




Individual Session

In this session, the participant will:

1. Review progress toward DM Intervention goals.
2. Evaluate nutritional variety and balance of current eating habits.
3. Identify potential challenges and plan for long-term maintenance.

| Checklist of Materials Needed | | | | | |
|---|---|----------|-----------|----------------------------------|---|
|  | <p><i>Group Nutritionist Note:</i> Review the following areas before the participant's scheduled Individual Session:</p> <ul style="list-style-type: none"> • Progress notes on participant. • Group session attendance and make-up activities. • Completion of scores (fat, fruit/vegetable and grain). • Completion of Home Activity assignments. • Progress meeting DM Intervention goals. <p>Be sure to reinforce and congratulate the woman for positive changes and successes.</p> | | | | |
| | <p>Supporting Materials</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual Data Sheet (Form 64) <input type="checkbox"/> Fat Scans <input type="checkbox"/> Group Nutritionist - Individual Session Worksheet, pages 14-16 (optional) <input type="checkbox"/> Goal Setting Worksheet (Individual Session), blank copy <input type="checkbox"/> Progress Checklist (Worksheet 9-2), blank copy <input type="checkbox"/> Home Activity (Worksheet 9-3), blank copy <input type="checkbox"/> Low-Fat Ways to Get More Calcium (reference copy) | | | | |
| Participant Materials | | | | | |
| Participant Information | <ul style="list-style-type: none"> <input type="checkbox"/> Fat Scan <input type="checkbox"/> Progress Checklist (Worksheet 9-2) <input type="checkbox"/> Home Activity Worksheet (Worksheet 9-3) | | | | |
| Resource Section | <p>Additional materials available in Participant Manual</p> <table> <tr> <th>Resource</th><th>Page(s) #</th></tr> <tr> <td>Low-Fat Ways to Get More Calcium</td><td>8</td></tr> </table> | Resource | Page(s) # | Low-Fat Ways to Get More Calcium | 8 |
| Resource | Page(s) # | | | | |
| Low-Fat Ways to Get More Calcium | 8 | | | | |

Individual Session Outline—Key Activities

| Activity Type (Time) | Activity |
|---|--|
| <p>Discussion (10 minutes)</p> <p> Notes</p> | <p style="text-align: center;">Talking It Over</p> <p>◆ Discuss participant's thoughts and feelings about her participation in WHI.</p> <p>Q/A:</p> <ul style="list-style-type: none"> - What have you liked about the WHI? - Has there been anything that you have not liked? - What are the reactions of family or friends to your involvement in the study? |
| <p>Discussion (10 minutes)</p> <p></p> | <p style="text-align: center;">New Material</p> <p>◆ Use Worksheets 9-2, 9-3 and Fat Scan.</p> <ul style="list-style-type: none"> • Review progress. • Identify challenges. <p>◆ Key point—participants review progress toward dietary goals.</p> <p>Q/A:</p> <ul style="list-style-type: none"> - How are you feeling about the changes you have made in your eating patterns? |

Discussion
(10 minutes)



- ◆ Use Fat Scan and Progress notes.
 - Assess nutritional balance of food choices.
 - Use of fat grams.
 - Use of fruits and vegetables.
 - Use of grain products.
 - Use of lower-fat calcium sources.
- ◆ Key point—participants identify nutritional balance issues.

Discussion
(10 minutes)



- ◆ Use **Worksheet 9-2** (or participant feedback).
 - Identify two or three challenges to work on in next month.
 - Discuss individual challenges to performance.
 - Support from family and friends
 - Motivation (thoughts and feelings)
 - Outside activities (work or social-related)
 - Other
- ◆ Complete **Individual Session-Goal Setting Worksheet**.
- ◆ Key point—participants set a goal to continue their progress.

Discussion
(5 minutes)



Summary/Home Activity



- ◆ Participant discusses goal and planned steps.
- ◆ Assign appropriate number of Fat Scans.
- ◆ Ask participant to work on her goal at home and complete evaluation step before Session 10, if time allows. Answer questions.

Nutritionist Wrap-Up

- ◆ Complete Individual Data Sheet (Form 64).
- ◆ Complete Progress notes.
- ◆ Use information collected at Individual Session to prepare for the review of group progress at Session 10.

