ,

I will earn points for the following:

Action or Achievement	Points
1. Recording my food intake, calories, and fat grams	1 per day
2. Keeping my fat grams and calories at or below my budget	1 per day
3. Walking on my treadmill for 25 minutes or more	1 per day
4. Walking at the track for extra walking (minimum of 15 minutes)	1 per day
5. Achieving goals 1, 2, and 3 on the same day	1 per day

Note: If I lose 4 pounds in 4 weeks, I can keep all of the points I earned during those 4 weeks. If I fail to lose 4 pounds in 4 weeks, I will lose half of the points I earned during that period.

[NOTE: MAKE THE WEIGHT LOSS GOAL REALISTIC FOR YOUR PARTICIPANT, KEEPING IN MIND THE STAGE OF THE INTERVENTION. FOR EXAMPLE, DURING THE AFTER-CORE PERIOD, A TWO-POUND LOSS IN FOUR WEEKS WOULD BE MORE REALISTIC FOR MANY PARTICIPANTS.]

I will record what I have done in my Keeping Track books and bring them with me when I come in for an appointment. No points will be awarded if no books are returned.

I can cash in my points when I've earned enough to buy my bike. The DPP will write a check to the store that has my bike.

1 point = 1 DPP Dollar. My bike will cost \$150.

Good Luck!!! Go for it!!! .

Signed: _____
DPP Participant Lifestyle Coach

Lotteries

A lottery is a program in which Lifestyle Balance participants can earn coupons or tickets for a specified period of time for a specific behavior or achievement related to adherence to the weight loss and physical activity goals. The coupons are combined with those earned by other participants, and one of the coupons is randomly chosen from a box as the winner. The prize would be an expensive gift that could not be offered to many participants, such as an exercise bike, or any item that the center has in very limited numbers. Ideally, but not necessarily, lottery prizes should be related to the DPP goals for weight loss and physical activity, such as:

- C An exercise bike.
- C A treadmill.
- C A set of aerobic videotapes.
- C A set of low-fat cookbooks.

Lotteries may be motivating to those participants who find the opportunity to try for a large prize exciting. As with DPP Dollars and other incentives, the ways in which participants earn coupons or tickets for a lottery should be measurable, specific, short-term, and realistic yet challenging for that individual. Behaviors reinforced by lotteries might include:

- C Attendance (we think lottery prizes are particularly suited for attendance).
- C Returning self-monitoring records.

We are less inclined to recommend lotteries for reinforcing the achievement of weight loss and activity goals because:

- C Changing these behaviors in the long-term is hard work, and a prize may not seem like enough to some participants.
- C Some participants may feel resentful that they've worked hard toward a certain goal and then are rewarded for their achievement only by chance.

The Lifestyle Coach, in consultation with other members of the study team, should carefully consider which participants might benefit from a lottery, which behavior(s) to reinforce with coupons or tickets, and when and for how long to do so. Costs, both in terms of money and staff time, should also be kept in mind, and donations of large items by local merchants should be used, if possible.

Map of Miles

One way to reinforce physical activity is to plot miles of activity on a map of interest to the participant. This provides both a visual sign of progress and a cumulative goal or destination, which can be motivating. In addition, small incentives related to the map can add fun.

The first step is to develop a map on which to log minutes of activity and equivalent miles (or miles if the participant self-monitors in miles as well as minutes). It might be a map of the United States (a sample is attached), the state in which the clinical center is located, or an adjoining state. Next, have the participant name a starting point and desired destination, such as starting in Pittsburgh and finishing in Philadelphia, or starting in Pittsburgh and finishing in New York. Plot the participant's progress in miles on the map.

A competition could be set up between buddy participants at the same center, or a participant at one center could be paired with one at another center. A group competition between two centers is another possibility. Prizes could be offered at certain milestones and/or a celebration could be held at the finish (for example, a potluck luau when the participants complete a walk of the beaches of Hawaii). Or a participant might want to plan an actual trip to the destination when the distance has been logged on the map.

Great Ideas from the Clinical Centers

Margie Bronsord, a Lifestyle Coach at **Medlantic**, has mounted maps of the Appalachian Trail on formcore backing and uses little pin flags to mark where lifestyle participants are on the trail. Because the trail is so long, she plans on having two weeks a month when participants can accumulate "bonus double miles" and their exercise mileage counts twice. This might help encourage exercise around holidays or during vacations. She'll give incentive gifts when participants pass into a new state, such as something representative of that state.

Map of Miles

Participant Name _____



Start _____

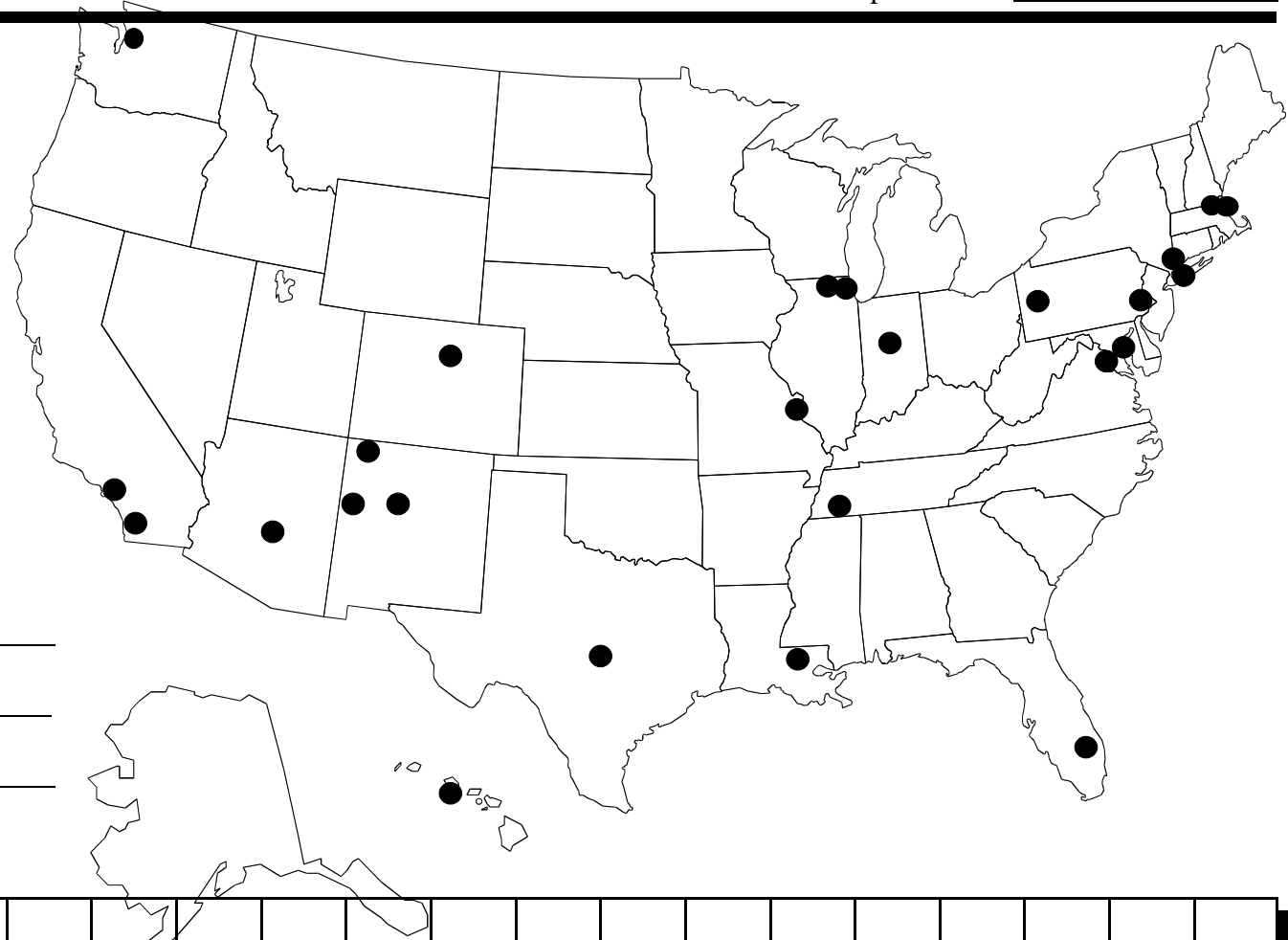
Finish _____

Total Distance _____

Date																	
Minutes																	
Miles																	

Map of Miles

Participant Name _____



Start _____

Finish _____

Total Distance _____

Date																			
Minutes																			
Miles																			

...And Miles to Go Before I Sleep.

“...And Miles to Go Before I Sleep” is an optional participant handout to reinforce physical activity. Participants record their mileage on the handout which provides a visual sign of progress and cumulative goals which can be motivating.

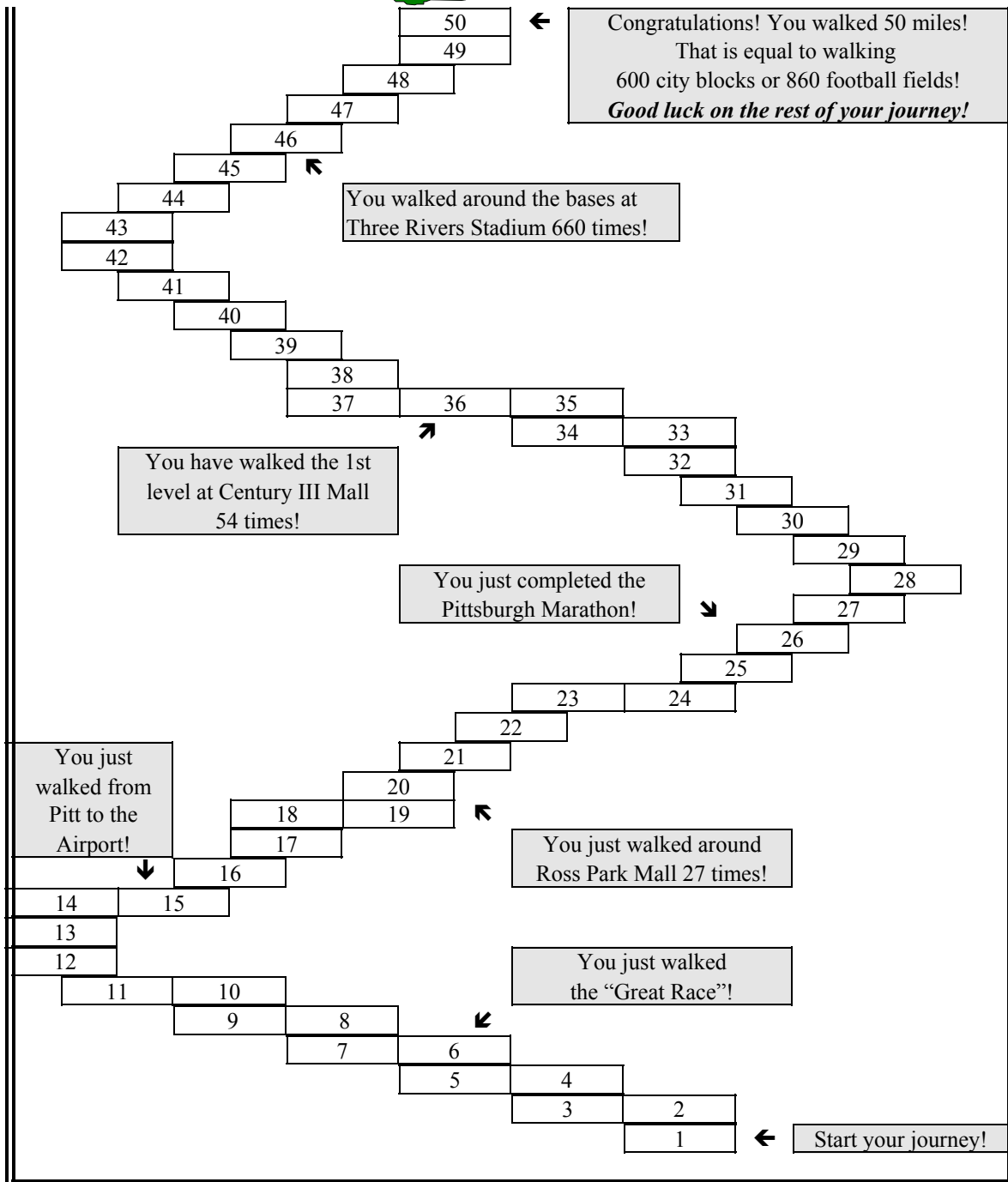
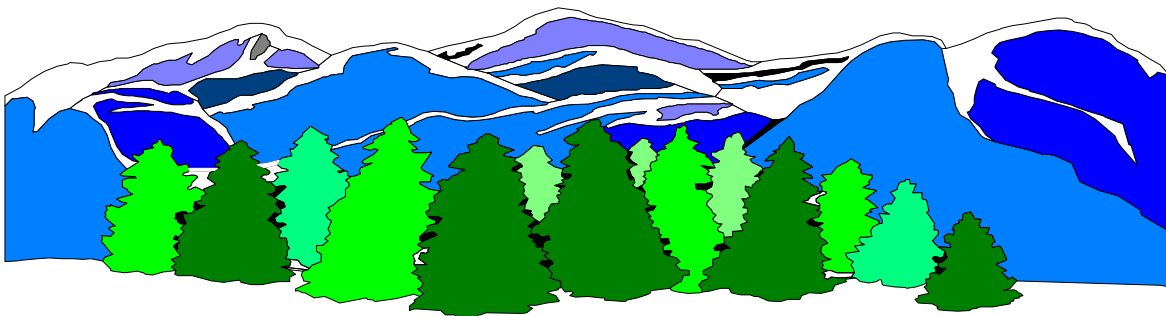
The University of Pittsburgh center developed the handout, and the Lifestyle Resource Core asked each center to indicate their own local milestones so it could be individualized with each city's marathon, stadium name, etc. The individualized version is attached if the LRC received a list of your milestones. Otherwise, the Pittsburgh version is attached for you to modify and send to the LRC. (When you indicate local milestones, consider the location of your DPP clinic, particularly satellite clinics if you have them, and distances from your clinic to points of interest to participants.)

Possible ways to use the handout include the following:

- C Prizes related to each milestone might be given, such as a baseball cap with the local team's logo, a coupon for a store at the local mall, or a t-shirt printed with the city's skyline.
- C A competition could be set up between buddy participants at the same center.
- C A participant at one center could compete with a participant at another center, both of whom are at a similar level of physical activity.
- C A group competition between two centers is another possibility. Prizes could be offered to the center with the most participants to reach a certain milestone first. A celebration could be held at the finish (for example, a potluck after a sports event).

Note: The Lifestyle Resource Core can also send you the original document on diskette (in Microsoft Word) so you can modify it locally using your computer (for example, you could individualize it per participant). Let the LRC know if you want the diskette.

....AND MILES TO GO BEFORE I SLEEP.



Spell DPP

Jennifer Torio, Lifestyle Coach at the DPP center in San Diego, has developed an incentive program called “Spell DPP” to encourage participants to reach step-wise goals toward attaining or maintaining their physical activity and/or weight loss goals.

Using the Spell DPP handout (attached), the Coach and participant record a specific goal for the week. If the participant meets the goal, a letter in the name “Diabetes Prevention Program” is earned. Up to 25 letters can be earned, which, if weekly goals are set, constitutes about 6 months. Rewards or prizes of interest to the participant may be given. For example, a bouquet of flowers or a calendar book might be given to the participant when a word is completed. A larger prize might be given when the whole name is completed. Example prizes: a pair of tickets to a movie or sports event, a gift certificate for a sporting goods store, or a coupon for lunch/dinner for two at a health-conscious restaurant.

Spell DPP

Name _____ Date Began _____ Lifestyle Coach _____

	D	I	A	B	E	T	E	S
Week								
Goal								
Met Goal?								

	P	R	E	V	E	N	T	I	O	N
Week										
Goal										
Met Goal?										

	P	R	O	G	R	A	M
Week							
Goal							
Met Goal?							

Prizes _____

How Is the DPP Doing?

How Is the DPP Doing? are a series of *optional* handouts for lifestyle participants that present weight loss and physical activity data for the study as a whole and for the individual centers. The Lifestyle Resource Core will update the handouts every six months using new data.

The purpose of the handouts is to help participants identify with the study as a whole and with the local clinic, thereby fostering team spirit, with the hope of reinforcing participants who are doing well and motivating those who are not. **These handouts should not be given to participants who are likely to find them discouraging or frustrating.** However, don't underestimate participants. Many who are not doing well may find it helpful to reflect on the bigger picture of overall study and clinic progress and feel inspired to work harder toward their goals when they remember that their efforts contribute to the whole. Feel free to contact the Lifestyle Resource Core if you have questions about the appropriateness of these handouts for particular participants or at particular times during the intervention.

Present the handouts in your own words, using the following script as a guide.

For the December 31, 1997 handouts:

Introduction and Review of Individual Progress

“Now that the new year is underway, let's step back for a minute and talk about your progress over the past year. How are you feeling about your weight loss and physical activity during 1997? [Give participants time to reflect and explore their own perceptions of their progress before you continue.]

Here are your graphs for activity and weight loss. [Show the participant his or her individual How Am I Doing? graphs.] What do you think about your progress? [Give the participant time to reflect and comment.] I'm really pleased that... You've worked really hard on... [Affirm and reinforce any progress, and comment on any efforts, however small, that the participant has made toward the goals, including attending visits.]

All of your efforts to lose weight and be more active are very, very important. First of all, we hope you will avoid getting diabetes. Also, every pound you lose and all of the minutes of activity you do will make a big difference for the progress of the study as a whole.

Review of Weight Loss Data for All Centers and Local Center

Here are some graphs that show how the study as a whole is doing with weight loss. (Feel free to select only those graphs you think will have the most motivating effect on the participant. Also, note that the data includes only those participants who have reached After Core.)

- C Average Percent Weight Loss* For all the centers combined, which means 194 lifestyle participants around the country who have finished Session 16, the average percent weight loss is 7.7%, just a little above the minimum goal of 7%. Here in [name your center], for the xx participants who have completed Session 16, our average weight loss is x.x%.
- C Percent of Participants at Weight Loss Goal* For all the centers combined, which means 194 participants around the country who have finished Session 16, 57%, or a little more than half, have reached the weight loss goal of 7%. [You might want to present this as “good news/bad news”: half of the participants have met the goal but half have not.] Here in [name your center], for the xx participants who have completed Session 16, xx% have reached the weight loss goal.
- C Percent of Participants at Weight Loss Goal (Center by Center):* This graph shows all of the centers, ranked by percent of participants after Session 16 who are at the weight loss goal. Our center is here... (Circle the percentage that reflects your center's standing. To find out which percentage is yours, look in the second to last column (% at weight goal) on the attached report of Weight and Exercise Data by Clinic as of December 31, 1997. Use this report to interpret the corresponding graph for activity as well. Note that this report is for your reference only and is **not** to be given to participants.).

We can all feel good that on average, the study as a whole is at the 7% weight loss goal. And it's clear that our center... [*if at or above 7%:* can be proud of our contribution to the study average; *if below 7%:* has some catching up to do, which I'm confident will happen].

But the bottom line message from this graph is that we can't stop working. You might wonder why, since we're already at the goal. The reason is that we need to keep the average weight loss *above* the goal *for the rest of the study*, and we know that over time, some participants will regain some of the weight they've lost which will pull the average down. So **all the lifestyle participants need to continue to lose more weight** [this does not apply if the participant has reached a BMI of 21; see section 2.1.1 in the Lifestyle Manual of Operations] **and work to maintain their current weight losses.**

Review of Physical Activity Data for All Centers and Local Center

Here are the same kind of graphs for physical activity. [Review the graphs as you have done with those for weight loss. Again, feel free to select only those graphs you think will have the most motivating effect on the participant. Also, note that the data includes only those participants who have reached After Core.]

We can all feel good that the study as a whole is above the minimum goal for physical activity. And it's clear that our center [*if at or above 150:* can be proud of our contribution to the study average; *if below 150:* has some catching up to do, which I'm confident will happen].

Again, the bottom line is that we can't stop working. Many lifestyle participants need to

continue to increase their activity until it is *above and beyond* the minimum goal to keep the average high for the rest of the study. [Tailor this message to the participant. For example, an increase may be unrealistic for a participant who is currently at 300 minutes per week. However, another participant who is below 150 may find it encouraging that many, many participants are well above the goal.]

Reflection and Goal Setting

What do you make of this? [Give the participant time to reflect and comment.]

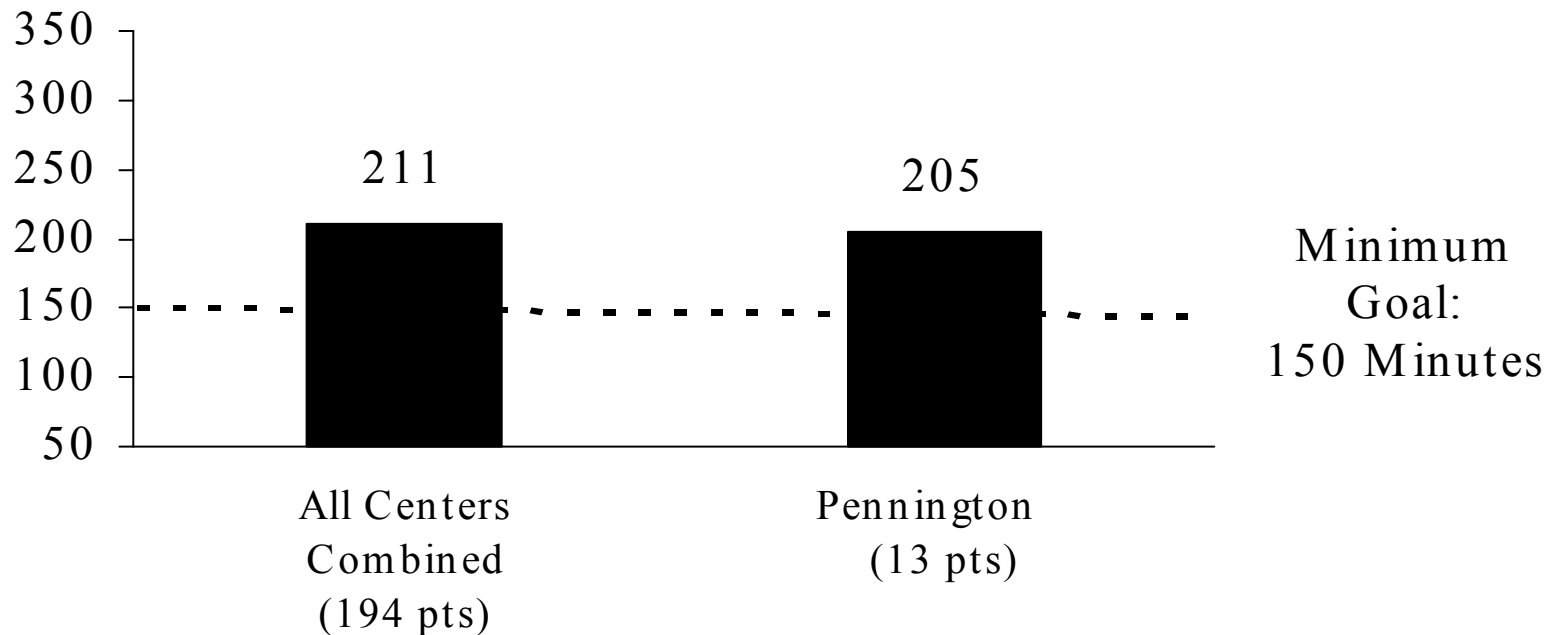
In six months, we'll look at these study-wide graphs again to see if the average weight loss and minutes of activity have improved. **What changes do you think you could make in the next six months that would help improve the averages?** [Move on to setting goals and developing an action plan with the participant.]

Please keep in mind that **every time you lose even *one more pound*, or increase your weekly physical activity by even *10 more minutes*, you are not only helping yourself. You are also contributing to the success of the entire study and helping future generations understand how to prevent diabetes.**

How Is the DPP Doing?

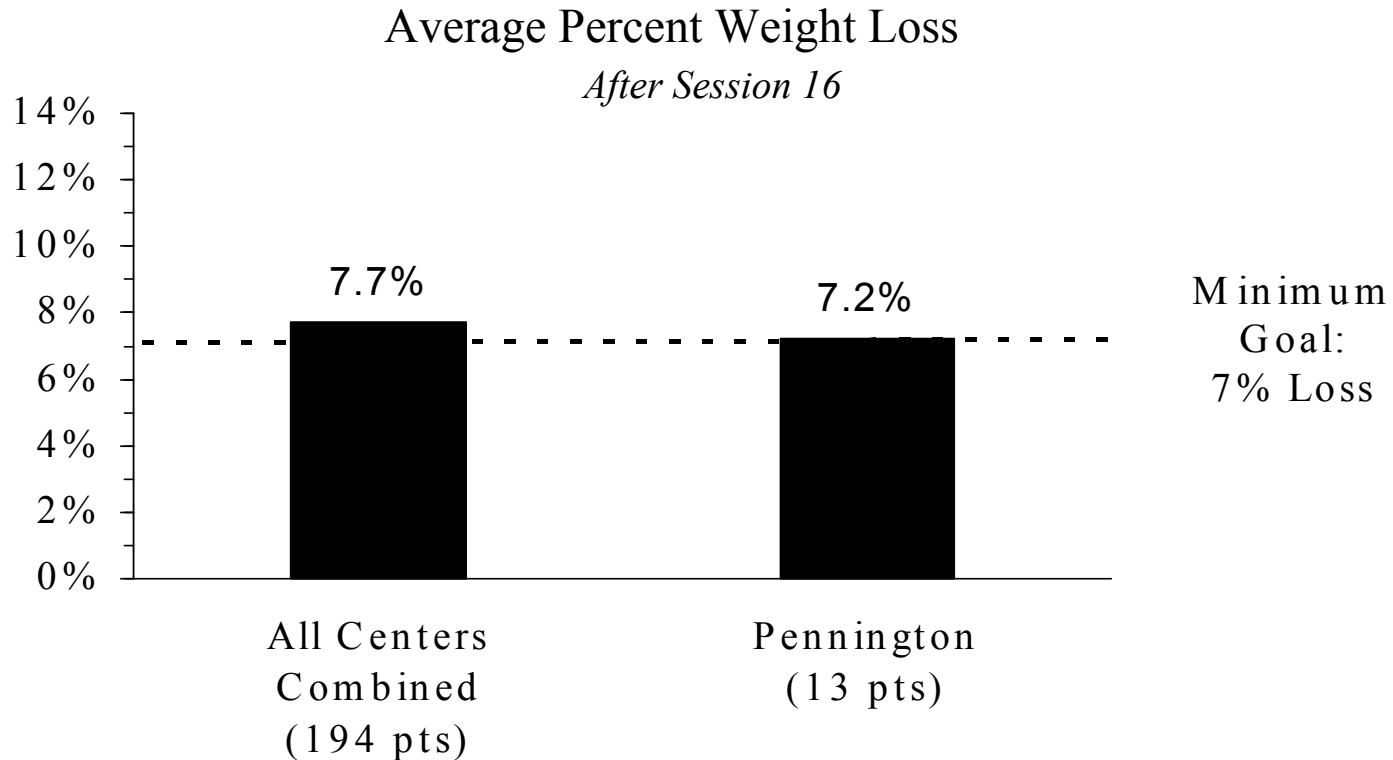
As of December 31, 1997

Average Minutes/Week of Physical Activity
After Session 16



How Is the DPP Doing?

