



Assessment

Weight

Assess patient's Body Mass Index*
Patient is overweight if BMI >25

Height	Body Weight (lbs.)	Height	Body Weight (lbs.)
4' 10"	≥ 119	5' 8"	≥ 164
4' 11"	≥ 124	5' 9"	≥ 169
5' 0"	≥ 128	5' 10"	≥ 174
5' 1"	≥ 132	5' 11"	≥ 179
5' 2"	≥ 136	6' 0"	≥ 184
5' 3"	≥ 141	6' 1"	≥ 189
5' 4"	≥ 145	6' 2"	≥ 194
5' 5"	≥ 150	6' 3"	≥ 200
5' 6"	≥ 155	6' 4"	≥ 205
5' 7"	≥ 159		

*Certain patients may require assessment for underweight and/or unintentional weight loss

Activity

Ask patient about any physical activity in the past week: walking briskly, jogging, gardening, swimming, biking, dancing, golf, etc.

1. Does patient do **30 minutes** of moderate activity on **most days/week**?
2. Does patient do "lifestyle" activity like taking the stairs instead of elevators, etc?
3. Does patient usually watch **less than 2 hours TV or videos/day**?

If patient answers NO to above questions, assess whether patient is willing to increase physical activity.

Variety

Is patient eating a variety of foods from important sections of the food pyramid?
Determine **Variety** and **Excess** using one (or a combination) of the following methods:

- Compare foods eaten with Food Pyramid recommendations: "Think about what you usually eat for each food group and indicate the number of servings of each pyramid section."
- Perform a quick one-day recall: "Briefly describe everything you eat or drink in a typical day, beginning with the first thing eaten after waking up."
- Ask patient to complete a self-administered eating habits questionnaire.



Excess

Look at the patient's typical intake. Is patient eating too much:

Fat? Saturated fat?

Sugar? Calories?

Salt?

Alcohol?

- Ask about serving/portion sizes, preparation methods and added fats, like butter, mayonnaise, sour cream, salad dressing, etc.
- Does patient eat 4 or more meals from sit-down or take-out restaurants/week?
- Is patient's weekend eating much different from weekday eating?

Discuss with the patient:

- "How do you think what you eat and how you exercise affect your health?"
- "What do you think is positive/negative about the way you eat?"
- If patient needs to improve eating and/or activity habits, assess willingness to make changes.



Recommendations

<p>Weight</p> <p><u>If patient is overweight:</u></p> <ol style="list-style-type: none"> 1. State concern for the patient, e.g., "I am concerned your weight is affecting your health." 2. Give the patient specific advice, i.e., <ol style="list-style-type: none"> a) Make 1 or 2 changes in eating habits to reduce calorie intake as identified by food intake assessment. b) Gradually increase activity/decrease inactivity. c) Enroll in a weight management program or d) Consult a dietitian 3. If patient is ready to make behavior changes, jointly set goals for a plan of action and arrange for follow-up. 4. Give patient education materials/resources. 	<p>Activity</p> <p><u>Examples of moderate amounts of physical activity:</u></p> <ul style="list-style-type: none"> • Walking 2 miles in 30 minutes • Stairwalking for 15 minutes • Washing and waxing a car for 45-60 minutes • Washing windows or floors for 45-60 minutes • Gardening for 30-45 minutes • Pushing a stroller for 1 1/2 miles in 30 minutes • Raking leaves for 30 minutes • Shoveling snow for 15 minutes <ol style="list-style-type: none"> 1. If patient is ready to increase physical activity, jointly set specific activity goals and arrange for follow-up. 2. Give patient education materials/resources.
<p>Variety</p> <p><u>What is a serving?</u></p> <p>Grains (6-11 servings) 1 slice bread, 1 oz. Ready-to eat cereal, 1/2 cup cooked cereal, rice or pasta, 1 tortilla</p> <p><i>Is patient eating whole grains?</i></p> <p>Fruits (2-4 servings) 1 medium fresh fruit, 1/2 cup chopped or canned fruit, 3/4 cup fruit juice</p> <p>Vegetables (3-5 servings) 1 cup raw leafy vegetables, 1/2 cup cooked or chopped raw vegetables, 3/4 cup vegetable juice</p> <p>Protein (2-3 servings) 2-3 oz. poultry, fish, or lean meat, 1-1/2 cup cooked dry beans, 1 egg equals 1 oz. meat, 4 oz. or 1/2 cup tofu</p> <p>Dairy (2-3 servings) 1 cup milk or yogurt, 1-1/2 oz. cheese</p> <p>See instructions 1-4 under Excess</p>	<p>Excess</p> <p><u>How much is too much?</u></p> <p><i>Too much fat, saturated fat, calories</i></p> <ul style="list-style-type: none"> • >6 oz/day of meat • Ice cream, high fat dairy products • Fried foods • High fat snacks and desserts • Eating out >4 meals/week <p><i>Too much sugar, calories</i></p> <ul style="list-style-type: none"> • High sugar beverages • Sugary snacks/desserts <p><i>Too much salt</i></p> <ul style="list-style-type: none"> • Processed meats, canned/frozen meals, salty snacks <p><i>Too much alcohol</i></p> <ul style="list-style-type: none"> • More than one drink/day for women and two drinks/day for men <ol style="list-style-type: none"> 1. Discuss pros and cons of patient's eating pattern keeping in mind Variety and Excess. 2. If patient is ready, jointly set specific dietary goals and arrange for follow-up. 3. Give patient education materials/resources 4. Consider referral to a dietitian for more extensive counseling and support.