Total Time:
45 minutes

Individual Session

| Activity Type (Time) | Activity |
|---|--|
| Discussion (10 minutes)  | TALKING IT OVER |
| | <p>♦ Discuss participant's thoughts and feelings about her participation in WHI.</p> <p>Q/A:</p> <ul style="list-style-type: none"> - What have you liked about the WHI? - Has there been anything that you have not liked? - What are the reactions of family or friends to your involvement in the study? |
| | <div style="border: 1px solid black; padding: 10px;"> <p> <i>Group Nutritionist Note:</i> Ask open-ended questions about participant's involvement in the study. If there have been attendance problems or problems with group interactions, this is a good time to discuss the underlying issues.</p> <p>If motivation is low, spend time talking about the reasons for this and steps that could be taken.</p> </div> <ul style="list-style-type: none"> • It's been three months since our first group meeting. Let's spend a few minutes just talking about how you are feeling about your participation in the study. |

NEW MATERIAL

Review Progress in Changing Food Habits

PURPOSE: Review progress and identify challenges.

**Discussion
(10 minutes)**



◆ **Use Worksheets 9-2, 9-3 and Fat Scan.**

- **Review progress.**
- **Identify challenges.**

◆ **Key point—participants review progress toward dietary goals.**

Q/A:

- **How are you feeling about the changes you have made in your eating patterns?**



Group Nutritionist Note: Review the most recent Fat Scan and **Worksheets 9-2** and **9-3** to assess the participant's progress. The responses on these forms can be used as a basis for discussion. In addition, use previous fat score data and any progress notes you have regarding significant eating pattern changes (food groups) since entry into the study.

Discuss the participant's feelings about her progress. Support her successes. Help her identify a list of her successes or re-evaluate her expectations in order to set realistic goals.

If the participant didn't bring her worksheet, give her a few minutes to complete one. Review the participant's Fat Scan while she is completing the worksheet.

- Let's look at how much you've changed your eating habits since you entered the study. We'll start by reviewing **Worksheets 9-2** and **9-3** which you completed at home.
- You have really made progress. Be sure to give yourself a pat on the back for the changes you've made in the last three months.



Q/A:

- How are you feeling about the changes that you have made in your eating patterns?

Evaluate Nutritional Variety and Balance of Current Eating Habits**PURPOSE:** Assess overall nutritional balance of food choices.**Discussion
(10 minutes)**

- ◆ **Use Fat Scan and Progress notes.**
 - **Assess nutritional balance of food choices.**
 - **Use of fat grams.**
 - **Use of fruits and vegetables.**
 - **Use of grain products.**
 - **Use of lower-fat calcium sources.**
- ◆ **Key point—participants identify nutritional balance issues.**



Group Nutritionist Note: Review the Fat Scan and look at the major sources of fat circled. Identify excess fat intake or unbalanced fat intake (i.e., all fat coming from desserts). The summary page provides a quick overview of what food groups provide the most fat. Use the summary to identify potential problem food groups and determine whether the fat intake is balanced. Look at the individual foods circled in the problem food groups, if any are identified. Determine if the woman is meeting her fat gram goal. Compare her score to previous fat scans. Congratulate her if she is meeting her goal. If not, analyze why she is not meeting her goal.

Use of Fat Grams

- Your fat gram goal is _____. You reported _____ grams on this Fat Scan. This is similar/more/less than the fat scores you've turned in before.

**Q/A:**

- Do you think the foods you recorded on your fat scan are typical of your every day eating habits?

Use of Fruits and Vegetables

Group Nutritionist Note: Review the Fat Scan and count the number of servings of fruits and vegetables circled. Discuss the importance of eating fruits and vegetables. If necessary, encourage the participant to increase her consumption of fruits and vegetables to at least five servings a day. Let the participant decide the best strategies to use to meet this goal.

- Now, let's take a look at some of your food choices and see if you are eating a variety of foods. Some of the most important foods you should eat every day are fruits and vegetables. Fruits and vegetables provide many vitamins and minerals and they are low in fat. The WHI recommends that you eat five servings of fruits and vegetables every day.



Q/A:

- Tell me, how many servings of fruit do you eat on an average day?
- How many servings of vegetables do you usually eat?
- What methods have you used to increase your servings of fruits and vegetables since you joined the study?
- What other steps would you be comfortable taking to use more fruits and vegetables?

Use of Grain Products



Group Nutritionist Note: Review the Fat Scan and count the number of servings of grain products the participant has circled. Discuss the importance of eating grains. Encourage the participant to increase her consumption of grains to at least six servings a day. This is a difficult goal for many women; we will be working on this more in future sessions. Let the participant decide the best strategies to use to meet this goal.

- A healthy diet also includes plenty of grains, breads, and cereals. The WHI recommends that you eat at least six servings a day.