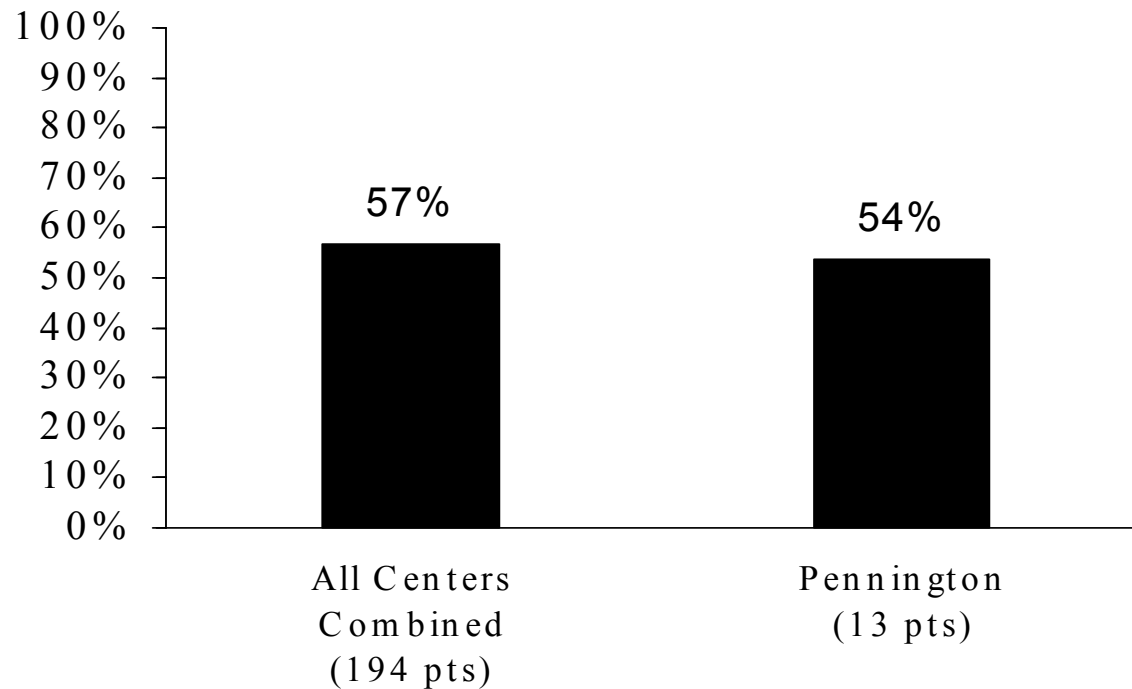
As of December 31, 1997



How Is the DPP Doing?

As of December 31, 1997

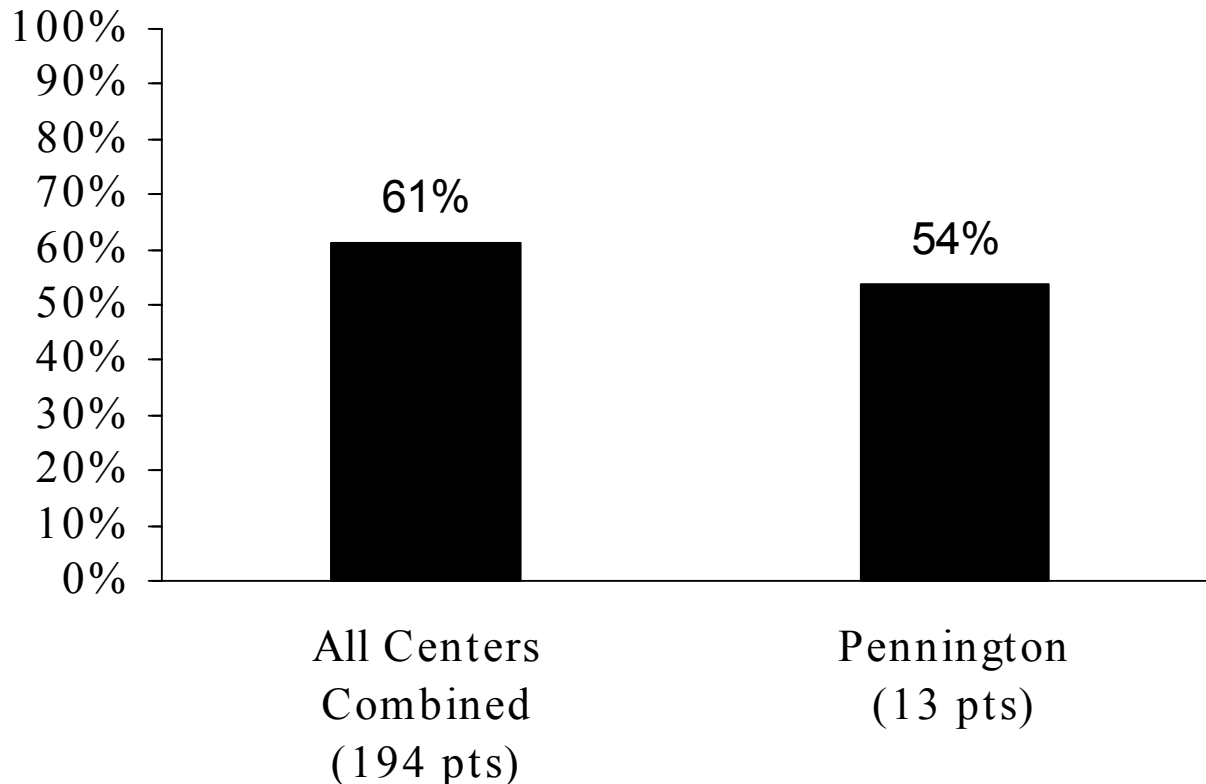
Percent of Participants at Weight Loss Goal
After Session 16



How Is the DPP Doing?

As of December 31, 1997

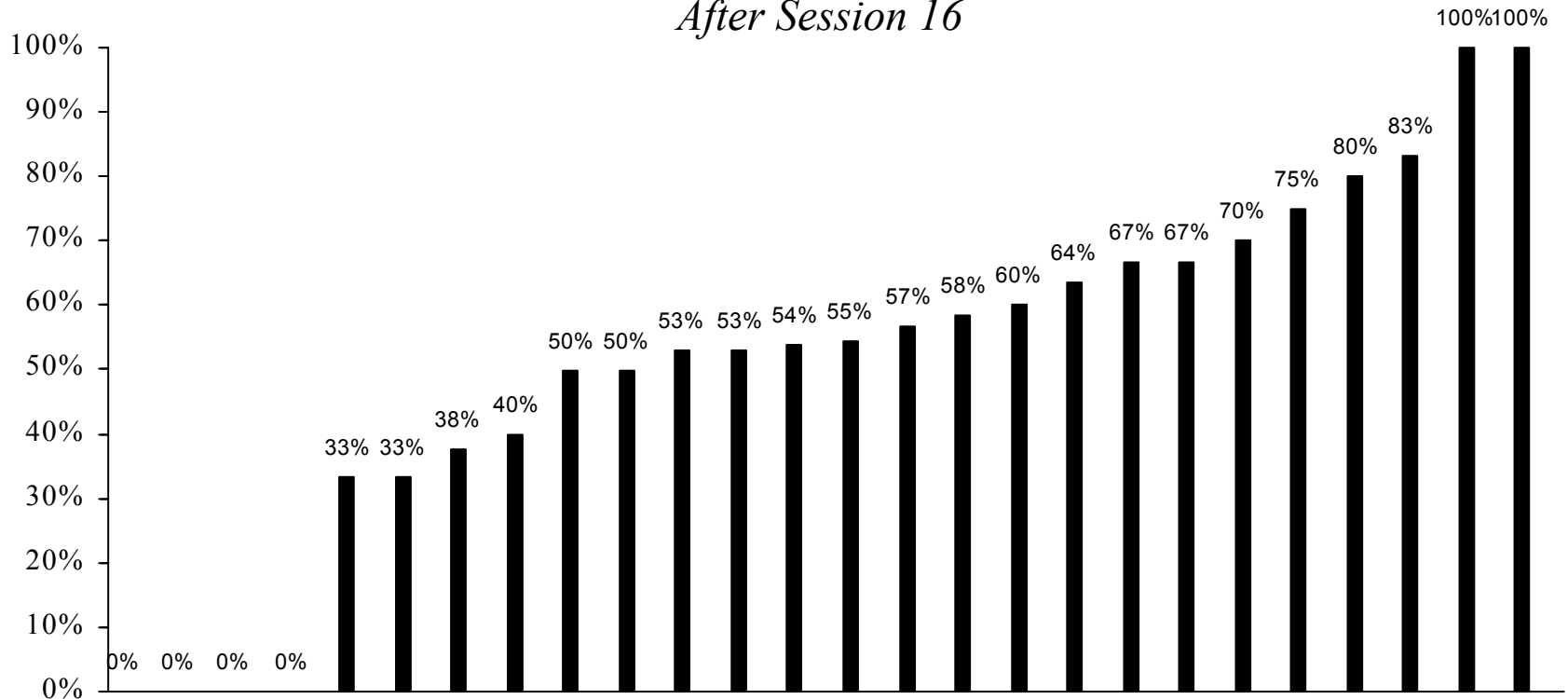
Percent of Participants at Physical Activity Goal
After Session 16



How Is the DPP Doing?

As of December 31, 1997

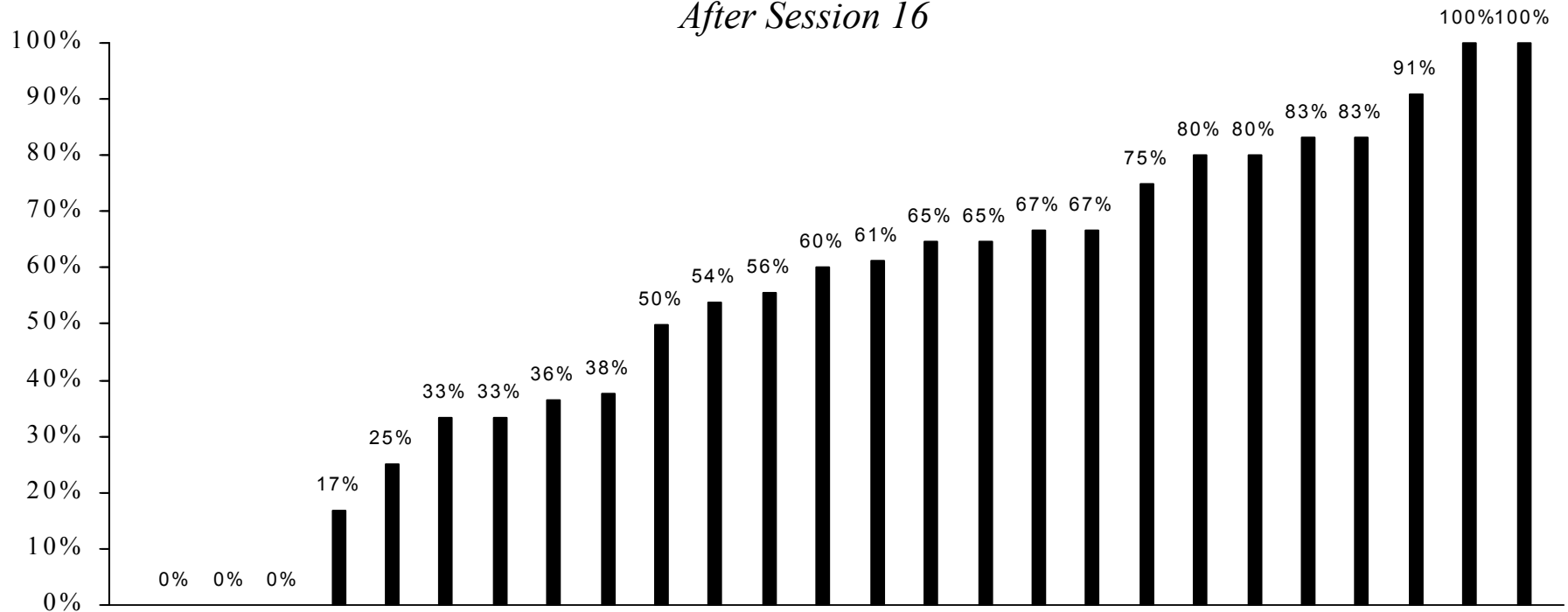
Percent of Participants at Weight Loss Goal
Center by Center
After Session 16



How Is the DPP Doing?

As of December 31, 1997

Percent of Participants at Physical Activity Goal
Center by Center
After Session 16



Exercise Scavenger Hunt from Pennington

Attached is “**It’s a Jungle Out There**,” a packet of materials with a jungle scavenger hunt theme that are designed to motivate participants to increase their physical activity. These materials were developed by “safari guides” Paula Vicknair (exercise consultant) and Barbara Pennington, (Lifestyle Coach) at DPP Pennington, with Lee Melancoln, their Marketing Director.

Here’s how it works: Each lifestyle participant receives a flyer by mail describing the scavenger hunt and is invited to enroll. Throughout the 19-week hunt, participants record their activity minutes in their self-monitoring record and also on a colorful map that shows a jungle trail. The Coach transfers the minutes to a master log and gives participants prizes as they reach certain milestones along the way. (The prizes are an exercise calendar, DPP umbrella--awarded when participants reach “Pennington Falls,” gift certificate for exercise music or video, and gift certificate to a local sporting goods store). Participants can also earn bonus minutes by completing certain requirements (e.g., attending 3 group activity classes earns 40 bonus minutes).

Please call Paula or Barbara at Pennington if you have questions about how to develop a similar scavenger hunt at your center. Thanks, Pennington, for the fun idea.

Don't Let Our Success **SLIP** Away

Don't Let Our Success Slip Away is a national campaign to encourage DPP lifestyle participants to help improve the overall lifestyle data. The intent is to help participants identify with the study as a whole, thereby fostering team spirit, with the hope of reinforcing participants who are doing well and motivating those who are not.

Note: Tailor the campaign to the needs of each participant as outlined in the script below. Feel free to contact the Lifestyle Resource Core if you have questions about the appropriateness of aspects of the campaign for particular participants.

Present the graphs and handouts in your own words, using the following script as a guide.

Introduction and Review of National Progress

“The first DPP participant was randomized in the summer of 1996, which means that the third year of the study will begin this summer. We’ve come a long way! So far the study has done remarkably well, thanks to the many contributions of all of the participants, including yourself.

Today I want to summarize for you the overall progress of the lifestyle arm of the study and also review your own individual progress. Then I am going to ask for your help on the part of the DPP.

First, here are two graphs that show how the study has done with weight loss [use the attached graphs to illustrate the following points].

C *National Average Weight Loss (Pounds)* This graph shows the national average weight loss in pounds from the beginning of the study until March 1999. The study started in the summer of 1996. By the end of December 1997, or 18 months later, there were 201 participants who had finished Session 16 and were in the after-core period. On average, these participants had lost 16.7 pounds since they started the program. That’s great. Three months later, there were a total of 313 participants in the after-core and their average weight loss was 15.6 pounds. It was slipping. Then, from the end of March 1998 to the end of March 1999, the number of after-core participants increased to 685 and the average weight loss dropped to 14.8 pounds. That’s a slip of 2 pounds over the two years pictured here. (Keep in mind that this is an *average* among all the lifestyle participants at all the centers. Each participant’s individual progress differs. Some have not regained any weight, whereas some have regained more than 2 pounds.)

C *National Average Percent Weight Loss* The same trend is seen on this graph showing the average *percent* weight loss. As of December 31, 1997, the average percent weight loss for the 201 participants in the after-core was 8.0%, better than our goal of 7%. Again, that’s

great. We can all feel very good about that. However, here you can see that a year later, as of December 31, 1998, this slipped to 7.4%, and three months after that, by March 31, 1999, the average was only 7.1%. This is still just slightly above our study goal, but it concerns us because the typical pattern in studies like the DPP is that at first there is a weight loss followed by weight *regain*. **The danger is that we will not be able to show whether weight loss prevents diabetes unless we can keep our success at weight loss from “slipping away” like it has been over the last two years.**

What would it take to get our average weight losses back to where they were before they started slipping? Based on the previous graph, it could be done if every participant lost only about two pounds.

Here is a graph that shows how the study has done with physical activity [use the attached graph of physical activity minutes to illustrate the following points].

C *National Average Minutes of Physical Activity* As of December 31, 1997, there were 201 participants in the after-core period. Their average minutes of activity per week were 196. On this graph you can see that we have pretty much sustained this level of activity, despite a drop between September and December of 1998 which might have been related to the weather changes and the holidays. The bottom line here is that **we need to continue to sustain a high level of activity (not let it “slip away”) if we are to show whether being physically active will prevent diabetes.**

To help the study succeed, we're asking you and every lifestyle participant around the country to look at these national data and then review your own progress so far in the study. Then we're asking each of you to decide what you think *you* can do to keep our success from “slipping away.”

Review of Individual Progress and Goal Setting

Let's step back for a minute now and look at your own graphs for weight loss and activity. [Show the participant his or her individual How Am I Doing? or other graphs.] What do you think about your progress? [Give the participant time to reflect and comment.] I'm really pleased that... You've worked really hard on... [Affirm and reinforce any progress, and comment on any efforts, however small, that the participant has made toward the goals, including attending visits.]

Keeping in mind your own progress and the study data, **what changes do you think you could make that would help improve the national averages?**

[Give the participant time to reflect and comment. Move on to setting goals. **As part of the discussion, you may want to introduce the participant to a particular Tool Box approach that you think would be helpful at this time. You may also want to encourage the participant to take part in the National DPP Lifestyle Lottery. (See attached handout for participants. For each participant who takes part in the lottery, complete**

the attached record page and return it to the Lifestyle Resource Core *before August 15 for the national drawing.* Some centers may want to supplement the national lottery with local prizes if desired (for example, some centers have said they would like to give an actual prize, as well as a *chance* at a national prize, to all participants who reach the targets). Keep in mind that the lottery may not be appropriate for all participants. Some participants are not motivated by lotteries or may even object to them. Others may not be able to lose more weight or increase their activity minutes any more than they already have.]

Summary

As you work toward these new goal(s) for yourself, please remember that **every time you lose even *two more pounds*, or increase your weekly physical activity by even *20 more minutes*, you are not only helping yourself. You are also contributing to the success of the entire study and helping future generations understand how to prevent diabetes.**



The DPP needs YOU!

Our national weight losses have been slipping:

- C December 1997: 16.7 pounds
- C December 1998: 15.4 pounds
- C March 1999: 14.8 pounds (That's a 2 pound regain.)

But we're doing well with exercise:

- C December 1997: 196 minutes per week
- C December 1998: 181 minutes per week
- C March 1999: 198 minutes per week

Don't let our success SLIP away!

For the DPP to succeed, we need to **improve our weight losses** and **keep our exercise minutes high**. To help, we're holding a

] National DPP Lifestyle Lottery]

We'll measure the difference between what you weigh in May and what you weigh in July. We'll also compare your average weekly exercise minutes for May and July. You can **earn a lottery ticket** by:

- C Losing 2 pounds or more.
- C Increasing your activity by 20 minutes per week.
- C Being at your exercise goal.
- C Being at your weight goal.

**20 participants from around the country
will each win \$100.**



Prizes!

The DPP needs you to help us show whether lifestyle change can prevent diabetes. Let us know how we can help *you*.

We can make a difference!



The DPP Needs You!

National Lifestyle Lottery Record

Participant ID _____ Name Code _____

Keep this page in the participant's chart until it is completed. Then please
FAX to the Lifestyle Resource Core at (412) 624-0545 before August 15, 1999.

Note: The maximum is one ticket in each category for a total of four tickets.

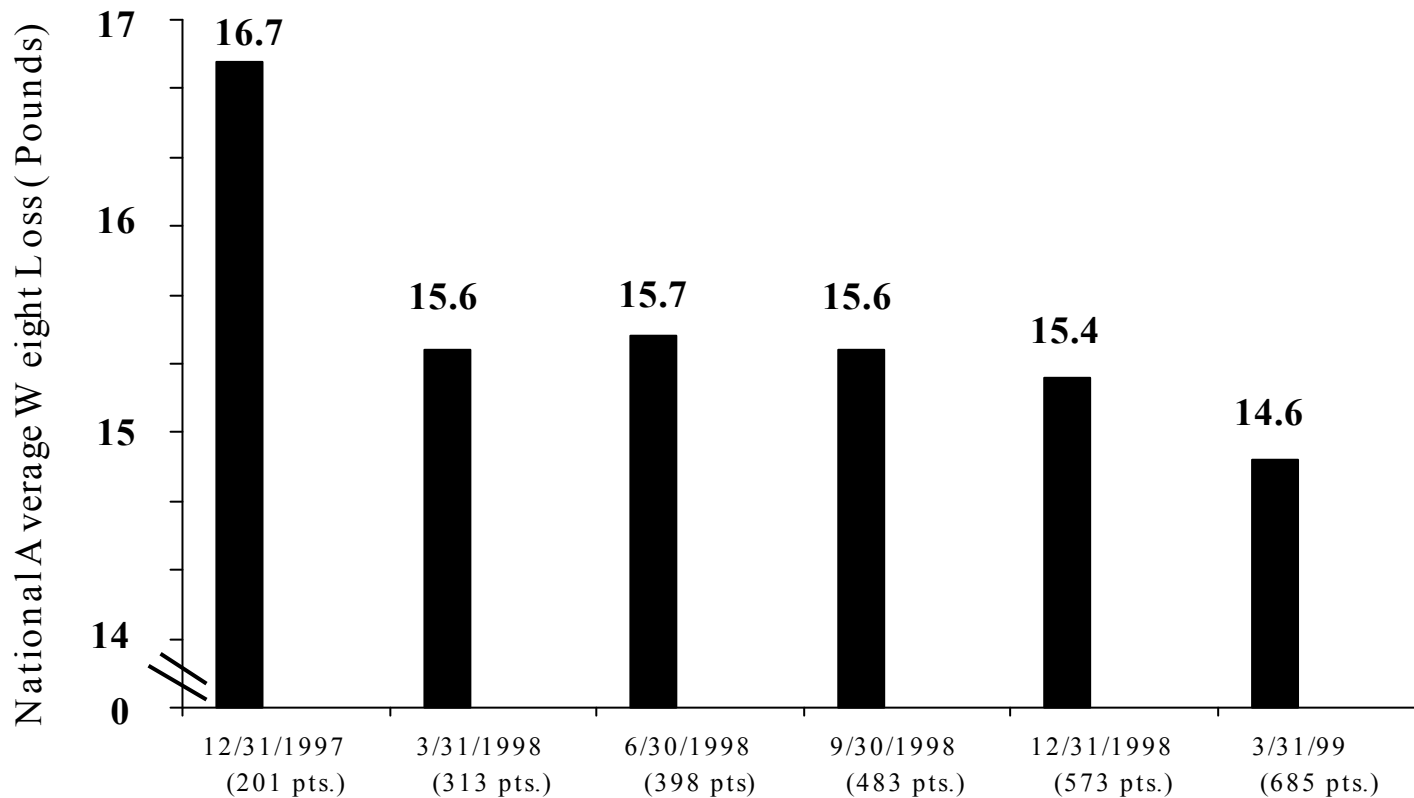
	Yes	No
Lost 2 pounds or more between May and July? Weight in May _____ Weight in July _____		
At weight goal in July?		
Increased activity by 20 minutes or more between May and July? Average weekly activity minutes in May _____ Average weekly activity minutes in July _____		
At exercise goal in July?		

Thank you.

Don't Let Our Success *Slip* Away

National Average Weight Loss (Pounds)

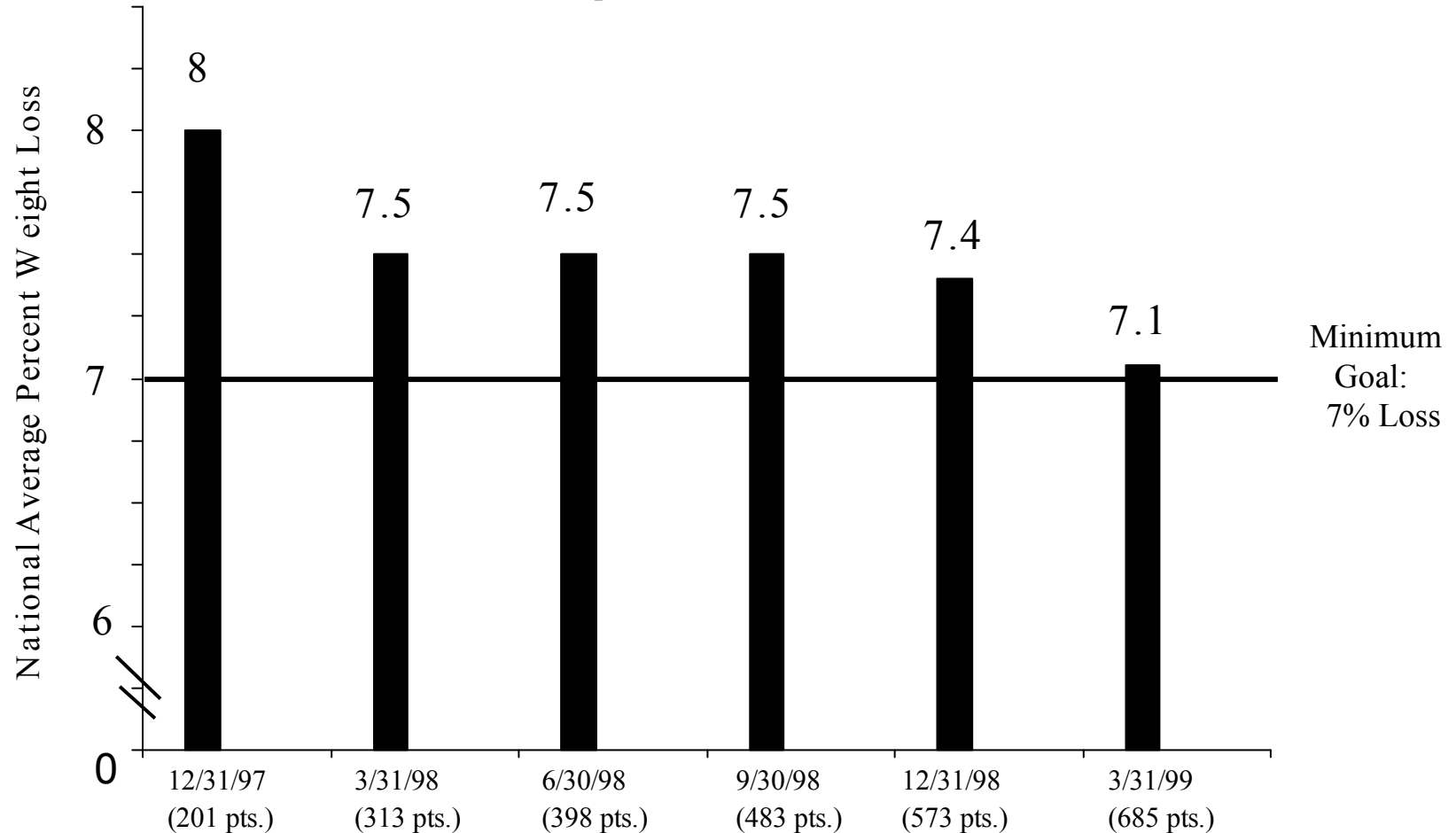
Participants After Session 16



Don't Let Our Success *Slip* Away

National Average Percent Weight Loss

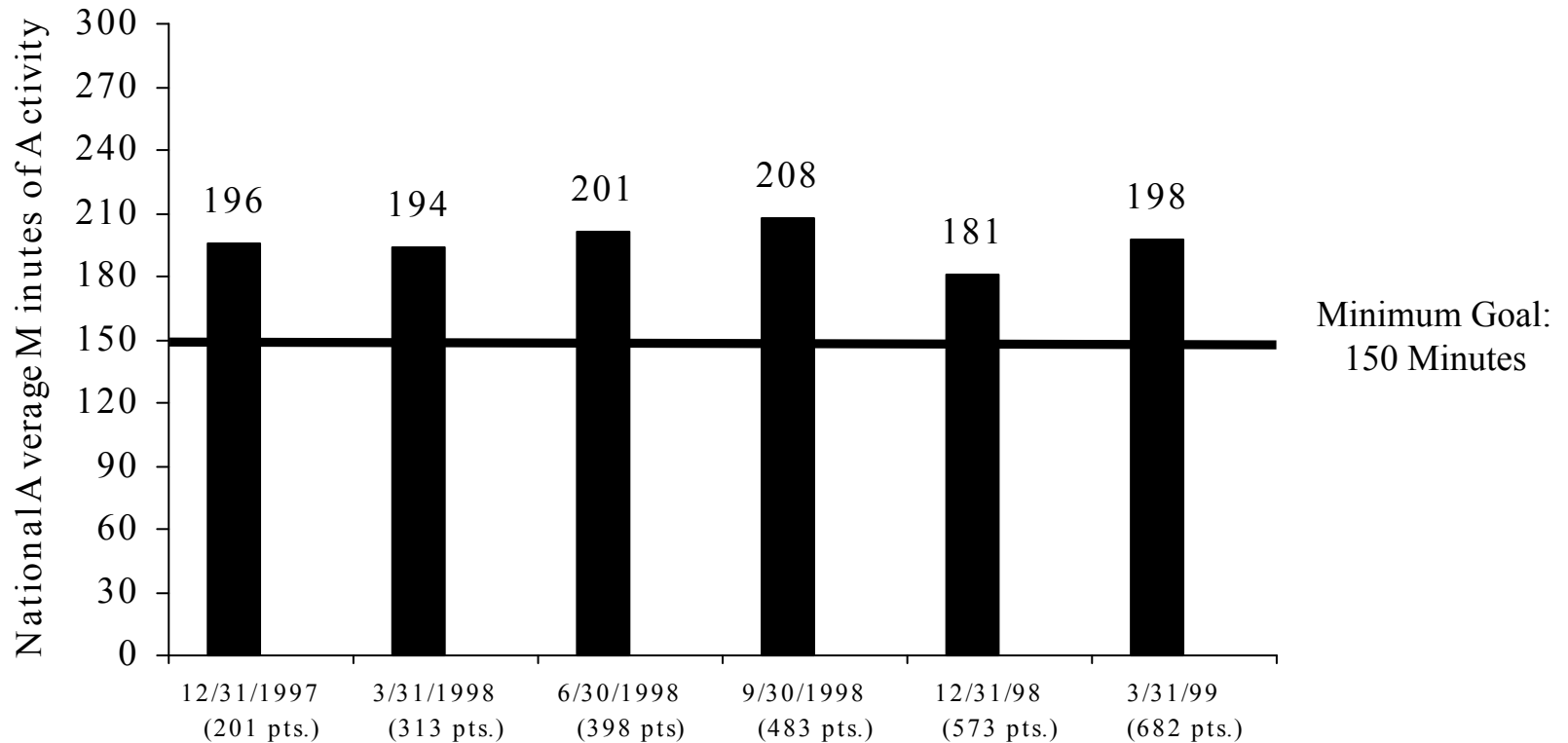
For Participants After Session 16



Don't Let Our Success *Slip* Away

National Average Minutes of Physical Activity

For Participants After Session 16



The DPP National Lottery Was a Success

Attached are a series of graphs for lifestyle participants that present national weight loss and physical activity data before and during the 1999 national lottery campaign, Don't Let Our Success Slip Away. Similar graphs can be created showing changes in your center's local data during the national lottery or any local motivational campaign. The attached graphs were produced using PowerPoint.

The purpose of the handouts is to commend participants for taking part in the national lottery, communicate the success of the campaign, and encourage participants to continue their efforts to reach/maintain their lifestyle goals. **These handouts should not be given to participants who are likely to find them discouraging or frustrating (e.g., participants who regained significantly during the lottery period or were unable to participate in the campaign).** However, don't underestimate participants. Many who are not doing well may find it helpful to reflect on the bigger picture of overall study and clinic progress and feel inspired to work harder toward their goals when they remember that their efforts contribute to the whole. Feel free to contact the Lifestyle Resource Core if you have questions about the appropriateness of these handouts for particular participants.

Present the handouts in your own words, using the following script as a guide.

Introduction, Announcement of Winners, and Review of National and Local Results

“The DPP National Lifestyle Lottery has ended, and the 20 winners have been selected by a random drawing.

- C If the participant is a winner, congratulate her or him and present the check.
- C If the participant is not a winner, express your regrets. Remind the participant that the drawing was random so being a winner or not a winner does not necessarily reflect the individual progress he or she may have made. [Some centers may decide to give a gift, such as a small gift certificate to a grocery store or sporting goods store, to those participants who took part in the national lottery but did not win.]

We're very happy to report that the Lifestyle Lottery was a success. Our weight losses and physical activity have both improved across the country [add that your local results have also improved, if applicable]. **Let's look at the national [and local] data and then review your own progress during the campaign.**

[Note: The data on the national graphs are for participants who have reached *After Core*.]

- C *Average Weight Loss (Pounds)* First of all, the national average weight loss in pounds has improved. Before the lottery, there was a slip in weight loss (from 15.3 pounds in January to

about 14.5 pounds in February, March, and April). We began the lottery in May, and by the end of the lottery, at the beginning of August, we had almost recovered to where we were before the slip, putting us at 15 pounds lost on average. Here in [name your center], our average weight loss was xx pounds in January, then [describe the change in data through August].

C *Average Percent Weight Loss* The national average *percent* weight loss has improved, also. It slipped from 7.3% in January to about 7% for February, March, and April. During the lottery months, it came back up to 7.2 or 7.3%. Here in [name your center], our average weight loss was x.x% in January, then [describe the change in data].

C *Average Minutes of Physical Activity* Physical activity has improved, too. The average minutes slipped from 178 in January to 169 in February, then they improved during the spring and particularly during the lottery months. Of course, the lottery occurred during the late spring and summer months, which are typically better months for exercise in many parts of the country, so the change of seasons was a factor here, also. Here in [name your center], our average minutes of physical activity in January were xxx, then [describe the change in data].

C *Percent at Weight Goal* Another improvement was in the percent of participants at the weight goal. It slipped from 50.9% in January to about 49% in February, March, and April. Then, during the lottery, it improved to more than 52%, even better than before the lottery began. Keep in mind that these are percents, so a seemingly small change translates into quite a number of individual participants who have now reached their weight goal. [If the participant reached weight goal during the lottery, strongly emphasize that he or she is one of those who have made the difference.] Here in [name your center], our percent at weight goal in January was xx.x%, then [describe the change in data].

C *Percent at Physical Activity Goal* Finally, the percent at physical activity goal also improved. It had leveled out at about 59% during January and February, then increased during the early spring and during the lottery months to 69%. Again, these are typically better months for exercise, so the change of seasons was a factor here, also. And as with the previous graph, keep in mind that these are percents, so a seemingly small change translates into quite a number of individual participants who have now reached their activity goal. [If the participant reached the activity goal during the lottery, strongly emphasize that he or she is one of those who have made the difference.] Here in [name your center], our percent at activity goal in January was xx.x%, then [describe the change in data].

We can all feel good that on average, the study as a whole has recovered from the slip we noticed during the winter months. And it's clear that our center... [if at or above 7%: can be proud of our contribution to the study average; if below 7%: has some catching up to do, which I'm confident will happen].

Still, our hard work isn't over yet. About half of the participants around the country have

reached or gone beyond the study goals [include the participant here, if applicable], and now their challenge is to *maintain* their new eating and exercise habits. Another half are not yet at goal [include the participant here, if applicable]. Now is the time for them to renew their commitment to losing weight and being active. And for all of us, a number of challenges lie ahead. First of all, the **holidays are coming**, with many food and social cues that make weight loss and weight maintenance difficult. And in many parts of the country the **weather will be colder and the days shorter**, which can be barriers to exercise. We hope we can retain some of the momentum we've gained during the lottery campaign, and by problem solving and planning, we can meet these challenges without another slip in the data.

Reflection and Goal Setting

What do you make of the lottery results? How do you think they apply to you? [Give the participant time to reflect and comment.]

Let's review your own progress during the months of the campaign. (Commend him or her for any improvements made, whether in attendance, eating, or exercise behaviors. *Be specific and detailed in your praise for the participant's progress during the campaign.* For example, if possible, use graphs of the individual's own data from January through August 1999 during your discussion.)

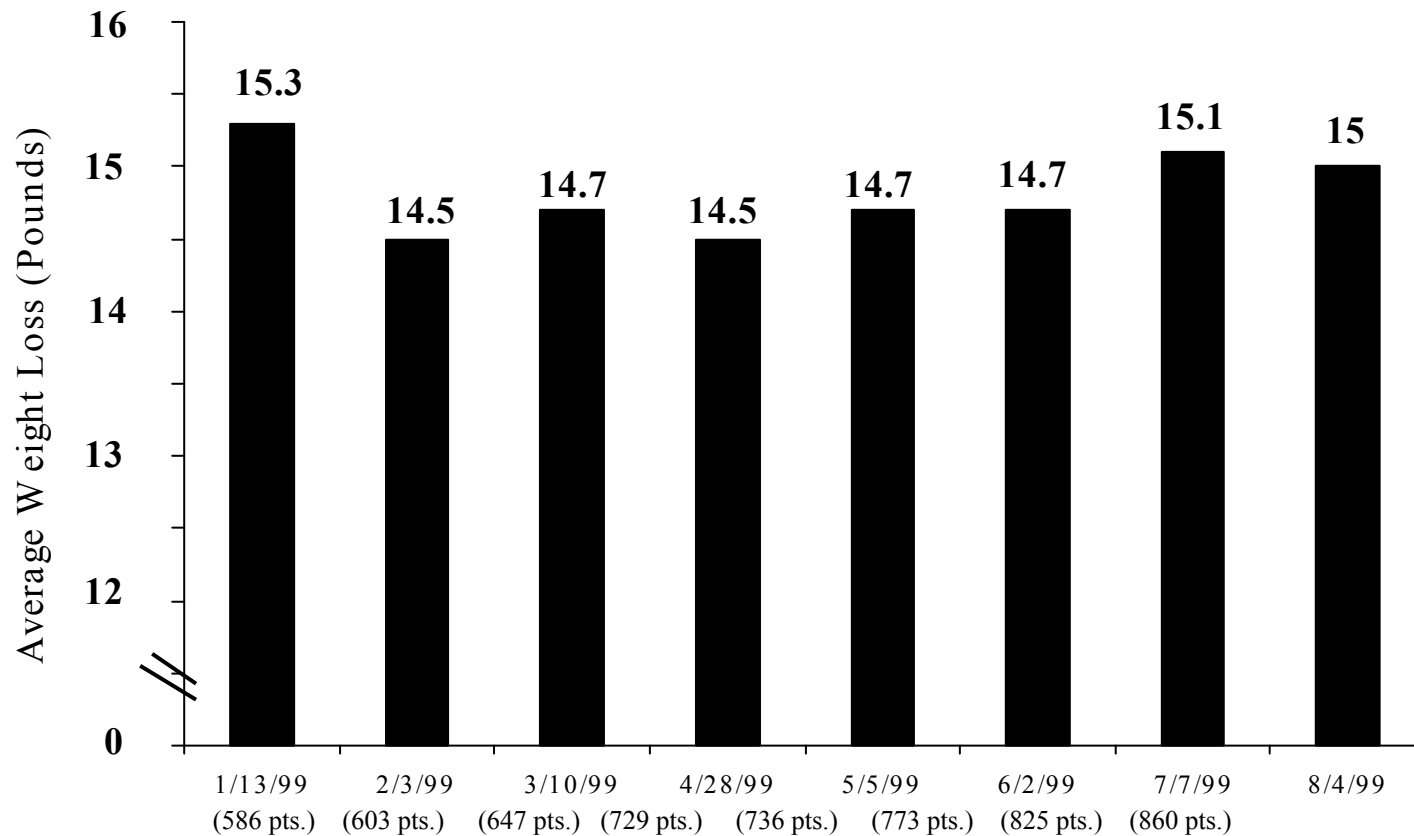
What *changes* do you think you could make [or sustain] in the next six months that would help the study and our center continue the progress we've seen during the spring and summer? What *challenges* do you think you will face during the fall and winter and how can you prepare for them? What *skills* have you learned so far in the DPP that you could practice with renewed focus during the coming months? [Move on to setting goals and developing an action plan with the participant.]

Please keep in mind that **every time you lose even *one more pound*, or increase your weekly physical activity by even *10 more minutes*, you are not only helping yourself. You are also contributing to the success of the entire study and helping future generations understand how to prevent diabetes.**

The DPP National Lifestyle Lottery Was a *Success* Across the Country

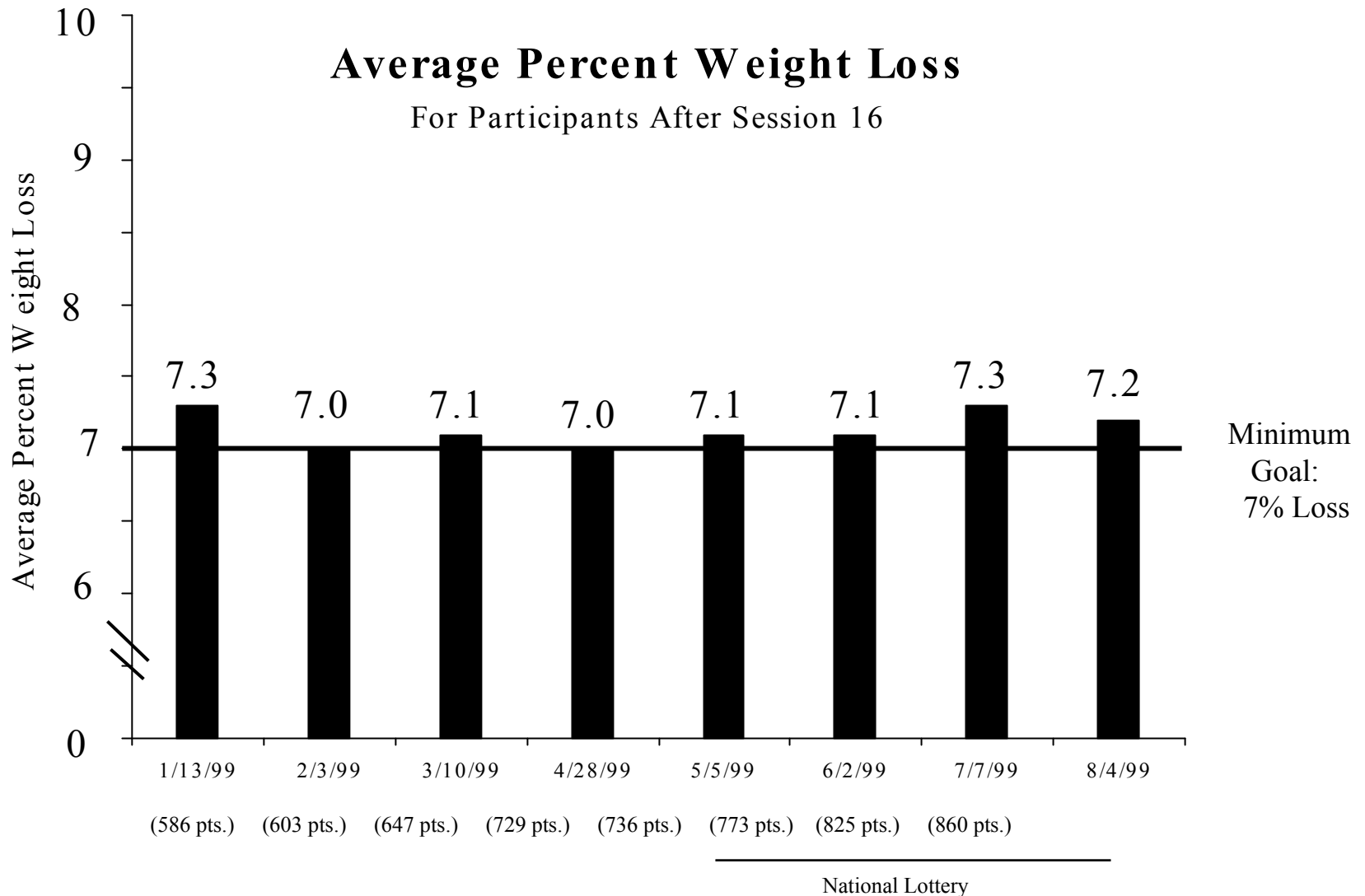
Average Weight Loss (Pounds)

Participants After Session 16



National Lottery

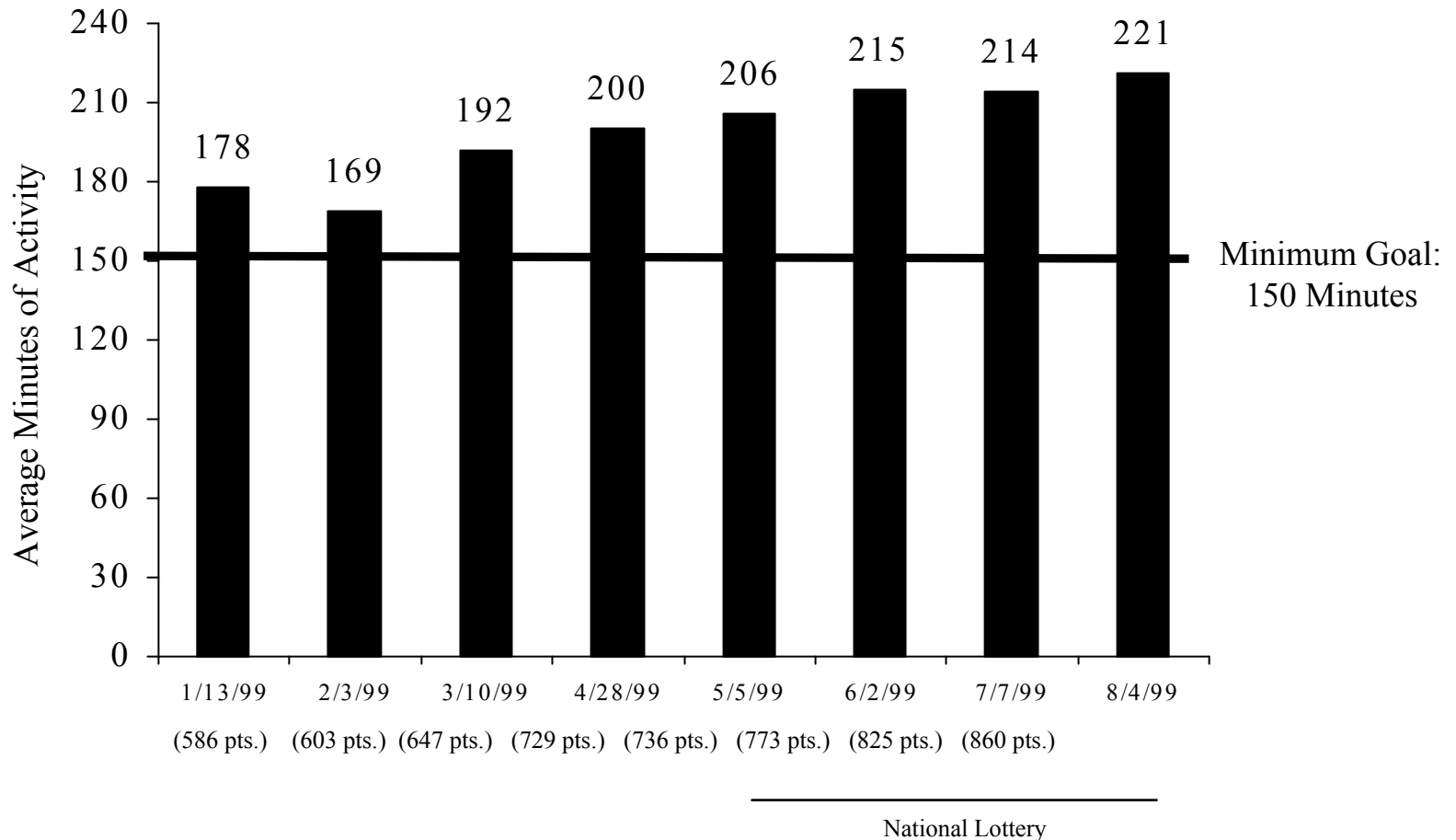
The DPP National Lifestyle Lottery Was a *Success* Across the Country



The DPP National Lifestyle Lottery Was a *Success* Across the Country

Average Minutes of Physical Activity

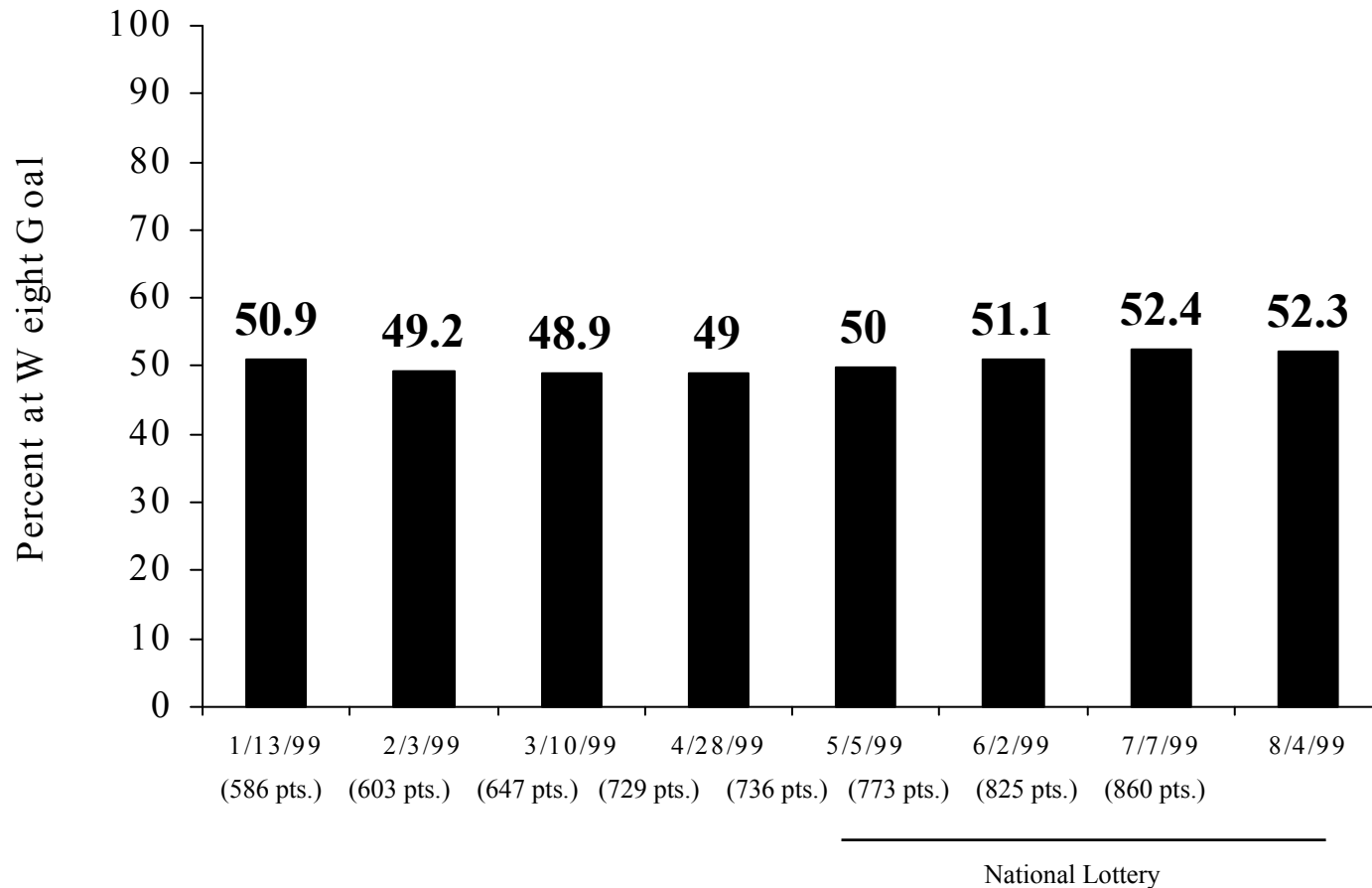
For Participants After Session 16



The DPP National Lifestyle Lottery Was a *Success* Across the Country

Percent at Weight Goal

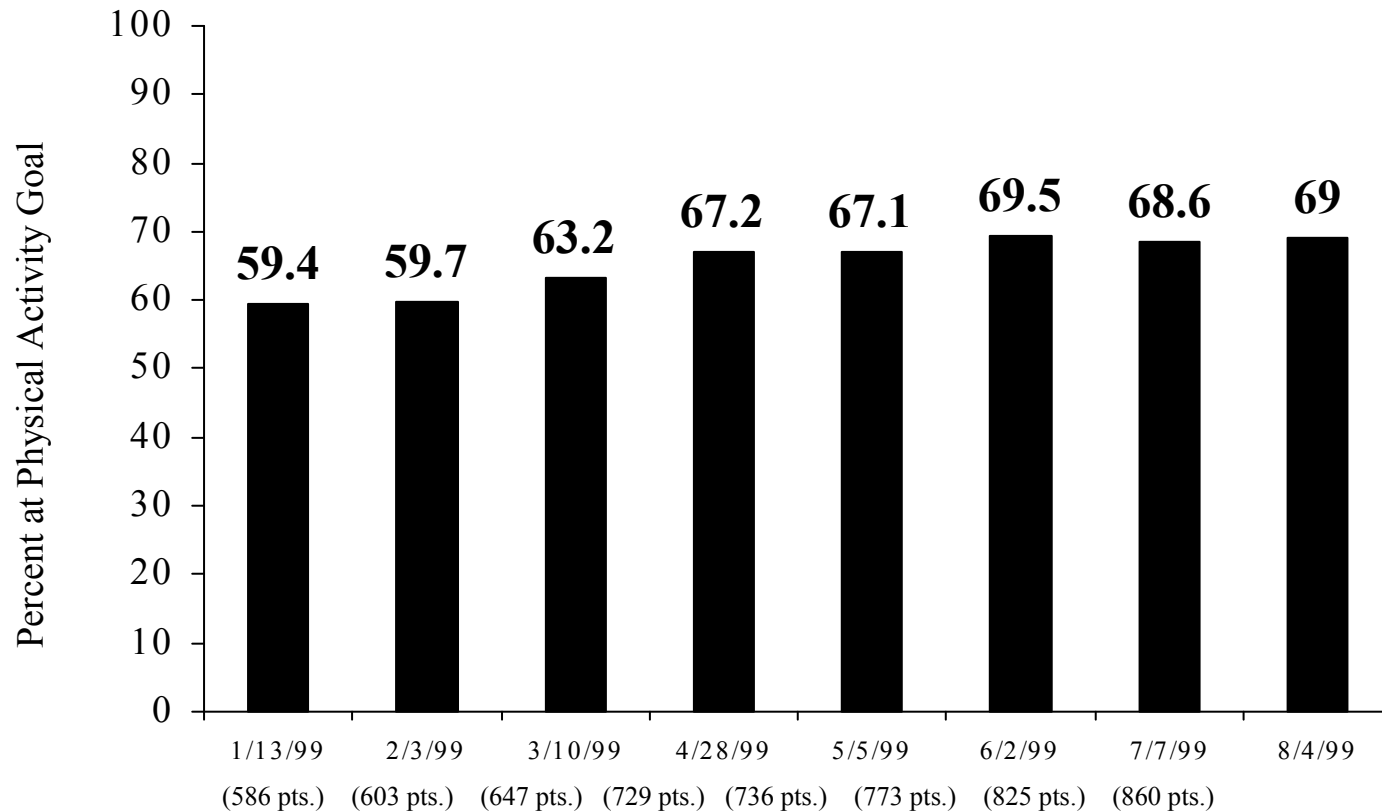
Participants After Session 16



The DPP National Lifestyle Lottery Was a *Success* Across the Country

Percent at Physical Activity Goal

Participants After Session 16



National Lottery

The Gift That Gives

The Gift That Gives is a **national motivational campaign** for DPP lifestyle participants during the **1999 holiday season**. The purpose of the campaign is **to motivate participants to self-monitor very consistently during the eight weeks between November 8 and January 3**.