Q/A:

- How many servings of grains, breads, and cereals do you eat on an average day?
- What methods have you used to eat more servings of grains, breads, and cereals since you joined the study?
- What other steps would you be comfortable taking to eat more grains, breads, and cereals ?

Use of Lower-Fat Food Sources of Calcium

- The other area that we want to check in your eating patterns is your use of lower-fat sources of calcium. Some women may have stopped using their higher-fat dairy sources of calcium such as whole milk, cheese and ice cream and have not substituted lower-fat sources. Other women may not eat dairy foods at all and use only small amounts of other non-dairy calcium sources. Think about the changes you have made in your use of dairy foods since you entered the study.



Q/A:

- How has your use of dairy foods changed?
- What dairy foods do you use now and how often do you eat them?
- What other food sources of calcium (dairy or non-dairy) would you be willing to use?



Group Nutritionist Note: Assess the woman's tolerance and/or acceptance of dairy foods:

- If she eats dairy products, encourage her to eat one or two servings of dairy foods a day to get adequate amounts of calcium. Discuss lower-fat dairy options. Review non-dairy calcium sources as a way to get additional calcium. Refer the woman to the handout, "Low-Fat Ways to Get More Calcium," found in the Resource section of the Participant Manual.
- If she does not eat dairy products, encourage the use of non-dairy sources of calcium. Some dark leafy vegetables (kale, collard greens, turnip greens, mustard greens), sardines, canned salmon, and some legumes are good sources of calcium. If the woman has an intolerance to dairy products, assess the severity of her intolerance. Some women may be able to tolerate some lactose; yogurt, cheese, or Lactaid-type products may be options for these women. Refer the woman to the handout, "Low-Fat Ways to Get More Calcium," found in the Resource section of the Participant Manual.
- Do not encourage a woman to use a calcium supplement if she is not currently using one. After the first year of the study, all women will be given a chance to take part in a Calcium/Vitamin D arm of the WHI Trial. Women who are taking calcium would be asked to stop taking their calcium supplements in order to be randomized.

**Discussion
(10 minutes)**

Identify Areas Needing Change

PURPOSE: Discuss behavioral and dietary challenges affecting progress and provide support and guidance for change.

◆ **Use Worksheet 9-2.**

- **Identify two or three challenges to work on in next month.**
- **Discuss individual challenges to performance.**
 - **Support from family and friends**
 - **Motivation (thoughts and feelings)**
 - **Outside activities (work or social-related)**
 - **Other**

◆ **Complete Individual Session-Goal Setting Worksheet.**

◆ **Key point—participants set a goal to continue their progress.**



Group Nutritionist Note: Help the participant clarify and prioritize her dietary challenges food changes, social support issues, motivational issues, changes in priorities due to changes in lifestyle, etc. Encourage her progress.

Let the participant identify her own challenges and develop her own solutions. This is important to promote individual self-reliance and self-efficacy. You can use the following questions to help guide the participant:

- What are some of the areas or foods that are still challenges?
- What gets in the way of the solutions you have tried?
- How can other people help you?
- How can you change your situation to help you reach your goal?
- What are some steps you can realistically take to meet your goal?
- How will you measure your progress?

- Let's just take a few minutes and review your plans for the upcoming months. Tell me what steps you are going to take to meet your goal(s).

SUMMARY/HOME ACTIVITY

**Discussion
(5 minutes)**

- ◆ **Participant discusses goal and planned steps.**
- ◆ **Assign appropriate number of Fat Scans.**
- ◆ **Ask participant to work on her goal at home and complete evaluation step before Session 10 if time allows. Answer questions.**



Group Nutritionist Note: Inform participant that the group meetings will only be once a month. They will need to take more responsibility for staying on track and making the required eating pattern changes on their own.

Give the participant the appropriate number of Fat Scans to maintain a bi-weekly (every two weeks) self-monitoring schedule between the Individual Session and Session 10.

- I've enjoyed having a chance to get to know you better. You should be proud of the changes you've made so far. It's hard work trying to eat low-fat.
- Maybe some of your initial enthusiasm has decreased and you may feel an urge to return to more familiar and comfortable ways of doing things. Since your contact with us is becoming less frequent, this is a good time to renew your commitment and remind yourself of some key points.
 - You don't have to be perfect. It's what you eat most of the time that's important.
 - Changing eating behaviors takes time and patience.
 - Motivation comes from inside you. "Willpower" is a matter of choice.
- Remember to congratulate yourself every day for the things you accomplish and the progress you make. Focus on your improvement, not perfection. And be sure to ask for encouragement and support when you need it. Persistence is the real key to success.