Consistent self-monitoring during the holiday period has been shown to improve weight loss (see attached articles). The theme of the campaign is that, by improving their health, participants are not only giving a gift to themselves but also to their families and future generations.

The Gift That Gives campaign includes the following features:

- C The Lifestyle Coach will discuss with the participant, either individually or in a group, the benefits of self-monitoring. The Coach will also present studies that have shown the importance of consistent self-monitoring during the holiday period. See the attached articles and participant handout, **Self-Monitoring Works**. (Note: The handout is written at a high reading level due to the necessary vocabulary. Be sure to review it thoroughly for participants who may have a lower literacy level.) Coaches may want to make a copy of the articles for *selected* participants who are familiar with scientific writing and motivated by research. The articles are probably not useful for most participants.
- C Participants will be asked to make a **detailed written commitment to self-monitoring** at the start of the campaign. The participant and the Lifestyle Coach will negotiate the details of the commitment and then sign an agreement. At minimum, the participant is to self-monitor foods, amounts, and activity minutes; in addition, self-monitoring fat grams, calories, or other (e.g., thoughts and feelings) may be agreed upon. (See attached worksheet, **Self-Monitoring Contract**.) Less complete self-monitoring formats (e.g., Quick Tracks) will *not* be used for this campaign.
- C **Keeping Track booklets** will be distributed for every week during the campaign. A label will be placed on the front of the booklets with the words “The Gift That Gives” followed by a secular **inspirational quote** (different each week) related in general to the significance of giving.
- C **Gifts** will be given to reinforce the return of self-monitoring records and emphasize the theme of holiday gift giving. Exactly how this is handled is up to each center. Do whatever works for your center, your budget, and the guidelines set by your IRB. As an example, the options below are what is planned for the Pittsburgh DPP. At your center, however, you may want to only give a gift to charity or give a gift when four rather than two dairies are returned.
- C **In Pittsburgh, participants will receive a gift worth \$5-\$10 in return for each *two* completed Keeping Track booklets** (e.g., a gift certificate to a department store, sporting goods store, or grocery store; a long-distance phone card; or a free or reduced-price movie ticket). Each participant will be eligible for a total of four gifts. [We recommend that you select items that would be useful to participants during the holidays rather than the standard DPP incentive items (DPP mugs, hats, etc.). For example, participants could use a department store gift certificate to purchase a holiday gift for a

friend or family member or a long-distance phone card to call a family member or friend. Or if a participant completed all eight Keeping Track booklets, she might receive four movie passes and could take her family out to a holiday movie. You may be able to find local movie theatres or other businesses that are willing to donate some of the items. If there are variations in the worth of the items, give the more valuable gifts later in the campaign (e.g., for the fifth and sixth booklets returned) to reward a longer, more consistent period of self-monitoring.]

- C **In Pittsburgh, we will also donate a nonperishable food item to a local food bank** for each two completed Keeping Track booklets returned. (**Note: DPP funds cannot be used to purchase food to be donated to a charity. In Pittsburgh, the staff will donate these items.**) The food will be displayed in a large basket in the clinic so that participants can see the items accumulate over time.
- C Your center may want to offer a **related support group/after-core class** during the campaign. For example, in Pittsburgh, a behavioral class will be offered to participants who have regained weight. One focus of the class will be to increase consistency of self-monitoring during the holidays by participation in the Gift That Gives campaign. Also, one of the sessions will include a discussion of healthy holiday gift ideas. (See the attached announcement for the Pittsburgh after-core class.)
- C Participants will receive **mailings once a week during weeks 1-4** to remind them to self-monitor. The mailings will include postcards decorated by participants for other participants. These might be decorated during a group class or individually (for example, while in the clinic waiting room, a participant might be asked to decorate a postcard, using markers or colored pencils, that will then be mailed to another participant, chosen at random, as a prompt for self-monitoring).
- C Participants will also receive **phone calls once a week during weeks 5-8** with a reminder and encouragement for self-monitoring. We recommend that the Coaches work with the center's retention coordinator to set up a mechanism for these calls that will minimize the burden on Coaches (for example, a student might be hired to make the calls). We suggest that the caller make two attempts to reach the participant and then leave a message if that fails. The Coaches should alert participants ahead of time that the caller will not necessarily be the participant's Lifestyle Coach. Here is a possible script for the calls:
 "Hi. This is ----. I'm calling on behalf of the Diabetes Prevention Program campaign called the Gift That Gives. I want to encourage you to self-monitor and bring in your completed Keeping Track booklets to your next appointment. You'll receive a gift for every two completed booklets that you return. Also, --- (name the charity, e.g., the Pittsburgh Food Bank) will receive --- (name the gift, e.g., a food donation)."

Note: In Pittsburgh a similar campaign will be held for medication arm participants to reinforce attendance within their window.

Self-Monitoring Works

Self-monitoring is the most helpful thing you can do to lose weight and keep it off. Let's look at some of the research.



In one study, 8 of 16 weight control groups were randomly assigned to self-monitoring. At the end of 15 weeks, the self-monitoring group lost 64% more weight than the other group.

Two recent studies have also shown that **self-monitoring is critical during the high-risk holiday season.** Here are some details:

1. One study involved 38 participants who had been in a weight loss program for about one year. Self-monitoring was part of their program from the beginning. In this study, they were asked to self-monitor more consistently for 10 weeks. They started 2 weeks before Thanksgiving and ended two weeks after New Year's Day.

Results: Participants gained 500% more weight per week during the holiday compared to the nonholiday weeks. **Only the participants who self-monitored very consistently lost any weight during the 10 weeks and during the holiday weeks. Their average weight loss was 10 pounds more than in the participants who self-monitored less.**

2. Another study involved 57 participants who had been in a weight loss program for an average of 17 months. Self-monitoring was part of their program from the beginning. In this study, half of the participants were asked to self-monitor more consistently for 8 weeks. They started after Thanksgiving and ended 3 weeks after New Year's Day. The self-monitoring group received daily mailings and weekly phone calls during the holiday weeks to remind them to self-monitor.

Results: **The self-monitoring group lost an average of 2 pounds. The other group gained an average of 2 pounds. A decrease in weight was significantly associated with an increase in self-monitoring.**

Remember, self-monitoring *works*.

The Gift That Gives Self-Monitoring Contract

For at least five days each week

between Monday, November 8, 1999 and Monday, January 3, 2000,

I will self-monitor foods, amounts, and activity minutes.

I will also self-monitor:

9 Fat grams

9 Calories

9 Other _____

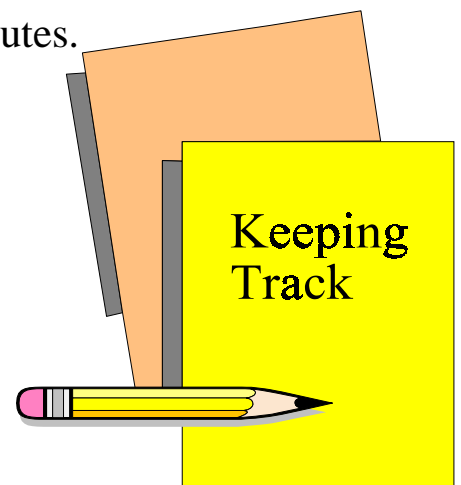
Whenever I return *two* self-monitoring booklets,

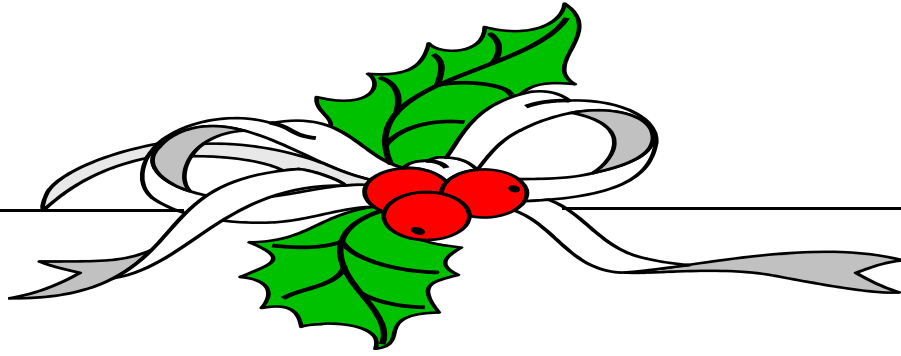
C I will receive:

C A local charity will receive:

Once a week I will receive a mailing or brief phone call to remind me to self-monitor. The person calling may not be my Lifestyle Coach.

Signed _____





The Gift That Gives

Pittsburgh DPP

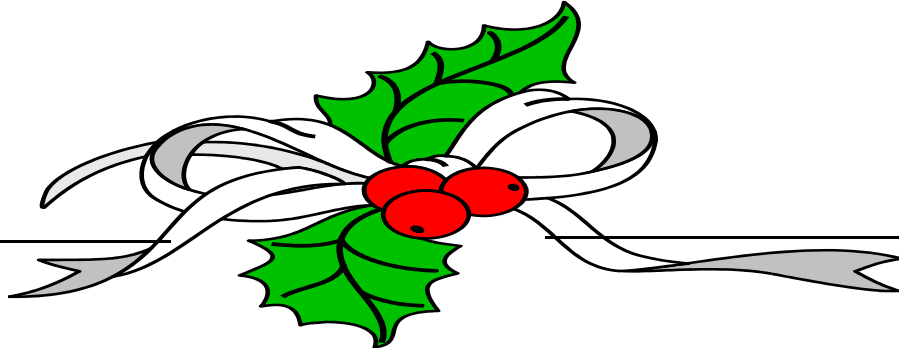
“Renew thyself completely each day; do it again, and again, and forever again.” Chinese Inscription

As part of a nationwide DPP effort to help participants through the “high-risk” winter holiday season, we are offering a six-session series of behavioral support groups. It is called “The Gift That Gives” because we believe that a healthy and balanced lifestyle is “the greatest gift” you can give to yourself, your family, and future generations.

Our groups will start with a focus on staying honest and aware through the winter holidays by carefully keeping track of eating and exercise. Diaries will be collected at the start of each meeting, and weigh-ins will also be encouraged. The seven-to-ten-pound holiday slide is not inevitable, and we are putting in place an incentive plan to help all participants stay on track from November 9 through January 3, 2000.

While the main reason for the weekly groups is to support consistent self-monitoring, we also plan to discuss ways to balance the commitments we are making to ourselves and others, AND have some good, creative, fun! Think of this as “behavioral weight control meets Martha Stewart”.

See the next page for meeting dates, activities. **All sessions will meet from 5:30-7:00 in Suite 600 Iroquois.**



The Gift That Gives

Pittsburgh DPP

Date

Topic/Activity

Tuesday, 11/9 How Do You Keep Track?

Introduction to the “The Gift That Gives” campaign.

Tuesday, 11/16 Gifts From the Heart (I)

You will each make four small gifts that can be given to co-workers, neighbors, kids’ teachers, etc. Please bring with you a one-pound bag of dried beans. Yes, we really mean it. Beans.

Tuesday, 11/30 Holiday Card Making

We will be using textured papers to do “cut-outs” and create our own artful and personal holiday greeting cards designed by Bonnie Gillis. All supplies will be provided.

Tuesday, 12/7 Hula For Health

The December skies of Pittsburgh may be grey and dreary, but a hula workout can energize the mind, body, and soul. Those with two left feet are most welcome!

Tuesday, 12/14 Gifts From the Heart (II)

Linda Semler, MS, RD will demonstrate some inspired decorating ideas for the holiday table. Watch out Martha!

Tuesday, 1/4 Wherever You Go, There You Are

Each individual will reflect on how things went over the holidays and set personal lifestyle goals for the New Year. The session will end with 30 minutes of strength training exercises.

RSVP for The Gift That Gives

Please complete this page and return it to us in the enclosed, self-addressed stamped envelope. Thank you!



Your Name _____

9 Yes, I will come to The Gift That Gives.

We would love to see you at each session but we understand that some of you may not be able to come to every session. Please check the ones you will attend:

9 Tuesday, November 9, "How Do You Keep Track?"

9 No, I will not be able to attend this session.

9 Tuesday, November 16, "Gifts From the Heart (I)"

9 No, I will not be able to attend this session.

9 Tuesday, November 30, "Holiday Card Making"

9 No, I will not be able to attend this session.

9 Tuesday, December 7, "Hula for Health"

9 No, I will not be able to attend this session.

9 Tuesday, December 14 "Gifts From the Heart (II)"

9 No, I will not be able to attend this session.

9 Tuesday, January 4, 2000, "Wherever You Go, There You Are"

9 No, I will not be able to attend this session.

Gift That Gives Record



Participant Name _____

Remember, five days of each Keeping Track booklet must be completed, with foods, amounts, and activity minutes recorded at minimum.

Week of Monday	Number of Keeping Tracks Received	Gift Given (specify)	Food Put in Basket (Y/N)
Nov. 8			
Nov. 15			
Nov. 22			
Nov. 29			
Dec. 6			
Dec. 13			
Dec. 20			
Dec. 27			

10,000 Steps

10,000 Steps! is a **motivational campaign** for DPP lifestyle participants. It is designed to be held during a **four to six-week** period in the **fall of the year 2000**. The purpose of the campaign is to improve the DPP lifestyle data by:

- C Reviewing the data with participants and challenging them to help improve it,
- C Encouraging participants to boost their physical activity by wearing a pedometer and trying to achieve a goal of at least 10,000 steps per day, and
- C Asking participants to pledge to lose a certain amount of weight during the campaign.

The 10,000 Steps! campaign includes the following components:

- C **A review of the lifestyle data and a challenge to improve it.** The campaign will begin by summarizing for participants the change in the lifestyle data over time. This may be done in a variety of formats, with both words and graphs, in the context of a group event, in a newsletter or letter, and/or with individual participants. The emphasis will be on our serious concerns, both nationally and locally, related to the slipping weight loss data.
- C **An individualized participant contract** (see attached) to reach 10,000 steps per day, at least 150 minutes of physical activity per week, and a specified amount of weight loss during the campaign. (Note: *For participants who swim or bike regularly, they may count 30 minutes of continuous swimming or biking as 3,000 steps toward their goal.*)
- C **A local DPP Lifestyle Walk.** Some centers may want to combine this with the American Diabetes Association walk in their area. It will be up to each center to decide when to begin the campaign and when to hold the walk within the campaign.
- C **A group event to close the campaign at which the participants are weighed and congratulated for their efforts.**

Matthews Media has developed a logo for the campaign using the slogan **“10,000 Steps Closer to Preventing Diabetes”** and a **colorful graphic**. The logo is printed on white **t-shirts** to be worn during the walk and on **blank postcards** to announce the walk to participants (centers will attach labels to the postcards with the local event specifics).

Note: Some of you asked that the t-shirts include an estimate of the number of miles in 10,000 steps so that participants could imagine the distance. However, we decided not to put mileage on the t-shirts because stride lengths vary greatly and the number of steps clocked on the pedometer will include lifestyle activity as well as activity counted toward the DPP goal. If a participant seems overwhelmed by the number 10,000, you may want to explain that inactive people typically take 2,000-4,000 steps per day. Adding lifestyle activity plus 150 minutes or more of physical activity per week will typically more than double that number of steps. Keep in mind that the idea behind using the pedometers is to give participants something other than mileage and minutes as feedback for being more active. For example, glancing down at the pedometer and checking their

progress can give participants the motivation needed to go out for an extra walk after dinner when short of the 10,000 steps goal.

The logo is also printed on **refrigerator magnets** and **5" x 7" postcards printed with a self-monitoring record for physical activity minutes, steps, and weight.** (Note: The pedometers will not replace the standard self-monitoring of activity in minutes, which is required by the protocol and should continue.) To prompt self-monitoring, participants will be encouraged to display the postcards on their refrigerators using the magnets or carry the cards in a pocket or purse. When completed, the postcards will be sealed with tape or stapled and mailed to the Lifestyle Coaches. (Centers should place address labels and stamps on the postcards before giving them to participants.)

Each postcard that shows at least 50,000 steps per week will be entered into a local drawing at the end of the campaign. Three winning participants per center will be selected and awarded prizes. The nature of the prizes will be up to each center.

Centers are encouraged to **tailor the campaign to local needs while retaining the key components.** (If your center has already held a similar campaign recently, please call the Lifestyle Resource Core to discuss alternatives.) It is recommended that the campaign be **used as one of the three required after-core classes per year.** To do so, centers will need to include **a minimum of four group meetings** (such as a group event to open and close the session as well as two group walks during the campaign), with participants being weighed at all of the meetings. A sample log for recording participant attendance, weight, etc., is attached. A code for using the campaign as an after-core class is included in the Code Book.

As an example, in Pittsburgh we plan to send all lifestyle participants a one-page announcement (sample attached) outlining all four campaign events with an RSVP form and self-addressed, stamped envelope. We plan to do this well in advance so that everyone can mark their calendars. We will also send a separate invitation to the kickoff event (the Study Update) closer to the date for which it is scheduled.

At the kickoff, our Principal Investigator will review the lifestyle data, describe the campaign, and distribute the following items to each participant:

- C The same one-page announcement we sent to participants earlier, as a reminder of the upcoming events
- C A DPP participant survey (see the second newsletter from Massachusetts General, attached, for a sample)
- C The 10,000 Steps Contract
- C One printed 10,000 Steps t-shirt
- C One pedometer
- C 8 weekly self-monitoring postcards, with return address labels and stamps attached
- C 2 refrigerator magnets

The Principal Investigator will strongly encourage the participants to take part in the campaign. Those who decide to do so will be asked to stay after the presentation to be weighed by the Coaches at one of several private areas. When the participants are weighed, they will be given a copy of the first newsletter (attached) which will summarize the presentation and their own individual lifestyle data. They will also be asked to complete the survey and the contract in writing, setting an individualized goal for weight and physical activity and signing it along with the Coach.

After the event, we will send the first newsletter to any lifestyle participants who did not attend the evening presentation. In addition, we will describe the campaign during individual participant visits and distribute the campaign items to those who did not attend the presentation.

We plan to hold the 10,000 Steps and ADA walks about mid-way through the campaign and will send reminder postcards beforehand (we will put labels with the time, place, etc. on the blank 10,000 Steps postcards).

At the end of the campaign, we will send out invitations to another evening event. As participants arrive, they will be weighed in private areas, and their average weight loss and change in physical activity minutes will be calculated as the presentation is being delivered. The Co-Investigator will discuss the importance of the campaign, present the local results, congratulate those who did well, hold the drawing of self-monitoring postcards and award prizes, and encourage those who are still struggling. A follow-up newsletter summarizing the presentation and the final results of the campaign will be sent to all lifestyle participants.

A draft copy of the materials we plan to use for the Pittsburgh 10,000 Steps campaign are attached and also enclosed on diskette in both Word Perfect 6.1 and Microsoft Word 2000.

The filenames are as follows:

- C First newsletter: 10000stp.wpd (in Word Perfect) and 10000stp.doc (in Word)
- C Second newsletter: 10000st2.wpd (in Word Perfect) and 10000st2.doc (in Word)
- C Contract and other materials (session log, schedule of events, RSVP form, and invitations): contract.wpd (in Word Perfect) and contract.doc (in Word)

Feel free to adapt these materials to your own center.

Note: The Pittsburgh newsletters were developed based on those created by Massachusetts General for a similar campaign in the spring of 2000 (the Massachusetts General newsletters were based on one developed at the New Mexico DPP, which was sent with the May 2000 Lifestyle Balance News and is included in the Tool Box section of the Lifestyle Manual of Operations, Ideas to Enrich the Lifestyle Intervention). A copy of the two **newsletters from Massachusetts General are attached** (they were designed

using PageMaker by Barbara Steiner). Feel free to incorporate components of the Massachusetts General campaign into 10,000 Steps if you wish.

To **adapt the Pittsburgh newsletters for your own center**, you will need to open the files in either Word Perfect or Word, change the name of the center, the data, and the details of the events and challenges you plan to include in the campaign. Be careful to make these changes throughout the newsletters. Feel free to incorporate whatever local lifestyle data you think will best motivate your participants. For example, you may want to select different dates than we have or use data from the participant progress reports rather than the monthly data from the Coordinating Center. Keep in mind that you will need to keep your data entry up to date if you want the data to reflect the recent efforts of your participants.

Please call us if you have difficulty revising the text or graphs on the newsletters (note: the graphs are in Microsoft Excel and you can access the spreadsheets for revision by double clicking on the graphs).

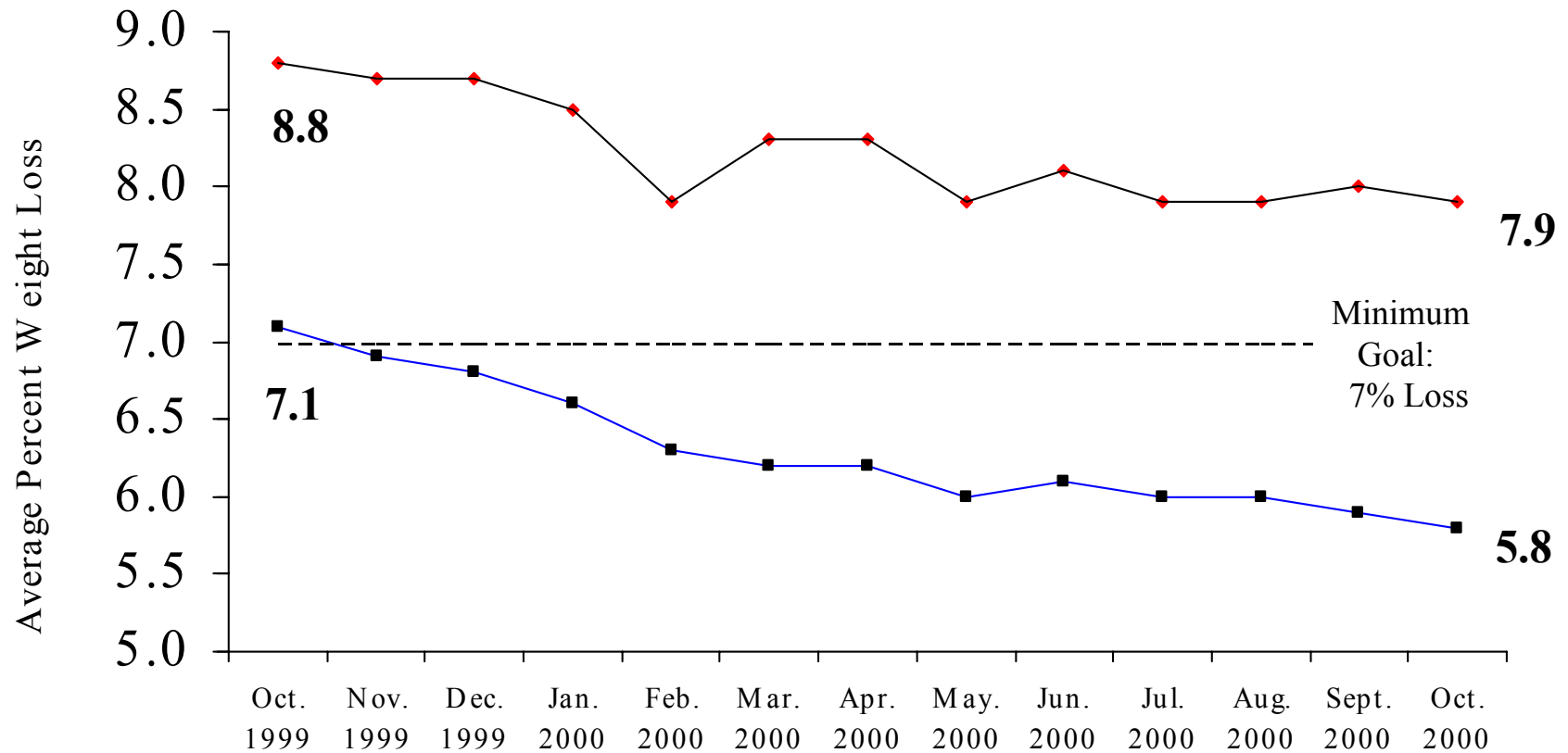
Note: The Lifestyle Resource Core **encouraged the Principal Investigators to take part in the 10,000 Steps campaign by speaking at the opening and closing events, wearing a pedometer, and reporting their steps.** The Lifestyle Resource Core will hold a drawing of to select a winner among the Principal Investigators who report at least 50,000 steps per week. **The attached overheads were developed as an optional tool for the opening and closing events** and were distributed by e-mail to the centers with the following comments:

- C Feel free to revise or delete any of the overheads and include only the data that emphasize your message.
- C Pittsburgh data is used as an example. (The graphs are in Microsoft Excel. Double click on them to pull up the spreadsheet, enter data for your center and add July and August.)
- C The only overhead not included on the diskette is the one showing F01 and F02 data, which has been copied from the most recent LAG report.
- C You may want to use the overhead "We need your help to improve the lifestyle data" as the place in your presentation to suggest what would make a difference for your center. For example, you may want to suggest that every participant try to lose a minimum of two pounds or that your center try to reach an average weight loss of a certain number of pounds and translate that into what it would mean for individual participants (some would need to lose more weight than the average, whereas others may not be able to lose more than they already have).
- C When you report the total number of steps walked during the campaign, you may want to translate it into miles (use a rough figure of 4-5 miles per 10,000 steps)--for example, that your center walked from Seattle to San Francisco, or whatever.

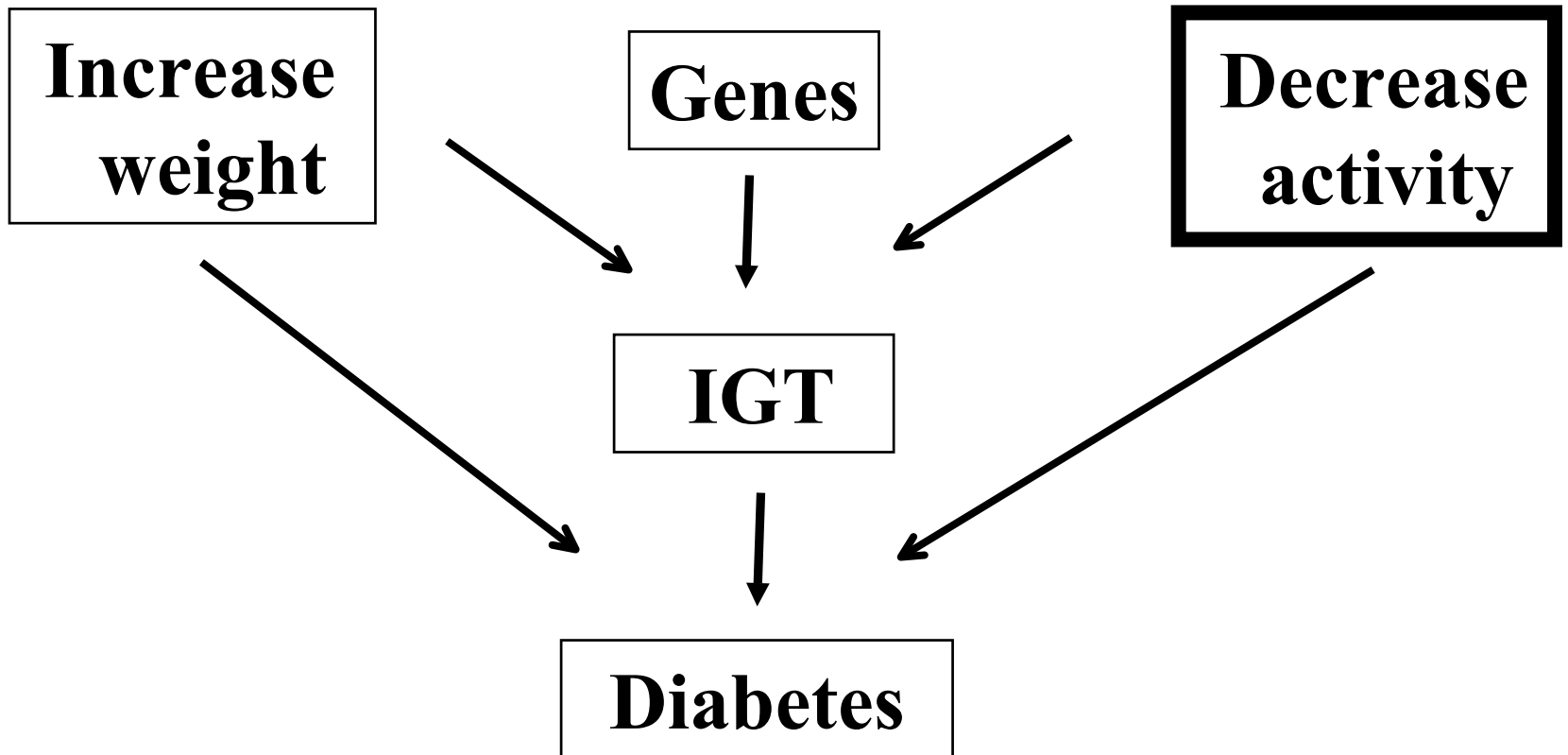
In addition, a copy of the **attached cover article from Newsweek** (September 4, 2000) was distributed to the centers as an optional handout for participants during the campaign.

DPP Lifestyle Data

Average Percent Weight Loss: Pittsburgh (top line) and National

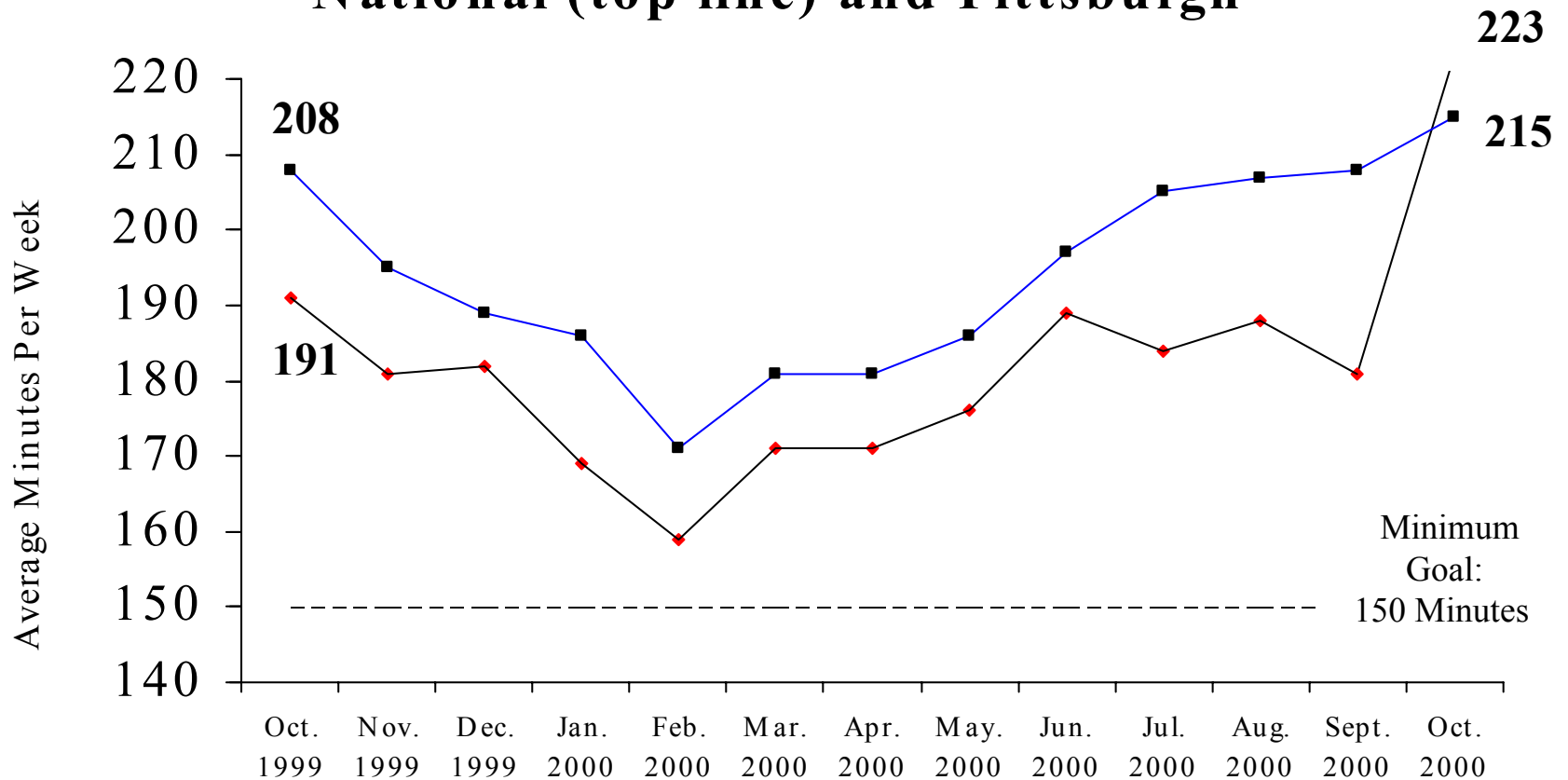


Added Risk

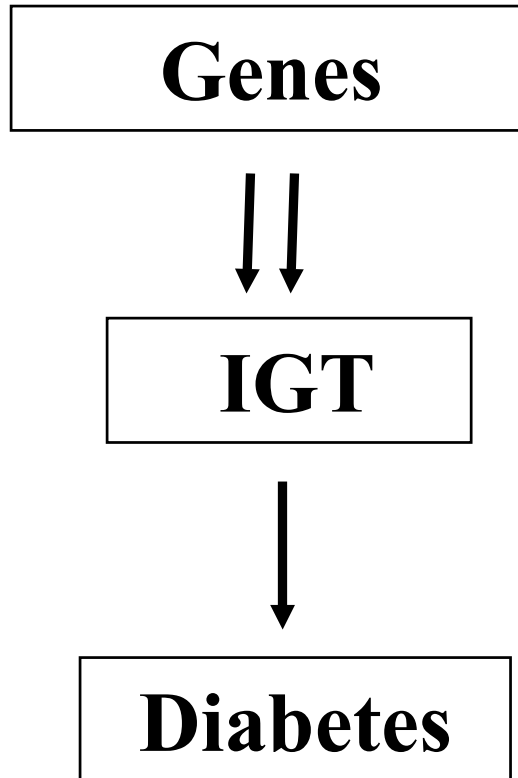


DPP Lifestyle Data

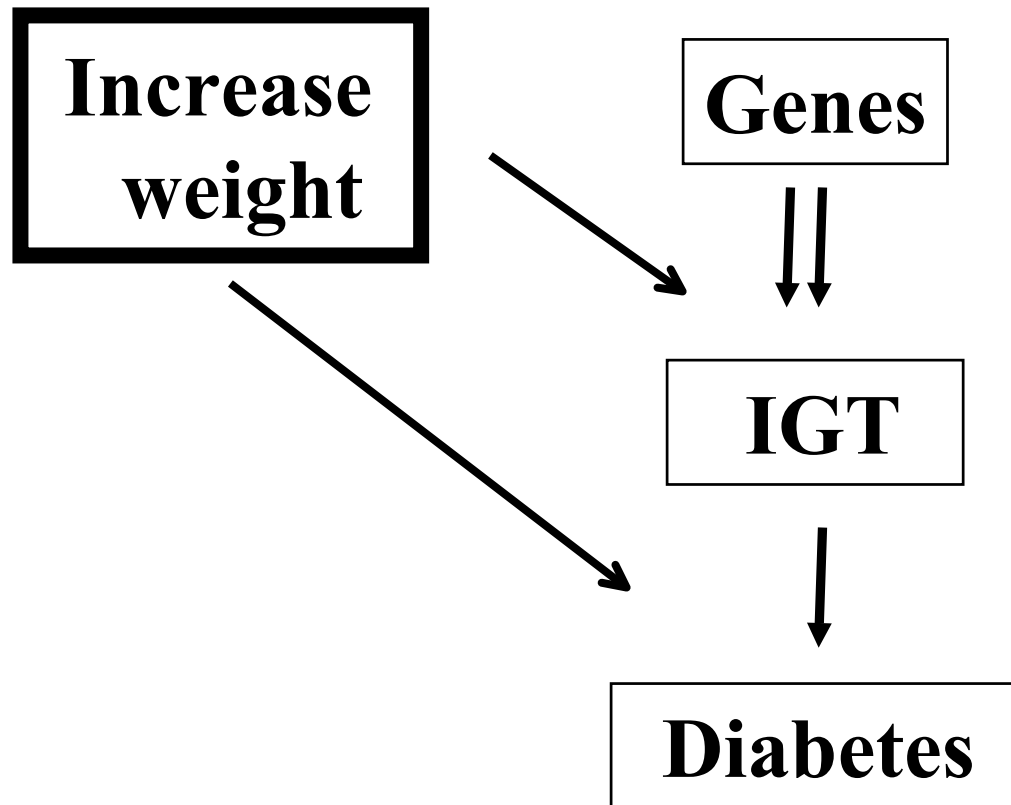
Average Minutes of Activity Per Week: National (top line) and Pittsburgh



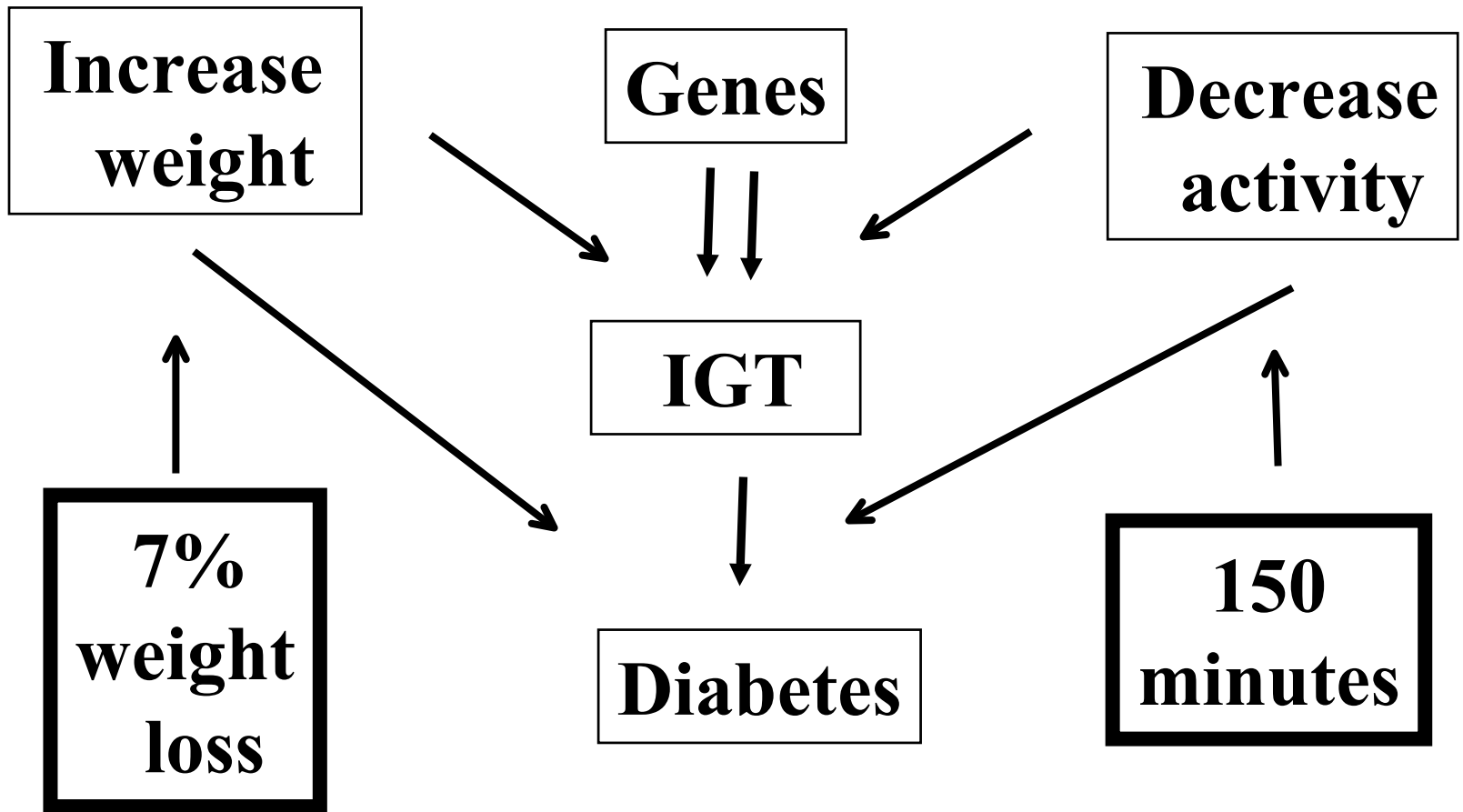
Why DPP?



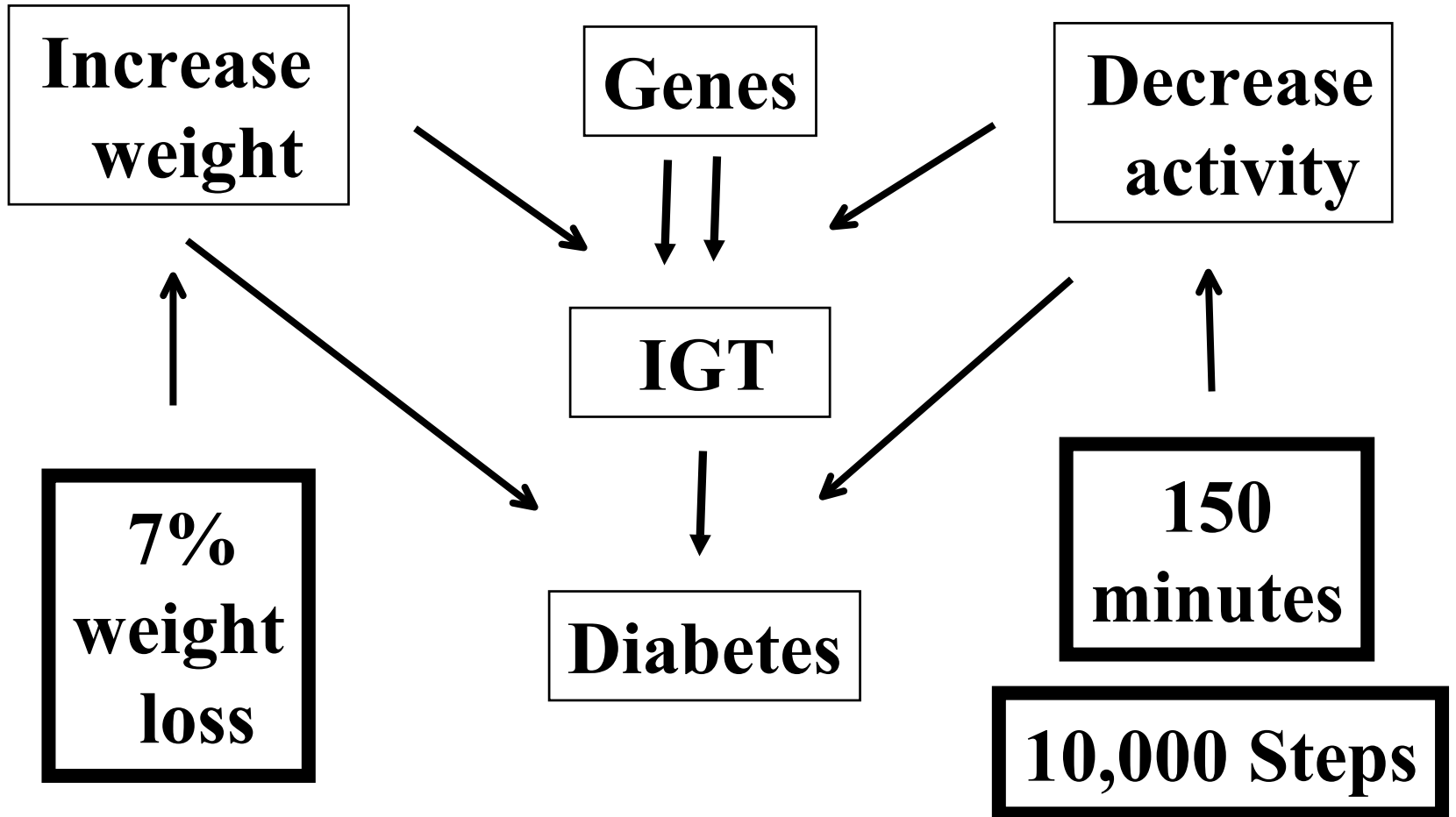
Added Risk



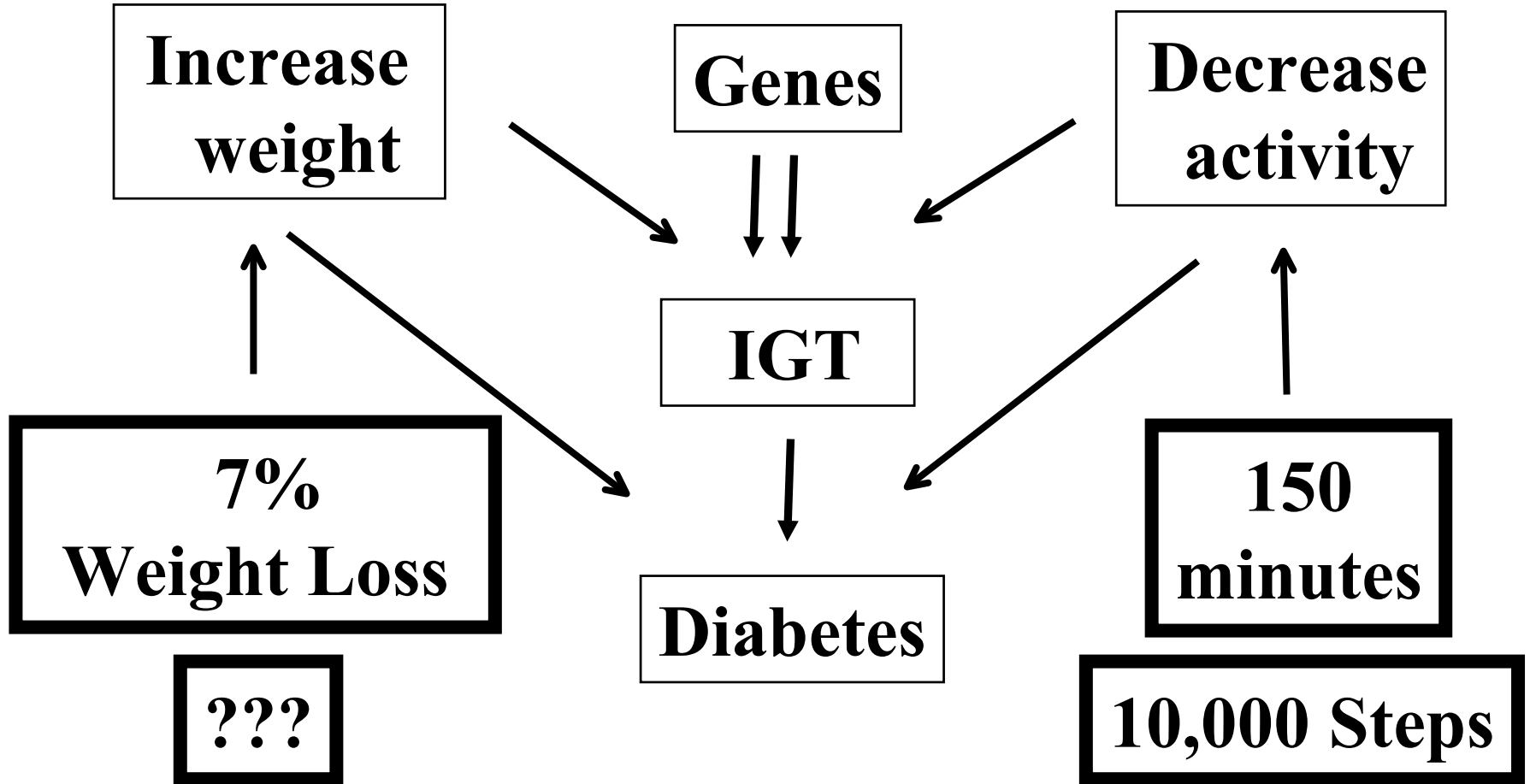
DPP Lifestyle Change



10,000 Steps Campaign

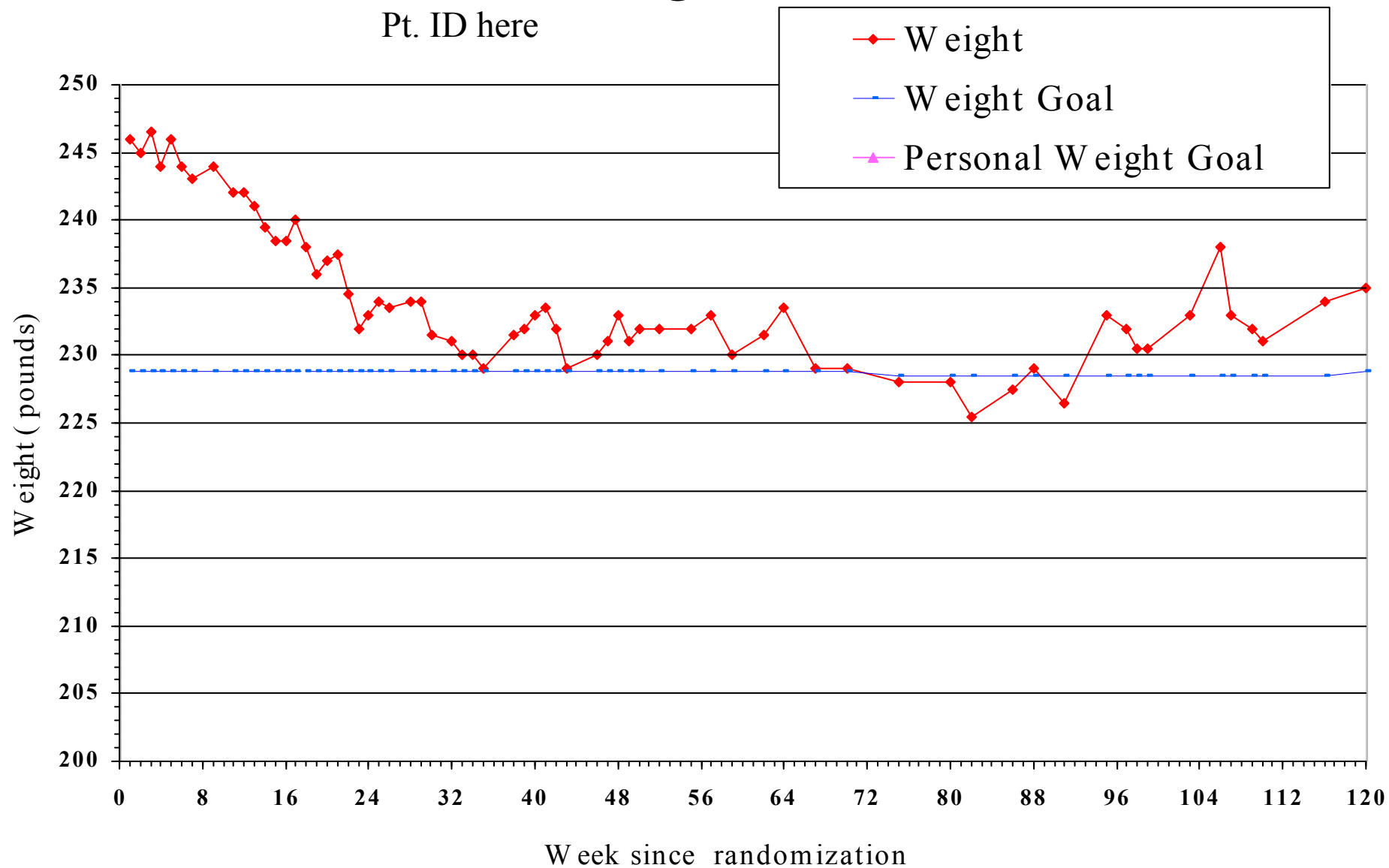


What's Next?



How Am I Doing?

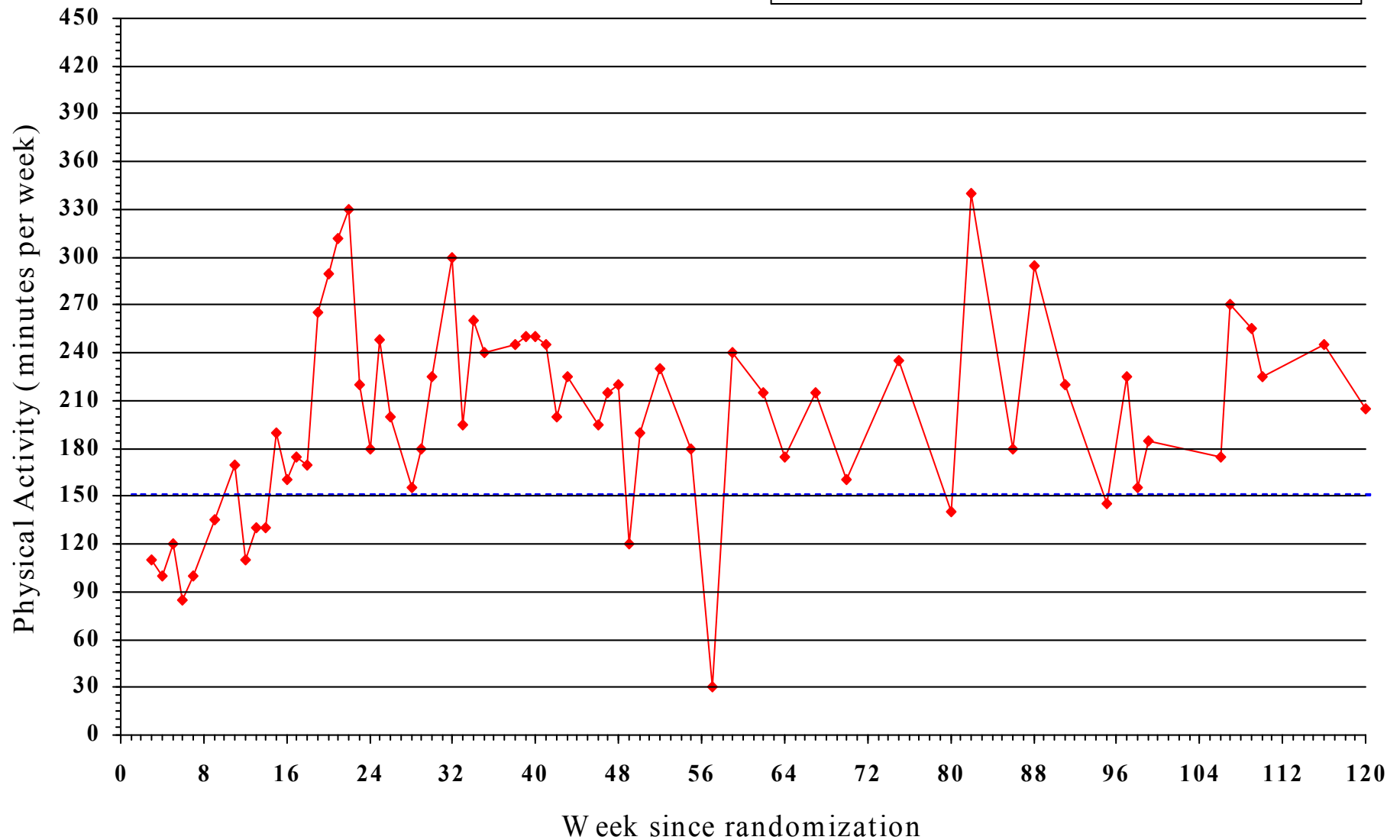
Pt. ID here



How Am I Doing?