Group Nutritionist Note: Collect the Fat Scan. Record scores on the Intervention Contact Record. List the problems identified at the Individual Session and the action plans agreed upon.


NUTRITIONIST WRAP-UP

- ◆ **Complete Individual Data Sheet (Form 64).**
- ◆ **Complete Progress notes.**
- ◆ **Use information collected at Individual Session to prepare for the review of group progress at Session 10.**

Group Nutritionist Individual Session Worksheet

| Activity | Group Nutritionist Notes |
|---|---|
| Talking It Over | ♦ Discuss participant's thoughts and feelings about her participation in WHI. |
|  <i>Notes</i> | Participant Responses: (WHI) Likes: _____ _____ Dislikes: _____ _____ Reactions of family/friends: _____ _____ Participation concerns: _____ _____ |
| Progress Review | ♦ Review Worksheet 9-2 , and 9-3 . |
|  <i>Notes</i> | Key changes identified: _____ _____ _____ _____ Feelings about changes: _____ _____ _____ _____ |

| Progress Review | ♦ Review Fat Scan and Progress notes . |
|---|---|
|  <i>Notes</i> | <u>Use of Fat Grams</u> Fat Gram Goal: _____ Current Fat Score: _____ (Circle) Same / more / less than previous scores Sources of fat grams: _____ _____ |
| | <u>Use of Fruits/Vegetables</u> F/V Goal <u>5 per day</u> Servings of Fruits & Veggies/ day _____ (Circle) Same / more / less than previous scores Sources of Fruits/Vegetables _____ _____ |
| | <u>Use of Grain Foods</u> Grain Goal: <u>6 per day</u> Servings of Grains/day _____ (Circle) Same / more / less than previous scores Sources of Grain Foods: _____ _____ |
| | <u>Use of Lower-Fat Calcium Sources</u> Servings of Low-Fat Dairy Foods/day _____ (Circle) Same / more / less than previous servings Other non-dairy calcium sources: _____ _____ |
| | Nutritional Balance Concerns: _____ _____ _____ |

| | |
|---|--|
| Goal Setting | <ul style="list-style-type: none"> ◆ Complete Individual Session-Goal Setting Worksheet. |
|  <i>Notes</i> | <ul style="list-style-type: none"> • Challenges to performance (support from family/friends, motivation, outside activities, etc.). <p>Challenge(s): _____</p> <p>_____</p> <p>Goal statement (What do I want to do): _____</p> <p>_____</p> <p>Does goal specify a time period? (i.e., week, month, holiday, etc.) Yes No</p> <p>Does the goal specify how often? (once, five times a week, etc.) Yes No</p> <p>Does goal specify how much? (i.e., 1/2 cup, 1 oz, etc.) Yes No</p> <p>Is the goal measurable? (Can someone see that you did it?) Yes No</p> <p>Is the goal realistic? (At least 90% chance of success) Yes No</p> <p>Is the goal flexible? (Don't have to do behavior every day) Yes No</p> <p>Steps to reach goal (What I need to do to be successful): _____</p> <p>_____</p> <p>_____</p> <p>Method to measure success: _____</p> |
| Summary | <ul style="list-style-type: none"> ◆ Have participant state her goal and planned steps. ◆ Remind participant to complete evaluation step on Goal Setting Worksheet before Session 10 (if possible). ◆ Assign appropriate number of Fat Scans. ◆ Answer any questions. |
| Complete Forms | <ul style="list-style-type: none"> ◆ Complete Individual Data Sheet (Form 64). ◆ Complete Progress notes in participant's chart. |

Individual Session

Goal Setting Worksheet

1. Use Worksheet 9-2 and your discussion with your Nutritionist to identify changes you need to make. List problem foods, situations or family reactions that you want to work on changing.

Areas I Need to Modify:

- a) _____
- b) _____
- c) _____

2. Select one area to modify and write a **Goal**. It should state what you are trying to achieve. Be specific.

3. Identify items that might influence your ability to reach your goal (activities, foods around you, support from family or friends, your motivation, etc.).

Challenges: _____

4. List the steps you need to take to reach your goal. Be sure to consider any steps you need to take to handle the challenges you identified.

5. Evaluation:

- a. Did I meet my goal? _____ Yes _____ No
- b. If yes, how will I maintain my changes? (If no, what could I change to be successful?)