Pt. ID here

Physical Activity Minutes per Week
Activity Goal



Holiday Support 2000

Holidays are difficult for participants in a lifestyle change program. There are many pressures, including the stress of preparing for the holidays, abundant food cues and social cues for overeating at celebrations, and the emotional stress of family and work get-togethers. In addition, many holiday traditions are inactive. Support for healthy eating and physical activity is especially important during this time.

During the holidays 1999, many centers conducted the Gift That Gives campaign which was developed by the Lifestyle Resource Core. Participants were encouraged to make a written commitment to self-monitoring very consistently during eight weeks between November and January. Participants received Keeping Track booklets labeled with inspirational quotes related to the significance of giving and were given gifts to reinforce the return of the completed booklets. Each center decided on the specifics of the gifts (e.g., in Pittsburgh, each two completed Keeping Track booklets earned a gift certificate and the donation of a nonperishable food item, purchased by the staff, to a local food bank). Related support groups were held at many centers, and mailings and phone calls were made to encourage participant progress. (See elsewhere in the Toolbox for a complete description of the Gift That Gives campaign.) **Many participants who were involved in the campaign were able to maintain their weight over the holidays rather than gain weight.**

For the holidays 2000, each center is strongly encouraged to offer some form of support tailored to the needs of their own participants. Some possibilities include the following:

- C You may want to offer a **lifestyle holiday party** featuring low-fat/low-calories foods, with recipes, and a motivational presentation about handling the holidays.
- C If your participants liked it last year, you **may want to repeat the Gift That Gives campaign with some modification.** For example:
 - C The Lifestyle Resource Core suggests that you **reinforce participants for maintenance or improvement in weight and activity**, as well as for the return of self-monitoring records. You may want to weigh participants at the beginning and end of the campaign and ask them to **“pledge” to maintain or improve their weight and activity.** Maintenance may be a more realistic goal during the holidays for many participants; some centers may want to use a slogan such as “Hold the Line” to emphasize this message. You may want to develop “pledge cards” for participants to complete with their goals for weight loss and activity during the campaign. For centers that request them, the Lifestyle Resource Core will provide additional labels printed with

inspirational quotes (these were placed on Keeping Track booklets for the Gift That Gives campaign).

- C You may want to **vary the gifts** you give participants.
- C You may want to **vary the type of support group** offered. For example, participants at some centers reported that they enjoyed most those meetings that provided fun, social activities.

- C If your participants liked it, you may want to **extend some features of the 10,000 Steps! campaign**. For example:
 - C During November and December, you may want to encourage participants to return to wearing their pedometers and **self-monitoring steps**. One option would be to ask participants to do so for a specified week during each month.
 - C You may want to offer **interesting indoor activity sessions** to help participants increase their steps (this would be particularly helpful in those areas with inclement winter weather).

For after the holidays, the **Lifestyle Resource Core will develop a nationwide campaign for early January** to take advantage of the “lifestyle momentum” many participants feel when beginning the new year.

DPP Lifestyle Survival Skills

DPP Lifestyle Survival Skills is a **six-week restart program designed to promote additional weight loss** during the winter of 2001, the final year of the intervention. The restart program's objectives are the following:

- C Participants will be asked to **work together on assigned teams**. The goal is to give participants an opportunity to share their knowledge and experience with others and to have peers with whom to be accountable (teams will be asked to commit to several ways of supporting each other, such as talking by phone or e-mail during the week, exercising together between sessions, etc.). The lifestyle campaign being proposed for the spring of 2001 will also feature participant teams and competition, so we envision that the same teams may carry over from this winter campaign into the spring and possibly beyond. As with other DPP classes and programs, participants are also free to bring a friend or family member to observe and provide additional support.
- C The sessions will be **taught by a team of Coaches and staff consultants** who will be available to schedule make-up sessions within the same week as any missed session. The goal is to prevent participants from "slipping through the cracks" and to provide a wide range of staff expertise and energies.
- C The emphasis will be on **improving the weight loss data during the final year of the intervention**. It will be stressed that we need to reach the study weight goal of 7% in order to effectively answer the question posed by the study: will a 7% weight loss prevent or slow the development of diabetes? In addition, before the study intervention ends in 2002, we want to **give participants the best chance we can of preventing diabetes** (and for those who have diabetes, the best chance we can of managing their diabetes well). So we want participants to **leave the study at their best possible weight**. Participants will be asked to **set and reach a weight loss goal** during the program by:
 - C Staying in **close contact** with their teams.
 - C **Staying under a calorie and fat gram goal** by either following a daily meal plan or self-monitoring calories and fat grams.
 - C **Meeting or exceeding the DPP goal for physical activity (150 minutes/week)**.
 - C **Self-monitoring their weight** and graphing it daily, and **self-monitoring their physical activity** in both minutes and steps (using a pedometer).

Group sessions are to be held **weekly for six weeks**, offered at two different times per week (for example, on Tuesday evenings and, for those who cannot attend the evening group, on Saturday mornings). Holding a 30-minute group walk or other physical activity following the sessions is

encouraged.

Note: One option is for participants to use **Slim Fast** twice a day throughout the six weeks. Check to see that you have enough Slim Fast shakes, bars, and/or coupons on hand for the number of participants who are interested (each participant would need 84 shakes for the entire six weeks). If not, call Harry Greene, MD at Slim Fast at (561) 833-9920 or FAX him at (561) 832-3165 as far in advance as possible.

The program also includes giving each participant a **pedometer**. Most participants will already have a pedometer from the 10,000 Steps campaign, but some may have broken or lost theirs. If you don't have enough on hand for participants who need a replacement, call Barbara Price at Accusplit, Inc, in San Jose, California (the phone number is 1-800-538-9750). Mention Andrea Kriska's name for a discount. Andrea has spoken with them and requested a discount because of the number of pedometers we have ordered for DPP and other programs. The price we have been paying is \$12.50 *without* the discount. Shipping is additional.

Session 1: Orientation

Objectives:

- C Participants will **meet with their teams, choose a team name, and learn how to earn points for their team.**
- C Participants will be **introduced to the goals of the program and decide to follow an eating plan or self-monitor calories and fat grams.**

Materials:

- C Overheads of local and national weight loss data (a graph of the national data is attached)
- C Handouts:
 - C DPP Lifestyle Survival Skills Team List
 - C DPP Lifestyle Survival Skills Calendar
 - C DPP Lifestyle Survival Skills Score Card
 - C Various eating plans for 1000-1200 calories and 1500 calories (include the plans in the DPP manuals from the Ready to Restart and Spring Training programs)
 - C Daily Weight Graph (two per participant)
- C Any special food products (e.g., Slim Fast shakes, bars, and coupons) needed for participants to follow the meal plans
- C Pedometers for participants who do not have them from the 10,000 Steps campaign
- C Keeping Track booklets
- C Name tags
- C Pencils

Before the session:

- C For instructions and the rationale for using Slim Fast and the pedometers, review the related materials in the Tool Box.
- C **Advertise the program**, stressing the critical need for participants to focus on weight loss during the final year of the intervention. If possible, survey participants ahead of time about the most convenient days and times to hold the sessions. Remind participants to wear comfortable clothing for group exercise and to bring their calendars to schedule upcoming meetings and contacts with other team members between meetings.
- C **Prepare the DPP Lifestyle Survival Skills Calendar** (or a similar blank calendar) by indicating the dates, times, and topics for each of the six group meetings as well as any pre-scheduled make-up sessions and supervised activity sessions.

- C Prepare the **DPP Lifestyle Survival Skills Score Card** indicating the scoring system you plan to use. Make two copies for each participant, one for the participant to keep and one for the leader as a duplicate record.
- C **Select participant teams ahead of time**, giving careful consideration to the mix of participants' personalities, adherence levels, and geographical location. (For example, two participants who live close to one another may be more likely to exercise together and stay in contact between group meetings.) Depending on how many participants plan to attend, aim for three or four teams with about five participants per team. Select two successful and enthusiastic participants on each team to be **co-captains** (contact these participants ahead of time to ask them to serve and to explain their role). Co-captains will be asked to do the following:
 - C **Phone, fax, and/or e-mail their team members between sessions** (each co-captain will be responsible for half of the participants on their team). During these contacts, the co-captains are to ask how things are going with the goals of the program, praise the team members' efforts so far, stress their importance to the team and the study, help problem solve challenges, and remind them of the next session. The emphasis is to be on both encouragement and accountability.
 - C **Schedule team meetings for group exercise between sessions** and encourage team members to attend. These may be the supervised activity sessions already offered by the center or other group exercise get-togethers agreed upon by the teams.
 - C **Use their creativity to promote fun and team bonding** in other ways (e.g., create team songs, team banners, etc.).
- C Prepare **team tables** at which the teams will sit during the sessions.

Plan to exercise as a group before or after the session.

Have participants **arrive early to be weighed** privately (this is a key part of this program so make sure that the location will allow for weigh-ins).

1. **Introduce** any staff present and have participants give their names and the amount of time they have been in the DPP.
2. Show an overhead of the **weight loss data for your center and for the study as a whole** (the national data is attached). Stress the **need to improve the weight loss data during the final year** of the intervention, for a number of important reasons.
 - C We need to reach the study weight goal of 7% in order **to effectively answer the question posed by the study**: will a 7% weight loss prevent or slow the development of diabetes?

- C Before the study intervention ends in 2002, we want to **give you the best chance we can of preventing diabetes** (and for those of you who have diabetes, the best chance we can of managing your diabetes well). So we want you to **leave the study at your best possible weight.**
3. Explain that one of the central features of this program is that **participants will work together in teams.** The purpose is to give everyone a chance to share their experience and knowledge plus be accountable to one another and supportive of one another. Explain that we hope this will also be an important help to participants as a preparation for the end of the study, in that support networks will begin to be formed that may extend throughout the final year of the intervention and then beyond the DPP.

Distribute the DPP Lifestyle Survival Skills Team lists. Have the group **break into the pre-assigned teams** and have each team sit at a separate table. Explain that the teams have been chosen based on geography so that they might be more able to provide support for one another outside of the group meetings.

Ask everyone to **confirm or update their contact information on each other's lists.** Also ask each team to agree on a **team name** and record that at the top of their lists.

At this point, you may also want to **ask one or two of the most successful participants on each team to share with their team members what they think has been key to their success.**

4. Explain to all the teams that the program has **four goals, all designed to support a weight loss of about 1-2 pounds per week or 6-10 pounds during the program.** (This is a reasonable goal for most participants, even if it brings a participant to well below their study weight goal. In fact, for those who have already been well below their weight goal during the DPP and have begun to regain, you may want to encourage them to try to return to their "lowest ever" weight during the DPP. However, some exceptions may need to be made for those participants who have lost so much weight that continued weight loss would not be appropriate.) Everyone will work together on the four program goals in their teams.
1. The first goal is to **stay in close contact with each other for support. Distribute the attached DPP Lifestyle Survival Skills Calendar (or a similar blank calendar).** (Ahead of time, record on the calendar the dates, times, and topics of the group meetings and pre-scheduled make-up sessions and supervised activity sessions.) To provide close contact, we are asking everyone to do the following:
- a. **Come to all six of the weekly group meetings.**

- C Point out the dates, times, and topics on the calendar and what participants should do if they must miss a meeting. Ask participants who know at this point that they must miss a meeting to schedule a make-up right now, either by planning to come to one of the pre-scheduled make-up sessions or making an appointment to meet with one of the Coaches individually.
 - C Explain that each session will include a private weigh-in, review of self-monitoring records, and problem solving as a group.
 - C If competitive games will be included, emphasize that the purpose is to have fun and get to know one another better. **Distribute the DPP Lifestyle Survival Skills Score Card** and describe the scoring system you will be using during the program and prizes, if any, for the winning teams. Explain that participants should bring their score cards with them to every group meeting. The group leader will keep a duplicate copy as well. A sample score card is attached, showing the scoring system that the Pittsburgh DPP plans to use.
- b. **Be in touch with one of your team captains at least once a week.** The purpose is to discuss how things are going with the program goals, problem solve together, and support each other. (At this point, allow time for the team captains to make specific appointments to be in touch--either by phone, fax, or e-mail--with the other team members. Have everyone record the plans on the calendar.)
- c. **Meet with at least one other team member--and preferably as many of the team members as possible--to exercise together between the group sessions.** (Ask each team to discuss plans for these get-togethers, which can include pre-scheduled supervised activity sessions or separate meetings for exercise. Have everyone record the plans on the calendar.)
2. The second goal is to **follow an “Eating Survival Plan” designed to help you stay consistently under a calorie and fat gram goal.** Explain that the idea is that when “all else fails,” this is a plan the participants can return to when renewing weight loss efforts. The calorie and fat gram goals are **either 1000-1200 calories and 33 grams of fat** (for those whose starting weight is less than 200 pounds) **or 1500 calories and 42 grams of fat** (for those whose starting weight is 200 pounds or more).

Explain that at this session, each participant will be asked to **commit to either following one of several meal plans or self-monitoring calories and fat.** (Point out that in the coming weeks, the sessions will offer additional help for preparing quick and easy meals within the fat and calorie goals). **Distribute a variety of meal plans as well as Keeping Track booklets.**

Briefly **review the meal plans**, emphasizing that the key is to follow them *religiously* so that food choices and decisions are eliminated. Encourage participants to choose a meal plan if they have not been successful with weight loss before when self-monitoring. Also make the following points:

- C Weighing and measuring foods is important. (Ask participants to share their experience with this. Also ask if participants are ready to resume weighing and measuring foods for a period of time to double check portion sizes.)
- C Trim meats of all separable fats *before* cooking. Weights, fat grams, and calories are for *cooked* meats, weighed without bone.
- C Any additional foods should be calorie-free (e.g., spices, mustard, black tea or coffee, diet soft drinks).
- C Encourage participants to take:
 - a. A daily multivitamin with 100% of the RDAs, and
 - b. (For meal plans that do not include a minimum of 2-3 (8-ounce) servings of low-fat milk or the equivalent per day) A calcium supplement in divided doses with meals to provide a total of 900 mg elemental calcium per day (e.g., one tablet of Tums (providing 300-mg. calcium carbonate per tablet) or a similar store brand with each meal).

Emphasize that those who choose to follow a meal plan need only self-monitor in the Keeping Track booklet that they followed the plan or record any foods they ate that were not on the plans.

Explain that **those who choose to self-monitor calories and fat will be expected to record *everything* daily for the full six weeks and to work very hard to meet the calorie and fat gram goals.** Remind the teams that nearly all lifestyle participants self-monitored daily for a full six months at the start of the DPP, so we are confident that if they seriously commit to this they will be able to self-monitor for at least six weeks.

Allow time for each participant to choose their Eating Survival Plan before going on. **Encourage the teams to boost one another's commitment to the plans chosen.**

3. The third goal of the program is to **meet or exceed the study goal for physical activity (150 minutes per week).** Explain that everyone will also be asked to wear their **pedometer** and aim for **10,000 steps per day or more.** (Distribute pedometers to participants who do not have them from the 10,000 Steps campaign. Remind everyone that *both* steps and activity minutes need to be recorded.) Note: The focus of the program is to be on weight loss, not activity, so do not place undue emphasis on the exercise component of the program.

3. The fourth goal of the program is to **weigh yourself at home every day and graph your weight. Aim for losing 1-2 pounds per week or 6-10 pounds in six weeks.**
 - C **Distribute two weight graphs** to each participant. Each graph covers 21 days or three weeks. Using overheads and an example, demonstrate how to complete the vertical axis of the graphs and draw a line of diminishment from starting weight at Day 1 to goal weight at Day 42. Have participants complete the vertical axis of both of their copies of the graph and draw their own lines of diminishment. Check each participant's graphs.

Answer any questions.

At the end of the session, **have participants give themselves 5 points on their score cards for attending the first session.** Coaches should record this on the duplicate score cards as well.

After the session, **meet with the team co-captains to debrief.** Before the next session, call the team co-captains to get feedback on their contacts with participants and to provide guidance as needed.

Sessions 2-6: How's It Going?

Objectives:

- C Participants will discuss positive changes related to being in the program and challenges encountered. The group will problem solve together.
- C Optional topics may be covered (see possibilities below).

Materials:

- C Same as for Session 1.

Plan to exercise as a group before or after the session. Have participants arrive early **to be weighed** privately. Review their self-monitoring records and weight graph.

1. Have the participants sit at their team tables, with one or more Coaches at each table if possible (or have the Coaches circulate around the room). In their teams, ask participants to discuss **what went well** with their eating and exercise since the last session. Praise participants for what went well, pointing out examples of skills used such as problem solving, staying away from or changing problem cues or adding helpful cues (food, exercise and/or social cues); talking back to negative thinking; getting back on track right away after a slip; pre-planning; stress management; being assertive; and so on.
2. Also in their teams, ask participants to share **what was challenging** for them. As the group gives examples, express empathy, use active listening, and communicate respect. Ask for one or more volunteers to give an example challenge for the team to **problem solve together**. Facilitate the problem solving process (describe the problem, brainstorm options, choose the best option, make a positive action plan) and reinforce the group's participation in the process. (At the next session, follow-up by asking the volunteers to share their experiences trying the action plan. As a group, continue the problem solving process if necessary.)
3. Allow time for **discussion and interaction** throughout the session. **Centers may want to vary the content of the sessions to most appeal to their participants.** For example, centers may choose to offer a brief cooking demonstration, taste testing session, or diet and exercise trivia game or Pictionary using terms related to weight loss.

In Pittsburgh, we plan to offer the following topics:

Session 1: Orientation to DPP Lifestyle Survival Skills

- C Explain the goals of the program, etc.

- C Lifestyle Survival Kit: Have participants choose an eating plan or to self-monitor calories and fat grams (distribute related materials). Distribute pedometers. Distribute lists of food products to be given at upcoming sessions and have participants mark off those items they do *not* want to receive.
- C Team Activity: Have teams meet, choose a team name, and schedule contacts between sessions.

Session 2: Survival Breakfasts

- C Lifestyle Survival Kit: Give participants some breakfast foods for the coming week (enough for 3-7 days) to model quick breakfast choices (e.g., either a dry cereal or cooked cereal, etc.).
- C Present information on the importance of breakfast, the role of fiber and calcium in health, example sources of fiber and calcium in breakfast foods, importance of adequate protein at breakfast.
- C Demonstrate the preparation of smoothies. Include recipes with Slim Fast.
- C Team Game: Fiber and calcium quiz (adapted from the after-core class at Northwestern)

Session 3: Survival Lunches

- C Lifestyle Survival Kit: Give participants some lunch foods for the coming week (enough for 3-7 days) to model quick lunch choices (e.g., yogurt, a nutrient bar, and fruit).
- C Conduct taste test of various lunch foods.
- C Team Game: Quiz on the calories in lunch foods

Session 4: Survival Dinners

- C Lifestyle Survival Kit: Give participants some dinner foods for the coming week (enough for 3-7 days) to model quick dinner choices (e.g., frozen entrees, salad mix).
- C Team Game: Have teams prepare quick dinner recipes and have the entire group taste test them.

Session 5: Survival Steps (or Winter Walking Survival)

- C Lifestyle Survival Kit: Give participants some exercise-related items (e.g., water bottles, walking tapes).
- C Team Game: Group walk or scavenger hunt while on a group walk.

Session 6: Surviving Stress

- C Provide simple relaxation training.
- C Perhaps bring in a massage therapist.

During **Session 6**, report the total and average weight loss for the group. Discuss with the

participants whether they found the program helpful and if so, that this may be something they can use periodically if they see their weight going up. (Explain that one way many people control their weight is to return, as soon as they see their weight increasing, to a more structured and aggressive plan for eating and activity for a period of time.) Answer any questions.

will put graph of national data here

SAMPLE DPP Lifestyle Survival Skills Team List

Team name _____

Joe Smith (Captain)
1111 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Ralph Rover
1000 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Karen Jones
6666 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Sally Jones (Captain)
444 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Matthew Smith
9999 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Susan Brown
33 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx



DPP Lifestyle Survival Skills Calendar

Your name _____

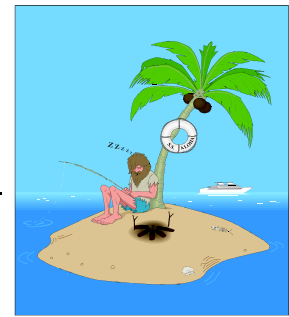
What to do if you miss a meeting: _____



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SAMPLE

DPP Lifestyle Survival Skills Score Card



How to score points for your team:

- C 5 points for every group meeting you attend
(or 3 points for every make-up session you attend)
- C 5 points for every pound of weight you lose since the previous group meeting
- C 2 points for every time you exercise with at least one other team member outside of the group meetings
- C You can also score points in the DPP Lifestyle Survival Skills games at each group meeting.

Team scores will be figured by adding the team members' scores and dividing the sum by the number of members.

Your name _____

Date	What you did	Points earned
Total points		

DPP Lifestyle Survival Skills Score Card

Outside Team

Revised for mail-in team.



How to score points for your team:

- C 5 points for every group meeting you attend
(if you are ever able to come on a Tuesday evening - just come!)
(or 3 points for every individual lifestyle session you attend)
- C 5 points for every pound of weight you lose during the period from Jan. 10 to Feb. 19
- C 1 point for any DPP supervised exercise session (for example - a walk with a staff member)
- C 2 points for every time you exercise with at least one other
team member outside of the group meetings - think about coming on Saturday mornings
- C 1 point for each diary you mail in to us

Team scores will be figured by adding the team members' scores and dividing the sum by the number of members.

Mail this form with your points recorded weekly.

Your name _____ Team name _____

Date	What you did	Points earned
Total points		

will add two blank weight graphs here

The DPP Lifestyle World Series

The attached motivational campaign, **The DPP Lifestyle World Series**, is designed to be offered from **April 1 - June 1, 2001 (nine weeks)**. The purpose is to **motivate participants, using a baseball theme and team competition and support, to achieve and maintain the DPP weight loss and activity goals**. We want to position this as a fun and energetic campaign. (We're aware that the time frame doesn't coincide with the real-life World Series, but many participants become motivated in the spring to resume their weight loss efforts, and we like the baseball theme.)

Many of the features of the DPP Lifestyle World Series, including the baseball theme, are modeled after the Tri-City Campaign, which was offered in the summer of 2000 by the DPP centers in Chicago, New York, and Boston. We have used Tri-City materials provided by Massachusetts General as templates for some of the Lifestyle World Series materials. In addition, the Coaches at the New Mexico and Indiana DPP centers, which have both offered team-based campaigns, have made valuable suggestions.

Although the DPP Lifestyle World Series is optional, we **strongly encourage all centers to offer this campaign or a similar one to their lifestyle participants**. Centers may feel free to vary the rules somewhat (e.g., not divide participants into major and minor leagues or not reinforce attendance). **Only those centers that participate in this campaign will be included in the regional competition.**

Many centers included team competition of some kind in the DPP Survival Skills campaign this past winter or in other classes or motivational campaigns. Feel free to extend the same team structure into the Lifestyle World Series if you think it would be motivating to participants. However, **participants who do not want to join a team may take part in the campaign on an individual basis.**

The DPP Lifestyle World Series includes the following key features:

1. **All lifestyle participants will be encouraged to play in the series (although only those who join the campaign will be included in the scoring).** We recommend that centers send a **personal invitation to participants from their Principal Investigator**, and we will provide a **letter to participants from NIH acknowledging the importance of the campaign** at this critical time in the study. (We will send this to you separately as soon as it is available.)
2. Each DPP center will be a team. Teams will compete within regions as follows:

North East Region 1

Jefferson Medical College (Philadelphia, Pennsylvania)
St. Luke's-Roosevelt Hospital (New York, New York)
Medlantic Research Institute (Washington, DC)
Johns Hopkins University (Baltimore, Maryland)
University of Pittsburgh (Pittsburgh, Pennsylvania)

North East Region 2

Joslin Diabetes Center (Boston, Massachusetts)
Washington University (St. Louis, Missouri)
Albert Einstein College of Medicine (Bronx, New York)
Massachusetts General Hospital (Boston, Massachusetts)

Pacific Region

University of Washington (Seattle, Washington)
University of Hawaii (Honolulu, Hawaii)
University of California, San Diego (San Diego, California)
University of Southern California (Alhambra, California)
University of Southern California, Culver City (Culver City, California)

Midwest Region

University of Chicago (Chicago, Illinois)
Northwestern University (Chicago, Illinois)
Indiana University (Indianapolis, IN)
University of Colorado (Denver, Colorado)
University of New Mexico (Albuquerque, New Mexico)

American Indian Region

Southwest American Indian Center, Salt River (Phoenix, Arizona)
Southwest American Indian Center, Gila River (Phoenix, Arizona)
Southwest American Indian Center, Zuni (Zuni, New Mexico)
Southwest American Indian Center, Shiprock (Shiprock, New Mexico)

Southern Region

Pennington Biomedical Research Center (Baton Rouge, Louisiana)
University of Miami (Miami, Florida)
University of Texas (San Antonio, Texas)
University of Tennessee (Memphis, Tennessee)

3. The series will last **nine weeks between April 1 - June 1, 2001**. During the series, there will be three local group events: an **opening event ("home opener")**, a **mid-series event ("team huddle")**, and a **final event ("final game")**. These will be held as close as possible to April 1, May 1, and June 1, respectively.

Note: Each event **may be considered an In-Person Contact** provided a Coach meets with the participants individually, before or after the event, to collect and comment on self-monitoring records, get weight and physical activity data, and problem solve. In that case, an

L03 form should be completed for each participant who attends.

To build on the baseball theme, Matthews Media will provide several incentives which you may choose to distribute during the campaign:

- C White **sports socks** printed with DPP in blue
- C White **sweat bands** printed with DPP in blue

4. During the **opening event**, the following will occur:
 - a. Every participant (“player”) will be **weighed and drafted** into the major or minor leagues based on that weight. **Participants at weight goal or below will be drafted into the major league. Participants above their weight goal will be drafted into the minor league.** Participants who do not attend the event but want to play in the series will be encouraged to come in to see their Coach as soon as possible to get a starting weight for the campaign. (Note: Each team will compete against all other teams.)
 - b. Every participant will be assigned to one of **four local teams within the center, two in the major league and two in the minor league**, and each team will have a **participant captain**. (We suggest a minimum of four or five participants per team, so you may need to adjust the number of teams accordingly.) Well in advance of the opening event, the staff will choose the team captains, who will be successful and enthusiastic participants who are willing and excited about becoming captains. The staff will also decide which participants will be on which team, based on participant personalities, adherence, and other issues that might affect team success. (We think it might be a good idea to include staff members on the teams, as well.) The captains will meet with their teams during each event of the series, and telephone each participant weekly between events, to provide encouragement, foster team spirit, and discuss strategies for supporting each other.

Throughout the series, a **variety of techniques may be used to encourage team bonding and enthusiasm**. We encourage centers and captains to be creative. Here are some possibilities:

- C Assign each center team a team color--either red, blue, yellow, or green--and give the participants an identifying colored ribbon to wear.
- C Take photographs, with permission, of the center teams and post them, with regularly updated team scores, on a website or bulletin board in the waiting room for lifestyle participants.
- C Schedule mid-series breakfasts with the staff and team captains to get feedback about how the campaign is going and to brainstorm ways to improve success.
- C Have participants on the center teams who wish to do so complete “favor coupons” for each other. These would be written agreements to be used in a drawing for

participants on the team who achieve a specified goal during the series (e.g., those who make a WIN for Weight Loss, as described below). The favor should be inexpensive (e.g., I will buy you a cup of coffee), aligned with the study goals (e.g., *not* baking a cake), easy to fulfill (e.g., I will call you; or I will walk with you for 30 minutes--only if you live within a 20-minute drive of me), and designed to encourage team bonding and participation.

- c. Every participant will be given colorful **Score Cards (see mock-up attached) for self-monitoring weight, steps, and physical activity minutes**. The cards will be designed with the campaign logo and slogan by Matthews Media (similar to the cards provided for the 10,000 Steps campaign), and participants will receive one card for each week of the series. (These will be sent under separate cover.)
- d. The rules of the game will be explained as follows:
 - C **Minor league players** will score one “WIN for Weight Loss” for every pound they lose during the nine weeks. These WINS will be based on the difference in weight taken at the opening and closing events. In other words, no WINS for weight loss will be awarded until the end of the campaign. (For participants who can't attend the opening and/or closing events, a weight taken by the Coach close in time to the events would be fine. Note: Self-monitored weights will not be used to calculate WINS). Minor league players will also score **nine WINS for Weight Loss if they reach weight goal** (as measured at the final event).
 - C **Major league players** will score one WIN for Weight Loss for every pound they lose during the nine weeks (again, based on the difference in weight taken at the opening and closing events and awarded at the end of the campaign). Major league players will also score **nine WINS for Weight Loss if they maintain their weight at or below goal** (as measured at the final event).
 - C **Both minor and major league players** will score one WIN for Steps for every **50,000 steps they walk**, as measured by a pedometer and recorded on a Score Card (**note: nonrecorded steps will *not* be included in the scoring**). To calculate these WINS, Coaches will need to keep a running total of participant steps from week to week. Pedometers will be distributed at the opening event to participants who do not still have them from the 10,000 Steps! campaign. (**Participants will be reminded that activity minutes must continue to be recorded and collected for study data.**)
 - C **Both minor and major league players** will score one WIN for Attendance for every campaign event and supervised activity session they attend (we strongly recommend that centers offer at least two supervised activity sessions per week).

- C **Participants who want a structured meal plan will be offered one** (e.g., the Start Now! eating plans from Spring Training 2000, the Slim Fast meal plans, or an individually designed plan using frozen entrees).
 - C Some centers may wish to have participants **pledge how many WINS for Weight Loss, how many WINS for Steps, and how many WINS for Attendance they plan to score** during the entire campaign. This might be recorded in writing as a **“player’s contract”**. Other centers may choose *not* to do this if their participants had recently pledged as part of another campaign.
 - C During the series, participants will be asked to return their completed Score Cards by mail or in person (preferably in person for the final event so that the statistics for steps will be as up-to-date as possible). The Coach will **use the Score Cards to calculate the number of WINS for Steps for each participant** (remember, WINS for Weight Loss will *not* be calculated from the Score Cards).
 - C We encourage centers to post **major and minor league scoreboards** (see attached) in a public place (such as on a bulletin board in the waiting room for lifestyle participants), indicating participant ID numbers (no names) and using a visual symbol to show each WIN scored (e.g., you may be able to find **small baseball stickers** at a local stationery store and post one sticker for each WIN scored). To protect participant confidentiality and to add some fun to the campaign, centers **may want to assign famous baseball player names** to each participant and post their winnings under those names.
4. During the **mid-series event**, players will be **weighed, self-monitoring cards will be collected, and the center teams will meet. Mid-series statistics for the four center teams and for the center as a whole will be calculated and reviewed** (see score sheet attached). The data will include:
- C The **number of WINS** for Steps, Attendance, and Combined (sum of the other WINS) for each center team and for the center as a whole (the WINS for Weight Loss will not be calculated until the final game);
 - C The **mid-series score for the center** (number of Combined WINS in both leagues divided by number of participants playing in the series at the center).

To encourage attendance at the event, a group walk or presentation on a topic of interest may be offered. Centers may also want to provide the option of a very brief weigh-in only for those participants who do not want to attend a more lengthy event. (For all campaign events, we recommend that each center survey their participants to see what day of the week and time would be most convenient for the most participants to attend (e.g., on a Thursday night or Saturday morning). Some centers may want to offer each event twice, at differing times.)

5. During the **final event**, participants will be **weighed** and **final statistics for each of the four teams at the center and for the center as a whole will be calculated and reviewed**. The final data will include:
- C The **number of WINS** for Weight Loss, Steps, Attendance, and Combined (sum of the other WINS) for each team within the center and for the center as a whole;
 - C The **totals and averages for the center** (number of WINS in both leagues divided by number of participants playing in the series at the center).

Participants will be awarded **prizes (with the prizes chosen by the center)** for the following (note: "local teams" are those at each center competing against each other):

- C **Local Team with the Most Combined WINS (first place)**
- C **Local Team with the Second Most Combined WINS (second place)**
- C **Local Team with the Third Most Combined WINS (third place)**
- C **Local Team with the Fourth Most Combined WINS (fourth place)**
- C **Most Valuable Player in the Minor League:** The participant in the minor league who earned the most Combined WINS (if there is a tie, there will be a drawing).
- C **Most Valuable Player in the Major League:** The participant in the major league who earned the most Combined WINS (if there is a tie, there will be a drawing).

Matthews Media will provide ribbons for all winners, which may be posted beside the team photos and score boards.

Any center who wishes to do so may award additional prizes, for example, to recognize participants who reached weight goal, those who walked the most steps, and so on.

6. Regional Competition

As soon as possible after June 1, each center will **send the Lifestyle Resource Core (LRC) a copy of their final statistics as well as the average pounds lost (total pounds lost divided by total number of participants playing in the series at the center)**. For the regional competition, the LRC will compare only the average pounds lost. **(Note: Other WINS will not be included in the regional competition.)** The results will be sent to each center by region (see attached "Lifestyle World Series Regional Winnings"). Centers will be encouraged to post the regional winnings beside the local score board and **present it at an additional group event or by mail**.

The following **prizes** will be awarded:

- C **Regional Winner:** The center with the highest score per region will receive a \$100 gift certificate to use as a prize in a drawing. (A total of six certificates, one per region, will be donated by the Lifestyle Resource Core.)

DPP Lifestyle *World Series* Score Card (mock-up)

Your name (first, last) _____

Day	Month and Date	Kind of Activity	Minutes	Number of Steps	Weight
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total for the week					

Comments: _____

DPP Lifestyle *World Series* Score Board

Minor League Local Team _____

Participant ID	WINS for weight loss (1 WIN = 1 pound lost, 9 WINS if reach and stay below goal)									WINS for steps (1 WIN = 50,000 Steps)									WINS for attendance (1 WIN = each event/session)									Combined			

DPP Lifestyle *World Series* Score Board

Major League Local Team _____

Participant ID	WINS for weight loss (1 WIN = 1 pound lost, 9 WINS if stay below goal)										WINS for steps (1 WIN = 50,000 Steps)										WINS for attendance (1 WIN = each event/session)										Combined

DPP Lifestyle *World Series* Mid-Series Statistics

Local Teams	WINS for Weight Loss	WINS for Steps	WINS for Attendance	WINS Combined
Minor League Team (xx players): _____				
Minor League Team (xx players): _____				
Major League Team (xx players): _____				
Major League Team (xx players): _____				
Totals				
Averages for the Center (totals divided by xx players):				

DPP Lifestyle *World Series* Regional Winnings

The regional winners are marked with a star. **Congratulations to all of you!**

North East Region 1	Average Pounds Lost
Jefferson Medical College (Philadelphia, Pennsylvania)	x
St. Luke's-Roosevelt Hospital (New York, New York)	x
Medlantic Research Institute (Washington, DC)	x
Johns Hopkins University (Baltimore, Maryland)	x
University of Pittsburgh (Pittsburgh, Pennsylvania)	x
North East Region 2	
Joslin Diabetes Center (Boston, Massachusetts)	x
Washington University (St. Louis, Missouri)	x
Albert Einstein College of Medicine (Bronx, New York)	x
Massachusetts General Hospital (Boston, Massachusetts)	x
Pacific Region	
University of Washington (Seattle, Washington)	x
University of Hawaii (Honolulu, Hawaii)	x
University of California, San Diego (San Diego, California)	x
University of Southern California (Alhambra, California)	x
University of Southern California, Culver City (Culver City, California)	x
Midwest Region	
University of Chicago (Chicago, Illinois)	x
Northwestern University (Chicago, Illinois)	x
Indiana University (Indianapolis, IN)	x
University of Colorado (Denver, Colorado)	x
University of New Mexico (Albuquerque, New Mexico)	x
American Indian Region	
Southwest American Indian Center, Salt River (Phoenix, Arizona)	x
Southwest American Indian Center, Gila River (Phoenix, Arizona)	x
Southwest American Indian Center, Zuni (Zuni, New Mexico)	x
Southwest American Indian Center, Shiprock (Shiprock, New Mexico)	x
Southern Region	
Pennington Biomedical Research Center (Baton Rouge, Louisiana)	x
University of Miami (Miami, Florida)	x
University of Texas (San Antonio, Texas)	x
University of Tennessee (Memphis, Tennessee)	x

Problem Solving Tools for Attendance

Requirements

Participants are required to:

1. **Attend the 16 core curriculum sessions within at least 24 weeks.**
 - C The first eight sessions are to be held weekly (although due to illness, vacations, or bad weather, some exceptions may occur).
 - C The next eight sessions may be held weekly, biweekly, or begin weekly and then become biweekly.
2. **After the core curriculum, attend sessions in person at least once every other month.**

Action Points

Problem-solving tools are recommended at these points:

- C If the participant **misses any session**.
- C If the participant **does not attend for three weeks in a row** during the first 8 core curriculum sessions.
- C If the participant **does not attend at a rate that will allow the entire 16 core curriculum sessions to be completed within 24 weeks**.
- C If the participant **does not attend the monthly in-person sessions** (during the maintenance phase) **within one month after the scheduled date**.

Level 1 Tools

For any session that a participant does not attend (and did not call ahead to reschedule):

Required:

- C **Call the participant as soon as possible after the missed session and reschedule at the earliest possible time.** Ask about any barriers to attendance (examples: illness; difficulties with transportation, scheduling, family commitments, babysitting; family crisis (e.g., separation, divorce, disability, unemployment, serious illness or death); boredom with the program; lack of support at work; discouragement or shame due to lack of success at weight loss). Use problem solving steps to identify solutions to try (e.g., reschedule at more convenient time, recommend that a family member babysit, suggest alternative transportation). Stress the importance of attendance.
- C **If the rescheduled appointment is for more than four days later, call the participant *again* before the day of the appointment to remind him or her.**

Optional:

- C Encourage the participant to bring a supportive person (such as a friend or spouse) to the session for variety and encouragement.
- C See the participant with another participant.
- C Tell the participant you can use part of the next session to discuss the problem (e.g., lack of support at work) that has caused the missed session.
- C Arrange for a pal or another supportive participant to call the participant to stress the need to attend or to provide transportation for the participant.

Level 2 Tools

- C Provide money for elder care and/or babysitting (money for parking and transportation will be provided for all participants).
- C Provide baby sitting at the session location.
- C Go to participant's home or work place and conduct the session there.
- C Meet the participant somewhere to walk (e.g., at a park) and discuss the session while walking.
- C Do something different with the participant for variety (e.g., go to a restaurant and conduct the session over lunch).
- C Provide DPP Dollars (see Reinforcers).

Level 3 Tools

The following strategies represent a departure from the Intervention Protocol. Therefore, **the Lifestyle Resource Core should be contacted before using them.**

- C Conduct the intervention by phone/mail. Arrange for a regular time to call the participant. Have the participant report his or her weight to you and send in self-monitoring records.
- C Provide tapes of treatment sessions and see the participant less frequently. This will be used only if Level 2 Tools and repeated efforts to schedule visits are unsuccessful.

Problem Solving Tools for Self-monitoring of Food Intake and Weight

Requirements

Self-monitoring of food intake and weight are means to achieving the weight loss goal, rather than goals in and of themselves. Therefore, self-monitoring of food intake and weight are not required, either during the core curriculum or the maintenance. However, Lifestyle Coaches should **strongly recommend** that participants self-monitor their food intake and weight because self-monitoring is the strategy most related to successful long-term weight loss. Recommended levels of self-monitoring are:

- C Daily, during weeks 1 through 24.
- C Daily for one week per month, at minimum, during subsequent years. More frequent self-monitoring is recommended if the participant is willing.

Note: Self-monitoring of physical activity **is** required. See Problem Solving Tools for Self-Monitoring of Physical Activity.

Action Points

Problem solving tools are recommended at these points:

- C During Sessions 1-8, if a participant is not self-monitoring fat/calories, Level 1 Tools are recommended. If Level 1 Tools don't work for 4 weeks in a row, use Level 2.

From Session 8 on:

- C If a participant is not self-monitoring and **is losing weight** according to the weight loss guidelines or maintaining a 7% weight loss, encourage self-monitoring. If participant is absolutely resistant, allow the participant to skip self-monitoring as long as a 7% weight loss is maintained, and explain that if weight increases, the participant will need to resume self-monitoring.
- C If participant is not self-monitoring and **is not losing weight**, use Level 1 and 2 Tools. However, the key issue is the failure to reach the weight loss goal. Consult the Problem Solving Tools for Weight Loss/Maintenance.

Level 1 Tools

- C Ask about any barriers to self-monitoring (examples: forgetfulness; finding the standard method of self-monitoring too complex; having difficulties with reading, writing or math skills; being unwilling to take the time to measure foods, record foods, or calculate fat grams/calories; lacking support at home; being unconvinced of the value of self-monitoring). Use problem solving steps to identify solutions to try. Stress the importance of self-monitoring.
- C Complete a 24-hour recall during the session and record it together in the Keeping Track book. Continue to encourage self-monitoring.
- C Discuss ways to cue self-monitoring (e.g., keep records at the dining room table).
- C Telephone the participant during the week to encourage self-monitoring and to answer questions.
- C Involve a family member or significant other if the participant wishes.
- C Negotiate less complete self-monitoring. Examples:
 - C Use Quick Track (checklist of high-fat foods) for a few weeks and then try returning to more detailed self-monitoring later.
 - C Self-monitor only foods eaten and look up fat grams/calories together at the next meeting.
 - C Self-monitor only foods and amounts eaten and then look up fat grams/calories together at the next meeting.
 - C Self-monitor fat grams/calories only for specified high-fat/calorie foods.
 - C Self-monitor fat grams/calories only at certain problem meals or snacks.
 - C Tape an individualized list of high-fat/calorie foods and their fat/calorie content inside the cover of the Keeping Track books. Self-monitor all foods eaten but record fat grams/calories for only these foods.
- C Negotiate less frequent self-monitoring (with a minimum of 3 days per week) for one or two weeks and then try to return to more frequent self-monitoring. Examples:
 - C Self-monitor only on problem days of the week, times of the day (e.g., evening) or meals (e.g., dinner). (Try to increase the number of days later.)
- C Try an alternate form of self-monitoring (for example, the Rate Your Plate form (based on the Food Guide Pyramid), the Count 100 Cards, or Quick Track).
- C Have the participants develop their own meal plans to follow during the coming week(s) and help them calculate the fat/calorie values ahead of time. The participant can self-monitor by placing a check mark beside the meal plans that were followed.

Level 2 Tools

- C Ask the participant to call the clinic every evening and record his or her intake on the answering machine tape. Transcribe the records.
- C Ask the participant to record his or her intake at home on audiotape. Transcribe the records. (Audiotapes will not be provided centrally.)
- C Provide individualized meal plans (perhaps with corresponding shopping lists) for as

- long as needed. The participant can self-monitor by simply putting a check mark beside the meal plans that were followed.
- C Arrange time to call the participant on several days per week or even daily to review what was eaten.
 - C Provide DPP Dollars (see Reinforcers).

Problem Solving Tools for Weight Loss/Maintenance

Requirements

The weight loss goal is to achieve at least a 7% weight loss within the first 24 weeks of intervention and to maintain at least a 7% weight loss for the remainder of the study.

Action Points

The weight loss goal is to be achieved gradually over the first 24 weeks. Weight graphs are generated for each participant showing the participant's weight at randomization, the 7% weight loss goal at 24 weeks, and a diagonal line connecting the two. At Session 7 or 8, 12 and 16, the participant's weight is to be compared to the weight loss line on the graph.

If at **Session 7 or 8** (Tip the Calorie Balance), the participant's weight is not at or below the diagonal line on the graph:

Required:

- C Assign a calorie goal and have the participant self-monitor calories (if not yet begun) and/or follow structured meal plans at the participant's calorie goal.

Optional:

- C Use Level 1 Tools as appropriate.

If at **Session 12 or 16**, the participant's weight is not at or below the diagonal line on the graph:

Required:

- C Assign a calorie goal (if not yet assigned) and have the participant self-monitor calories (if not yet begun) and/or follow structured meal plans at the participant's calorie goal. It may be necessary to assign a lower calorie goal if the participant did not lose weight at a higher goal previously assigned.

Optional:

- C Use Level 1 Tools as appropriate.

If at any later time period, the participant who has been meeting the weight loss goal gains weight and is no longer meeting the goal:

- C Use Level 1 Tools for one month, and if unsuccessful, then move to Level 2.

Level 1 Tools

If the participant is not losing weight and is not self-monitoring:

- C Give the participant structured meal plans or other ways to simplify self-monitoring.

If the participant is self-monitoring but is not losing weight and the participant's fat/calorie intake, based on self-monitoring, *exceeds* goal, identify the problem(s), such as specific meals, eating out, or specific high-fat/calorie foods, and then select appropriate strategies:

- C Focus on problem meals in which fat/calorie intake is high.
- C Review key skills for lowering fat/calorie intake (e.g., label reading).
- C Review restaurant meals (number of meals eaten out and food selections made).
- C Bring in a family member who is involved in food purchasing and preparation.
- C Provide recipes for low-fat/calorie foods.
- C Provide samples of low-fat/calorie foods to taste (e.g., low-fat salad dressings).
- C Provide menus of low-fat/calorie meals.
- C Review the participant's reasons for joining the study; use motivational interviewing techniques.
- C Go to the grocery store with the participant (this may be Level 1 or 2 depending on the staff time involved).

If the participant is self-monitoring but is not losing weight and the participant's self-monitored fat/calorie intake is *at or below* the goal:

- C Review portion sizes eaten and weighing and measuring skills.
- C Review foods that may be eaten but omitted from self-monitoring records (e.g., snacks, nibbles, alcohol, added fats).
- C Involve a family member.
- C Go to the participant's home, work place, supermarket, or to a restaurant with the participant. Identify problem and helpful cues and behaviors, make suggestions, model desired behaviors, etc. (This may be Level 1 or 2 depending on the staff time involved for travel and so on.)

Level 2 Tools

- C Schedule a meeting with a registered dietitian (if the Lifestyle Coach is not one).
- C Provide cookbook.
- C Provide actual food (e.g., frozen entrees) for several meals during the coming week.
- C Enroll the participant in a low-fat/calorie cooking class.
- C Go to the participant's home, work place, supermarket, or to a restaurant with the participant. Identify problem and helpful cues and behaviors, make suggestions, model desired behaviors, etc. (This may be Level 1 or 2 depending on the staff time involved for travel and so on.)
- C Buy the participant a belt. Mark on the belt the participant's waist size at various points during the study to emphasize weight loss progress in a visual way.
- C Provide DPP Dollars (see Reinforcers).

Level 3 Tools

Detailed guidelines for the following tools will be provided at a later date. We don't expect that Lifestyle Coaches would be using these tools until later in the intervention.

- C** Provide liquid formula.
- C** Provide actual food (e.g., frozen entrees) for several meals per week to model appropriate eating style.

Ultra Slim Fast Shakes.

Ultra Slim Fast may be used as a Tool Box approach with selected DPP lifestyle participants who have not achieved or maintained a weight loss of at least 7% of their starting weight.

Some Lifestyle Coaches have expressed concern about recommending a commercial weight loss product such as Ultra Slim Fast shakes as part of a healthy lifestyle program. The Lifestyle Resource Core has carefully examined the nutritional and behavioral factors and has concluded that Ultra Slim Fast shakes are in no way antithetical to a healthy lifestyle (any more than eating the same cereal and juice for breakfast every morning would be).

By providing structure, convenience, good nutrition, and consistency, Ultra Slim Fast shakes may be precisely what some participants need to reach and maintain the study weight goal. Two prospective trials, lasting from one to more than three years, have suggested that Slim Fast may be effective in supporting weight loss and weight maintenance (see the attached brochure for professionals, “Why Should You Recommend Slim Fast to Your Patients for Weight Control?”). Although the Lifestyle Resource Core does not require that Coaches recommend Ultra Slim Fast shakes or any other specific Tool Box approach, we feel strongly that participants should be free to choose among many strategies and use whatever works for them.

When to consider recommending Ultra Slim Fast shakes

Ultra Slim Fast shakes, like most Tool Box strategies, would be recommended after a participant has completed the 16-session Core Curriculum and has not achieved or maintained the 7% weight loss goal using simpler problem-solving tools. Ultra Slim Fast shakes may be an appropriate Tool Box approach in one or more of the following situations:

- C The participant has been at a **weight plateau**.
- C The participant has been **unwilling or unable to reduce the fat and calorie content of particular meals** (e.g., a businessman who typically eats no breakfast, grabs fast food for lunch, and then eats large dinners at restaurants with clients).
- C The participant has **little time for food shopping and preparation** (e.g., an attorney who works long hours).
- C The participant has **persistent difficulty managing food and social cues** related to overeating.
- C The participant has **consistently reported eating much less food but still has not lost weight** (that is, you suspect under-reporting).

Advantages of Ultra Slim Fast shakes include the following:

- C **Provide adequate and consistent nutrition as a low-fat, calorie-controlled replacement for one or two meals per day.** When compared to other typical meals or skipping a meal, Ultra Slim Fast shakes may be nutritionally superior (see “Comparison Breakfasts, Comparison Lunches”). When compared to other leading nutritional supplements, Ultra Slim Fast shakes have more balanced nutrition, more fiber, and fewer calories and fat (see attached table, “How does Ultra Slim Fast compare with other products?”).
- C **Eliminate food choices and temptations**, such as the sight and smell of food during food shopping, food preparation, and meals. (This may be viewed as a disadvantage in that the shakes do not provide participants with practice managing food cues, making appropriate food choices, controlling portions, or other behavioral skills required for maintenance of weight loss when the shakes are discontinued. But from another perspective, the shakes may be the ideal tool for selected participants precisely *because* they do not require participants to manage difficult food cues, control portions, and so on. In addition, in terms of the DPP protocol, there is no need to discontinue the use of Ultra Slim Fast shakes during the trial if their use continues to support adherence to the study weight loss goal.)
- C **Simplify food shopping and preparation.**
- C **Are convenient to carry and store** (will not spoil without refrigeration).
- C **May provide an experience of success at weight loss**, which may motivate some participants to adhere to dietary and behavioral recommendations that were not adhered to previously.
- C **Usually cost less than the meal they replace** (the shakes cost roughly \$1 per serving). In the DPP, the Slim Fast Foods Company has donated 5 “starter” cases of Slim Fast shakes to each clinical center to use as samples with participants who are first considering using Slim Fast. In addition, Slim Fast will provide, throughout the trial, participant vouchers for 50% off the regular price upon request from the clinical centers. **To request additional 50%-off vouchers, please call Harry Greene, MD at (561) 833-9920 or FAX him at (561) 832-3165.**

Note: **Use your good judgment in terms of whether or not to give vouchers for Slim Fast to participants and how many to give.** For example, participant A may be more adherent to using Slim Fast if you give her a few samples to get her started and then she buys all of the cans she needs. (This may be the case with many if not most participants. Furthermore, many individuals are more committed to something if they invest their own money in it than if they receive it free of cost.)

Participant B, on the other hand, may be more adherent if you supply vouchers on an ongoing basis for half of the Slim Fast she needs, whereas participant C, someone with financial need, may need you to supply vouchers for all of the product she uses. The bottom line is to do whatever you believe will best support participant weight loss and maintenance.

How to introduce participants to Ultra Slim Fast shakes

Carefully tailor the use of Ultra Slim Fast shakes to the nutritional needs and lifestyle of the individual participant, keeping in mind the following general guidelines:

- C **If the participant is 15 to 30 pounds above goal, consider recommending two Ultra Slim Fast shakes per day (or the equivalent using the powder), to replace breakfast and either lunch or dinner** (whichever presents the most challenges for the participant). The third meal (lunch or dinner) should be portion-controlled and low in fat and calories (see attached menus for examples). Also include 1-2 nutritious snacks of about 100 calories each.
- C **If the participant is 15 pounds or less above goal, consider recommending one Ultra Slim Fast shake to replace one meal per day.**
- C **Consider recommending Ultra Slim Fast shakes as a tool for weight maintenance.** For example, a participant might plan to regularly drink one shake a day in exchange for a meal that has consistently presented challenges (such as breakfast “on the run”). Or a participant might plan to drink a shake when caught in the office rather than skipping a meal, or drink two shakes the day before a big party or eating occasion as a way to budget fat and calories.
- C **Consider recommending Ultra Slim Fast shakes as a way to “Jump Start” a participant’s weight loss during a weight plateau.** For example, if a participant consistently reports eating very little but is not losing weight, provide Ultra Slim Fast shakes as a way to add structure and consistency to the participant’s eating pattern.
- C **Present Ultra Slim Fast shakes within the context of healthy eating.** Instruct participants to use the shakes to replace no more than 2 meals per day. Weight loss should be gradual and not exceed 2 pounds per week after the first week. The solid meals and snacks should be low in fat, calorie-controlled, and nutritious. Note the following related recommendations in the Ultra Slim Fast materials:
 - C Breakfast should not be eaten as the only solid food meal.
 - C If an Ultra Slim Fast shake is used to replace the evening meal, participants should add an additional 2 ounces of protein and one bread/starch to either the breakfast or lunch meal.

- C **Remember to continue placing an emphasis on the study goal for physical activity**, both as a goal in and of itself and as supportive of weight loss and weight maintenance.

Materials for introducing Ultra Slim Fast shakes

The following **resources for Lifestyle Coaches** will be sent to each center directly from the Slim Fast Foods Company (these are **not** to be given to participants):

- C “Why Should You Recommend Slim Fast to Your Patients for Weight Control?”
- C “How does Ultra Slim Fast compare with other familiar products?” (table comparing Slim Fast to Ensure, Sweet Success, and other liquid supplements)
- C A nutritional comparison of Slim Fast with Optifast, Medifast, HMR, and other liquid diets

The following **optional materials for participants** will also be sent to each center from Slim Fast or are attached (in the case of the materials developed by the Lifestyle Resource Core):

- C “Lose Weight, Stay Slim, Feel Great” (produced by the Slim Fast Foods Company)
- C “How to Use Ultra Slim Fast Shakes” (produced by the Lifestyle Resource Core; designed as a summary of the other materials plus a meal planning form).