Worksheet 9-2

Progress Checklist

Look at the eating behaviors described below. Check the column you think best describes your current behaviors. Use the first column “I do now” to check off any low-fat behaviors you are currently using (whether they are old or new behaviors that you have just begun). Check the second column to indicate any new eating behaviors or skills you have started to use since joining the WHI study. This will help you see your progress.

| | I do now | New since joining WHI | I don't do |
|--|--------------------------|-----------------------------|--------------------------|
| Added Fats | | | |
| 1. Eat less fried foods or use less oil or fat to cook food. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Use less salad dressings and mayonnaise on salads and sandwiches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use fat-free or low-fat salad dressings and mayonnaise. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Use less butter or margarine on breads, potatoes, and vegetables. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Use low-fat margarines or butter substitutes (Butter Buds®, Molly McButter®, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Use fat-free or low-fat gravies and sauces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other _____ | | | |
| Dairy Foods | | | |
| 1. Use low-fat or skim milk. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Use less regular cheese. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use fat-free or low-fat cheese to replace regular cheese. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Use less ice cream. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Worksheet 9-2 (continued)

| | I do now | New since joining WHI | I don't do |
|--|--------------------------|-----------------------------|--------------------------|
| Dairy Foods (continued) | | | |
| 5. Use fat-free or low-fat frozen desserts (sherbet, ice milk, frozen yogurt) instead of ice cream. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Use lower-fat dairy foods on a daily basis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other _____ | | | |
| Meats, Poultry, Fish and Mixed Dishes | | | |
| 1. Eat smaller servings of meat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Use leaner cuts of meat (round, sirloin, tenderloin). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Trim the fat off meat and don't eat the skin on chicken. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Eat more chicken or fish. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Use lower-fat breakfast meats (chipped beef, Canadian bacon, lean ham) instead of bacon or sausage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Use water-packed tuna instead of regular tuna in oil. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Stretch meat by using more vegetables, rice, noodles or potatoes in mixed dishes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Use extra lean or diet lean ground beef or turkey breast instead of lean or regular hamburger. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Eat meatless meals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Other _____ | | | |
| Snacks, Sweets, and Desserts | | | |
| 1. Use pretzels, air-popped popcorn or low-fat crackers to replace chips, nuts, and other high-fat snacks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Snack on raw fruits or vegetables. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use fruits for dessert. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Worksheet 9-2 (continued)

| | I do now | New since joining WHI | I don't do |
|---|--------------------------|-----------------------------|--------------------------|
| Snacks, Sweets, and Desserts | | | |
| 4. Use fat-free or low-fat cakes and cookies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Eat smaller servings of high-fat desserts and snacks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other _____ | | | |
| Changes in Eating Behaviors | | | |
| 1. Store tempting high-fat foods out of sight. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have low-fat foods easily available. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Change my recipes to make them lower in fat, or find new low-fat recipes to use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Bring low-fat foods when I eat away from home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Save some fat grams to cover a high-fat situation (fat budgeting). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Make special low-fat requests when I eat at restaurants. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ask my family or friends for help and support. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Refuse high-fat foods (learn to say "no thanks"). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Other _____ | | | |
| Miscellaneous | | | |
| 1. Keep track of what I am eating. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Set realistic goals and work toward them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Read labels at the grocery store. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Select restaurants with lower-fat choices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Worksheet 9-2 (continued)

Other things I have changed: _____

Areas I would like to talk to my Nutritionist about (check off two or three areas that are challenging for you):

- ☐ Reducing the amount of meat or cheese I eat.
- ☐ Eating more fruits, vegetables and grains foods.
- ☐ Eating fewer cakes, cookies and pastries.
- ☐ Using fat-free or low-fat foods to replace high-fat foods (for example, salad dressings, mayonnaise, or low-fat cheeses).
- ☐ Eating away from home (restaurants or friends'/relatives' homes).
- ☐ Working with the people around me to get more help and support.
- ☐ Finding new low-fat recipes.
- ☐ Preparing easier and less expensive meals.
- ☐ Any other concerns: _____

Worksheet 9-3

Home Activity Worksheet

Areas to work on next month:

- ◆ Use Worksheet 9-2 to review your progress. Also review the Food Diaries and Fat Scans you have kept during the past three months.

Evaluation:

1. What am I doing differently to **prepare** my meals? _____

2. What new foods have I **added** to my meals? _____

3. What foods have I **reduced or cut out** of my meals? _____

- ◆ Evaluate what you (and guest, if appropriate) thought about the foods served at the potluck.

Evaluation:

1. What foods did you (and guest) like the best? _____

2. What foods would you (and guest) like to have served for a meal? _____