Note: If you give the participant any of the written materials produced by the Slim Fast Foods Company, emphasize that **the participant should continue to follow the DPP goals for physical activity, fat grams, and calories**, and ignore any contradictory guidelines given in the Slim Fast materials (for example, some of the menus may not correspond to the participant's own calorie and fat goals).

On the “How to Use Ultra Slim Fast Shakes” handout, complete the meal plan at the bottom of the page with the participant. You may wish to develop the meal plan using the low-fat choices on the Food Pyramid chart from the Lifestyle Balance Healthy Eating session (see page 3, Healthy Eating, in the participant notebook), or refer to the sample menus given in the Slim Fast materials.

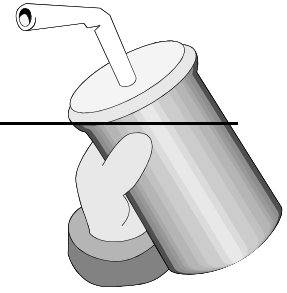
Sample 1200 and 1500-calorie plans:

Meal	Plan	Calories
Breakfast	Ultra Slim Fast Shake	220
Lunch	Ultra Slim Fast Shake	220
Dinner	4 oz. lean meat, poultry, fish, or substitute 1 bread serving 1 fruit serving 3-4 vegetable servings 1 fat serving	220-300 80 60 100 45
Snack(s)	2 fruit 1 bread	120 80
Total		1145-1225

Meal	Plan	Calories
Breakfast	Ultra Slim Fast Shake	220
Lunch	2 oz. lean meat, poultry, fish, or substitute 2 bread servings 1 fat serving 1 vegetable serving 1 fruit serving 1 nonfat milk serving	110-150 160 45 25 60 90
Dinner	4 oz. lean meat, poultry, fish, or substitute 1 bread serving 1 fruit serving 3-4 vegetable servings 1 fat serving	220-300 80 60 100 45
Snack(s)	2 fruit 1 bread	120 80
Total		1415-1535

At the bottom of the “How to Use Ultra Slim Fast Shakes” handout, record an individualized plan for “Other times to use Ultra Slim Fast shakes,” such as for breakfast and lunch on the day before a big party or eating occasion or when caught in the office with no time to go out for lunch.

How to use Ultra Slim Fast shakes.



Ultra Slim Fast shakes may help you lose weight and keep it off. Ultra Slim Fast shakes:

C Provide a meal that is low in fat and calories.

One Ultra Slim Fast shake contains 220 calories, 3 grams of fat, 10 grams of high quality protein, 5 grams of dietary fiber, and 18 essential vitamins and minerals.

C Can replace one or two meals per day. Your Lifestyle Coach will help you plan healthy food choices and amounts for the second and/or third meal and snacks.

C May help you avoid difficult food choices and temptations.

C Make food shopping and preparation easier.

C Are easy to carry and store.

Your Lifestyle Coach will help you develop a meal plan using Ultra Slim Fast shakes:

Meal	Plan	Calories
Breakfast		
Lunch		
Dinner		
Snack(s)		
Total		

Other times to use Ultra Slim Fast shakes: _____

Problem Solving Tools for Self-Monitoring of Physical Activity

Requirements

Self-monitoring of physical activity is required. Achievement of the physical activity goal is based solely on participant self-monitoring records (unlike with weight loss, there is no objective measure to verify self-report of physical activity level). Therefore the Lifestyle Coach must obtain self-monitoring data for physical activity in some manner.

Activity is to be self-monitored daily in the Keeping Track booklets and returned to the Lifestyle Coach at each session during the core curriculum. After that, monthly activity logs will be used; it is the Lifestyle Coach's responsibility to obtain these monthly physical activity records. To do so, the Coach should:

1. Call participants and ask them to send in the records or bring them in to the bimonthly sessions;
2. Call participants and ask for the information over the phone (that is, discuss the past time period with the participants and have them describe their level of physical activity over that period).

Repeated effort should be made to obtain this information. If, despite repeated efforts, these data cannot be obtained, call the Lifestyle Resource Core.

Problem Solving Tools for Physical Activity

Requirements

During the core curriculum, participants are expected to increase their physical activity to at least 700 kilocalories per week (equivalent to 2 ½ hours of brisk walking) within five weeks.

- C First week after beginning to work toward the goal: Do something active on 3 to 4 days during the week.
- C Second week: 60 minutes of physical activity per week.
- C Third week: 90 minutes per week.
- C Fourth week: 120 minutes per week.
- C Fifth week: 150 minutes per week.

After that point, the physical activity requirement is a *minimum* of 700 kilocalories per week (equivalent to 2 ½ hours of brisk walking) for the remainder of the study.

Action Points

Problem solving tools are recommended at these points:

- C During the first five weeks of the study, if a participant does not achieve the step-wise goals described in the core curriculum for that session.
- C Thereafter, if **at the end of any four weeks during the study**, a participant has not achieved the physical activity goal averaged over those four weeks (that is, 2800 kilocalories, or 10 hours (600 minutes) of brisk walking or its equivalent per four weeks).

Level 1 Tools

- C Ask about any barriers to physical activity (examples: bored or lonely when doing physical activity alone, having difficulty finding the time for physical activity, having competing responsibilities for the care of a child or elder (parent, grandparent), lacking a safe place for physical activity, lacking motivation or bored with physical activity routine). Use problem solving steps to identify solutions to try. Stress the benefits of physical activity.
- C Discuss ways to cue physical activity (e.g., post an activity graph; keep walking shoes handy).
- C Telephone the participant once a week for one month to encourage physical activity.
- C Involve a family member or significant other if the participant wishes.
- C Recommend listening to music or books on tape during physical activity.
- C Identify other time commitments for the participant and discuss the priority of physical

- activity relative to these other commitments.
- C Work on time management skills.
- C Recommend that the participant find a family member or friend to help with child or elder care.
- C Recommend physical activities that may be done at home.
- C Recommend physical activities that involve the child or elder, if possible.
- C Add a motivational strategy (see Map of Miles in Section 1).

Level 2 Tools*

- C Arrange for a pal (trained peer educator) to exercise at least once with the participant or to drive the participant to a supervised physical activity session.
- C Schedule a meeting between the participant and the exercise physiologist at your center to discuss different types of physical activity and reasons for nonadherence.
- C Lend the participant an aerobic exercise tape (\$15 to \$25) for a one-month trial period.
- C Provide transportation (bus or taxi fare or pay another participant to drive the participant) to a few of the supervised activity sessions or to a local mall.
- C Enroll the participant in an exercise class in his or her neighborhood, the local YMCA or other inexpensive exercise program.
- C Enroll the participant in a local exercise event (e.g., walk-a-thon, bike race) and encourage the participant to train for the event.
- C Lend the participant a pedometer (\$25) for a one-month trial period.
- C Provide DPP Dollars (see Reinforcers).

Level 3 Tools*

- C Arrange for a pal (trained peer educator) to exercise with the participant once a week.
- C Pay for child or elder care on a regular basis.
- C Provide a membership to a health club.
- C Enroll the participant in a cardiac rehabilitation program. Monitor physiological parameters frequently to show progress.
- C Provide home exercise equipment (e.g., bike) for one to two months (or longer, if it is being used by the participant).

* The basic difference between Level 2 and Level 3 tools for physical activity is cost, although this is difficult to determine centrally because costs may vary greatly from center to center. We've roughly estimated that Level 2 tools might cost less than \$50, whereas Level 3 tools might cost \$50 or more. We strongly encourage centers to use Level 2 tools before Level 3 tools and to call the Lifestyle Resource Core when considering a Level 3 tool so that together we can discuss any options that may be less costly.

Pedometers.

The DPP Lifestyle Resource Core has provided each clinical center with Digi-Walker SW-200 pedometers, manufactured by Yamax. The Digi-Walker SW-200 counts the number of steps taken while walking or jogging up to 100,000 steps. (Unlike some pedometers, this model does not measure distance or allow the user to enter an individualized stride length.)

The purpose of the pedometers is to give participants an additional way to monitor their physical activity, which may make the process more fun and interesting, and to challenge participants to increase their activity and maintain it at a high level. In the future, the Lifestyle Resource Core would also like to develop a motivational campaign (maybe a “Walk Across America”) that would invite all participants to use the pedometers and involve a competition or cooperative effort across all centers. In the meantime, give the pedometers to those participants you think will like using them, and feel free to use the pedometers as part of behavioral contracts or other motivational tools (such as Map of Miles) at your center.

Note: The pedometers are *not* intended to replace the standard self-monitoring of activity in minutes, which is required by the protocol and should continue even if the participant uses a pedometer.

Use your judgment to decide which participants will benefit from the pedometers (for example, don't give a pedometer to a participant who is overwhelmed with other tasks required by the study, for whom adding one more thing would become a negative). Also use your judgment to decide *when* to give the pedometers. **We recommend giving them to participants after the core curriculum or as a maintenance tool later in the program** when you are looking for a new idea or “shot in the arm” for a participant. When you give the pedometers to participants, you may want to review related concepts from the Core Curriculum such as those presented in Session 6 (Being Active: A Way of Life) or Session 13 (Jump Start Your Activity Plan).

We strongly recommend that Lifestyle Coaches get familiar with the pedometers before giving them to participants. Wear one for a week or two and record your own steps.

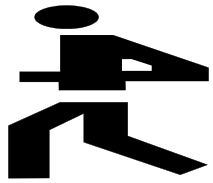
When you give a pedometer to a participant:

- C Emphasize that the purpose of using the pedometer is to make physical activity more interesting, fun, and challenging.
- C Review the instructions on the attached handout. Show the participant how and where to clip on the pedometer. (To help participants understand where to place the pedometer, show them the drawings in the section entitled Installation Method in the instructions that come with the pedometer. Note that most of the instructions, such as how to set the clock and stride length, apply to other models of the pedometer, so don't let this confuse the participant.)
- C After the participant wears the pedometer for a week, review the data and calculate the

average steps per day. Then set a goal for the participant, and write it on the handout (be sure to involve the participant in the goal setting process). To determine the goal, think about what is challenging yet reasonable for the individual based on his or her baseline amount. For example, one participant may be able to increase his number of steps from 10,000 to 15,000 (an increase of one-half). Another may only be able to increase from 20,000 to 25,000 (an increase of one-fourth) because she is more active to begin with. It depends on how much activity the participant is already doing and how much more can reasonably be added.

- C After the participant meets one goal and maintains it for a period of time, set another goal to continue to challenge the participant. You may want to develop some charts or graphs that you and the participant can use to track increases in steps walked.
- C For participants who are motivated by and enjoy using the pedometer, you may want to consider using Toolbox funds to purchase a pedometer that calculates distance based on stride length and number of steps.

Be sure to make it clear to participants that pedometers can be inaccurate, that pedometer data will not be used as DPP data, and that participants should continue to self-monitor minutes of activity. Keep in mind that these are inexpensive instruments and one may be more sensitive to certain movements than another. Also, people move differently when they walk, so person A may walk a mile and get a very different total number of steps than person B because person A shuffles her feet. So don't compare steps among individuals but rather encourage each individual to increase his or her own number of steps over time.



Step Your Way to Success.

Using a pedometer can add fun and challenge to your activity plans.
Here's how to start stepping:

1. Wear the pedometer, and record your steps every day.

- a. Clip the pedometer on when you first get up in the morning.
 - C Clip it to your clothes at your waist. (See the drawing in the instructions that come with the pedometer.)
 - C Make sure it is securely attached and doesn't jiggle. For example, don't let it flap around in a pocket.
 - C Make sure it isn't tilted.
- b. Take the pedometer off at night before you go to sleep. Write down the number of steps you took that day in your Keeping Track or on a calendar.
Remember to reset the pedometer for the next day.

2. At the end of 7 days:

- a. Look over your daily records. On which days did you walk the most steps? On which days the least? What could you do to walk more steps on the days when you walked the least?
- b. You can also take the average. Just add up the days and divide by 7.

Your starting average = _____ steps per day.

3. Your goal is to aim for _____ steps per day.

You can do it!

Important:

1. **Continue to record your DPP activity in minutes.** This is required by the DPP, whether or not you are using a pedometer.
2. Be sure to reset the pedometer every morning.
3. Don't open the case. If you think the batteries may need to be changed, return the pedometer to your Coach.
4. Don't get the pedometer wet. Don't swim or shower with it on. Keep it under your coat if you are walking in the rain or snow.

Ideas to Enrich the Lifestyle Intervention

(Updated August 15, 2000)

Many DPP centers are using their own creative ideas to enrich the lifestyle intervention. Some of the ideas are listed below. Feel free to contact the centers named for more details.

Note: Please let us know what has been working well for you at *your* center so we can add your ideas to the list.

Summer and Fall 1999

- C **Hold a frisbee golf event.** At DPP San Diego, 14 participants plus about 19 family members attended a frisbee golf event in the summer of 1999. They broke into teams of five for frisby golf and later enjoyed a catered picnic. More men (seven) attended than any other lifestyle event they've held at the center.
- C **Host a Family Day.** In September 1999, St. Lukes invited participants and family to a Family Day, held games appropriate for all ages, had arts and crafts activities available for the children, led an exercise class, had the PI speak about the study, and had a picnic.
- C **Take participants on a biking tour of your city/town.** In the fall of 1999, Pittsburgh hired a local company that rents bikes and offers guided tours, and we invited participants to join us on the bike tour or, if they preferred, to walk along the trail. Nine participants and 6 friends and family members attended. Some participants brought their own bikes, others rented those that were available. A small group of participants walked the trail rather than biking it.
- C **Hire exercise physiology students to help with supervised activity sessions.** Both Seattle and Pittsburgh have hired exercise physiology students to lead activity classes and act as personal trainers for participants.
- C **Have an exercise consultant lead an aerobics class and make a video of it for participants to use at home** (Indiana).
- C **Go fruit picking.** Washington University invited participants to a local pick-your-own-strawberries farm (the price of the fruit was included on the invitation). The Coaches also provided low-fat recipes for strawberries. If the weather and location permits, you may want to go for a group walk before picking the fruit.

- C **Print an e-mail/phone directory for participants.** Both Indiana and Pittsburgh have provided such a directory for their lifestyle participants. We recommend only including and distributing it to those who want to be in it; indicate beside each name if the participant wants to exercise with other participants, exchange recipes/ideas about healthy eating, and/or talk about experiences being in the DPP.
- C **Provide a comprehensive review of participant progress periodically.** Chicago developed a worksheet called **The Lifestyle Balance Equation (attached)**. It is individualized using each participant's data and then used to lead a discussion between the Coach and participant regarding motivation, lifestyle goals, and strategies for reaching those goals.
- C **Hold a Red, White, and Blue competition in which participant "buddy pairs" form teams with Coaches and PIs as leaders.** In the fall of 1999, Medstar held an eight-week competition in which participants were given points for exercising each day, self-monitoring, and meeting fat and calorie goals (**see related handout attached**). There were three teams with eight participants per team. The PIs and Coaches were the team leaders and held team rallies (group meetings with inspirational talks) for each team. Prizes were awarded and motivational "surprise gifts" given toward the end of the competition. Many participants said the competition was a turning point for them in terms of making exercise a habit.
- C **Hold group conference calls with participants.** During the 1999 holiday season, the Miami DPP Coaches scheduled five conference calls with small groups of lifestyle participants. The calls were scheduled for 6:30 - 7:00 pm, roughly every other week. The Coaches mailed a schedule for the calls to all lifestyle participants, called them individually a few days before each call to see if they'd like to participate, and then called those who said "yes" the day before the call to confirm. Two of the scheduled calls were canceled, and three calls took place. About 6-8 participants were on each call, and they shared ideas and experiences about the living the lifestyle intervention. The participants enjoyed the calls, and the Miami Coaches would recommend them to other centers.

Winter and Spring 2000

- C **Hold a "Jump Start" contest (see related handout attached).** In the winter of 2000, Johns Hopkins held a six-week contest in which participants could earn points by losing 2.5% of their weight, attending group classes and activity sessions, self-monitoring, or being at their weight goal. Gift certificates were awarded from a bookstore, grocery store, sports store, restaurant, bath and body store, and department store.

- C **Hold an exercise class that features exercise opportunities unique to your city or area.** For example, Hawaii held a class called Exercise Hawaii Style including hula. Pittsburgh is planning a class in which participants walk some of the many historic Pittsburgh bridges.
- C **Send participants a newsletter with lifestyle data from the center and personalize it with each participant's own data.** In February 2000, New Mexico sent each lifestyle participant a newsletter entitled **Lifestyle Newsflash (see attached)**. It showed graphs of the center's weight and activity data over the previous nine months, indicating a recent decline in the data. Participants were asked to lose an additional two pounds and increase activity by 10 minutes over the next two months. Individual participant data was also given.
- C **Develop a Participant Advisory Board.** In the winter of 2000, New Mexico invited eight highly successful participants to meet with the Coaches quarterly and provide input, ideas, and feedback about after-core classes and motivational campaigns. Six participants attended the first meeting (the other two plan to attend future meetings). The participants suggested a lifestyle buddy system, plan to write profiles of themselves to be published in the center's lifestyle newsletter, and proposed progressive dinners with low-calorie/low-fat food for small groups of participants and their spouses/guests. The group agreed to meet again during the next quarter.
- C **Hold a Participant Focus Group.** In March 2000, Northwestern invited eight participants who were straddling their weight goal (between 6 and 7% weight loss) to attend a focus group. Four participants attended. The facilitator used the Consumer Buyer Behavior Model used by marketers to assess consumer decision making. According to the model, consumers go through five steps whenever they decide to make a purchase. The facilitator had the group apply these steps to the DPP, using as examples their decision to join the DPP and then, as proposed by the interventionists, to try to reach a 10% weight loss goal to solve the problem of straddling the 7% goal. The model includes five steps: need recognition of the problem, the information search, evaluation of the information, purchase decision, and post-purchase evaluation. The group discussed each step, decided to commit to a 10% weight loss goal, and planned to meet again in May.
- C **Host a Health and Fitness Jeopardy Night.** In March 2000, 10 participants plus family members enjoyed an evening of three rounds of jeopardy. Participants could choose whether they were contestants or spectators. Contestants won a prize just for competing and for winning a round. The PI played the role of the moderator. There were five categories in each of the three rounds, including nutrition, fitness, and general health questions. The final jeopardy question was a general question about the study. The Coaches prepared low-fat/calorie appetizers. The grand prize was a Cooking Light

cookbook on compact disk. Participants said they had a lot of fun and learned a lot just from listening to the questions.

- C **Walk with participants “On Our Way to Santa Fe.”** In March 2000, Jefferson formed two teams with about 11 participants on each team plus staff. The teams competed with each other by walking 700 miles along the Santa Fe trail over four weeks. At a kickoff party, participants received water bottles, towels, and bookmarks with historic information about the trail (ordered from the Internet). Participants called their Coaches with their exercise minutes each week, and the Coaches then called them back with their team's total minutes (equivalent to miles) which was marked on a burlap map of the trail (also ordered from the Internet). Weekly prizes were given to the members of the team closest to Santa Fe, and at the end of four weeks, the winning team members won a windbreaker or Walkman. A participant won a prize only if the team won plus the participant had at least 150 minutes that week. All but three participants reached at least 150 minutes per week throughout the campaign.
- C **Hold a “Cross Country Challenge.”** In the spring of 2000, Chicago plans to hold a three-month exercise competition called “Cross Country Challenge” (**see related handout attached**). Participants will choose among a list of popular destinations, each with a specified maximum number of members allowed per team. The number of miles from Chicago to the destination will be divided by the number of team members and that is the number of *minutes* each member is responsible for achieving each week during the competition. Any mode of exercise will qualify. (The Coaches selected the destinations and maximum members per team so that the required minutes averaged about 200-250 minutes, a reasonable goal for their participants.) For example, the northern section of the Appalachian Trail is 713 miles, with three team members allowed; so each participant will be required to exercise 238 minutes per week (713 divided by 3). The destinations will include Walt Disney World, Martha's Vineyard, Mt. Rushmore, the World Trade Center, Philadelphia (City of Brotherly Love), one section of the Appalachian Trail, and Niagra Falls. Also, individual participants will be able to compete with themselves to either bicycle to St. Louis or hike the Grand Canyon (277 miles).
- C **Invite participants to “Fuel Your Engines.”** In the spring of 2000, Indiana will hold a participant team competition called “Fuel Your Engines” (**see related handout attached**). Participants will be grouped into five teams of ten participants each. For two months, the team captains (highly successful participants) and co-captains will contact the other team members by phone to collect self-monitoring data. Pounds lost and minutes of activity will be totalled for each team. All teams will receive prizes (bigger prizes for the teams with the most weight loss and increased physical activity), and individuals will also receive prizes for most improved minutes, highest average minutes, and most weight loss during the two months. The prizes, including certificates for gasoline and car washes, will be awarded at a Victory Lane party at the end of the

competition.

- C **Host a Spouse Appreciation Event.** In the spring of 2000, Miami will be holding a spouse appreciation brunch, luncheon, or evening event. They plan to invite all lifestyle participants and their spouses. The behavioral consultant will do a brief presentation on ways to be supportive of lifestyle change. Also, there will be healthy food, time to socialize, and a trivia quiz with prizes. One idea is to put participants in one room and spouses in another and have the individuals in each group complete a questionnaire with both fun questions about their spouse and some lifestyle questions.
- C **Hold a Walking Clinic at a Shoe Store.** In May 2000, Colorado held a walking clinic at a reputable running shoe store on a Saturday morning before the store opened for business. A knowledgeable store employee explained proper shoe fit and support and evaluated the participants' feet. Participants also had the opportunity to be videotaped walking on a treadmill. Recommendations for the best shoe support were made based on each participant's feet and gait. An athletic shoe representative was available for questions and provided a free pair of shoes for a raffle and a water bottle and holder to those who bought shoes (any brand) that day. The center also negotiated an ongoing 20% discount with the store management on all merchandise. A 60-minute walk around the adjacent park took place after the clinic. 11 participants and 4 spouses attended.
- C **Present Dietary Self-Monitoring Data in Relation to Weight Loss Data.** In the spring of 2000, Einstein held an evening event attended by about 75% of their lifestyle participants. The PI presented a general overview of the study, including its place in medical history. The nutrition consultant, Judy Wylie-Rosett, presented the local and national lifestyle data, asked participants how they felt about self-monitoring food intake, and reviewed data on the number of local lifestyle participants who self-monitor (these data came from the monthly reports and the most recent LO3 forms). Judy emphasized that, in general, one of the best predictors of weight loss is self-monitoring of food intake and sure enough, at Einstein those participants who self-monitored the most had the best weight losses. The behavioral consultant then asked the participants what motivated them when they joined the study and what motivated them now, using motivational interviewing techniques with the group. (Since this presentation, Einstein is experimenting with several strategies for increasing participant self-monitoring of food intake. Some participants are asked to self-monitor several days a week, reflect on how their eating pattern differs on self-monitoring days and what strategies they use on those days, and how they can extend those strategies to other days. Some participants list their personal strategies for reducing fat intake and use that as a check-off list for self-monitoring. Others follow a meal plan and document how they deviate from the plan.)
- C **Publish a local lifestyle newsletter.** Attached are sample copies from several centers.

- C **Hold a Spring Training “Boot Camp.”** St. Lukes offered an intensive, goal-oriented program to challenge lifestyle participants in a group setting. Six weekly group sessions were held, which included 50 minutes of discussion related to goal achievement and 50 minutes of group physical activity. Small rewards were given for reaching goals. “Boot camp” style items were given to add some fun. A “telephone boot camp” was also offered as an alternative. See the attached outline for details.
- C **Hold a Food Shopping the DPP Way class.** Centers 16 and 27 (UCLA Alhambra and Culver City) offered three sessions on food shopping. Group activities reinforced the Food Pyramid, weighing and measuring, label reading, and meal planning. A supermarket tour was included. See the attached outline for details.

Summer, Fall, and Winter 2000

- C **Develop a meal plan tailored to your center.** Some centers have asked participants to select their favorite menus from the Start Now meal plans used during Spring Training and have created a one-week plan which they ask participants to follow for one week every month. For example, this was done at the Shiprock center and Tool Box funds were used to purchase some of the more expensive condiments on the menus for the participants. Other centers have revised the Start Now meal plans to better suit the ethnic and socio-economic backgrounds of their participants (for example, to make the menus less expensive). Some centers have developed a one-week-a-month meal planner for participants to use as a self-monitoring record as well. For example, Kati Szamos at UCLA had participants create weekly meal planners during a class on grocery shopping and, based on those planners, she created 1, 2, 3 On Track (attached), both in English and Spanish. The participants are asked to follow the plan one week a month.
- C **Use your CRC to provide food for lifestyle participants.** The Colorado DPP arranged to have their Clinical Research Center (CRC) provide calorie-controlled meals for selected lifestyle participants at no cost to the DPP. The Coach and participant agreed on a calorie goal, the CRC dietitians developed the meal plans keeping in mind the participants food preferences, and pre-packaged foods such as frozen entrees were included in the meal plans. Seven days of meals from the CRC were provided for the participants, then the participant was asked to mimic the foods and portion sizes from the previous week for seven days, and then four more days of CRC meals were provided to reinforce food selection and portion sizes. All four of the lifestyle participants who used the CRC meal plans lost weight. For more information, contact Lisa Testaverde.
- C **Give participants “Just Say No” self-monitoring cards.** The Jefferson DPP distributed cards to participants and asked them to indicate on the cards every time they refused an offer of a holiday treat such as a Christmas cookie. The cards were then

posted in the waiting area of the clinic.

- C **Hold a Wellness Day or develop an Exercise Resource Center for your participants.** The Pennington DPP has many physical activity materials to share with other centers, which we have attached: their own take-home circuit training program for participants with illustrated stretching guide; a list of exercise music companies; creative participant materials they developed for their Spring Training program, Wellness Day, and Exercise Resource Center; and a copy of a catalog and Reaching and Working with the New Exerciser (a resource from IDEA). Thank you, Pennington!
- C **Hold a cooking class with games on food trivia.** Johns Hopkins DPP held a cooking class that included related find-a-word games and trivia quizzes, several of which are attached.
- C **Offer a Foods of the World class.** Medstar DPP offered a five-session class including the following topics: herb gardens, versatile legumes and incredible edible flowers, exotic grains, supermarket tour and amazing tofu, and around the world pot luck.
- C **Over the holiday season, graph participants weight on a red-and-green graph called Hold the Line (attached).** This graph was sent in November to all of the DPP centers via the Program Coordinators on-line discussion group. It is to be printed in red and green and used as an optional tool with participants to encourage weight maintenance during the holiday season.
- C **Hold an Indian cooking class.** St. Lukes held a cooking class for their lifestyle participants and demonstrated various Indian recipes, which are attached.
- C **Facilitate a women's support group.** In July, the University of Chicago DPP offered four weekly sessions for women to share their DPP related concerns, struggles, successes, and other lifestyle issues.
- C **Offer a DPP Food Wraps class.** The Seattle DPP held a class that was very popular in which the Coaches demonstrated preparing food wraps (recipes are attached).
- C **Display participant ID's on a bulletin board in categories based on adherence, with photos of only the most successful (with permission).** The Texas DPP grouped their lifestyle participants into four categories of adherence, calling the least successful the "bench warmers" and the most successful the "all-stars." Only all-stars had their pictures on the bulletin board.