# Nutrition and Physical Activity Screen

## Why Screen?

Adolescence is an opportune time to improve eating and physical activity habits. It is important to screen each client to determine individual strengths and factors that affect the client's food and physical activity choices.

Provide nutrition education based on what the client needs and wants to know. The client's action plan should include changes in behavior that the client can make realistically and willingly.

## Using the *Nutrition and Physical Activity Questions*

The nutrition and physical activity questions may be used to screen for your client's nutrition strengths and identify areas they are willing to work on. The questions include eating behaviors, weight and body image, physical activity, and the client's readiness for making changes in these areas.

Pregnant adolescents are at high risk nutritionally; ideally, their dietary intake and physical activity should be assessed by a

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California
Nutrition and Physical Activity
Guidelines for Adolescents

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registered dietitian or physician specializing in obstetrical care.

The questions within the *Nutrition and Physical Activity Screen* should not be given to the client to fill out, but rather should facilitate discussion between the client and the case manager. The food habit questions provide an overview of the client's eating behaviors.

**The questions asked should be based on the client's needs.** For example, if you suspect that your client has an eating disorder, you may want to screen for only that at one visit.

The question responses highlighted in gray indicate the client may be at high risk and may need a referral. Resources are provided at the end of each question series. For counseling tips, see "Stages of Change," and "Strategies to Promote Healthy Eating and Physical Activity to Adolescents" in Appendices E and F.

## Interventions/Referrals

For further information about topics covered in the questions, refer to suggested sections in the Nutrition and Physical Activity Guidelines for Adolescents. These sections provide:

1. Background information on the topic covered
2. Screening or self-assessment questions
3. Suggestions for intervention activities
4. Criteria/resources for referrals
5. Handouts for the case manager to review with the client to further assess, improve understanding and set goals for behavior change
6. Web Links Referenced/Additional Resources

## Client Readiness for Change

It is important to identify how ready, if at all, the client is to make changes in behavior that will improve nutrition and physical activity. By using motivational interviewing techniques, the client can be an active participant in his or her behavior change. For information, see Figure NS-1.

**Figure NS-1 Motivational Interviewing**

Motivational Interviewing is a learner-centered counseling method designed to support behavior change. Although originally developed for the drug and alcohol field, motivational interviewing has been used with success in the nutrition field.

**Steps for motivational interviewing:**

1. **Ask open-ended questions:**
   Elicit what is important to the client. Demonstrate genuine interest and respect. Example: *"How would you like things to be different?"*

2. **Use affirmations:**
   Empower clients by using language that affirms their strengths. Example: *"I'm really glad that you brought that up."*

3. **Form reflective statements:**
   Show clients that you are listening and understand issues from their perspective by using reflective statements. Using reflective statements also allow individuals to hear their own words and resolve their ambivalence. Example: *"I hear you say, 'I can make this change if I add it to my calendar.'"*

4. **Assist client in goal-setting**
   Assist client to develop next steps they are willing to take and information or assistance still needed.

5. **Provide a summary**
   Highlight important aspects of the discussion. Communicate interest and understanding of an individual's perspective, including any ambivalence.

For more resources on motivational interviewing, visit www.motivationalinterview.org.

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## Web Links Referenced/Additional Resources

| Title | Resource Type | URL |
|---|---|---|
| **Nutrition and Physical Activity Guidelines for Adolescents** | Webpage | http://www.cdph.ca.gov/HealthInfo/healthyliving/nutrition/Pages/TeenGuidelines.aspx |
| **Motivational Interviewing** | Website | www.motivationalinterview.org |
| **MyPlate Resources** Includes *MyPlate for Moms* in English and Spanish | Document (PDF) | www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/MyPlateResources.aspx |
| **SuperTracker** Free tool for nutrition and physical activity tracking | Webpage - interactive tool | www.choosemyplate.gov/SuperTracker/createprofile.aspx |
| ***Steps to Take* nutrition, physical activity and breastfeeding handouts** in English and Spanish | Webpage | www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/NutritionPhysicalActivityandBreastfeeding.aspx |
| **WIC nutrition handouts for Women** in English and Spanish | Webpage | www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx |
| **United States Department of Agriculture's website: Choose My Plate** | Website | www.choosemyplate.gov |
| **Fast Food Survival Guide** | Document (PDF) | www.ces.ncsu.edu/EFNEP/fesmm_handouts/makingSmartChoicesEatingFastFood.pdf |
| **Recipes/cookbooks for adolescents** | Webpage | www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/EasyMealsandSnacks.aspx |
| **California Baby Behavior Campaign resources** | Webpage | www.cdph.ca.gov/programs/wicworks/Pages/WICCaliforniaBabyBehaviorCampaign.aspx |
| **The Dietary Guidelines for Americans** | Document (PDF) | www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf |
| **Farmers markets search tool** | Webpage - interactive tool | http://apps.ams.usda.gov/FarmersMarkets/ |
| **Nutrition and Physical Activity Initiative - Maternal, Child and Adolescent Health** | Webpage | www.cdph.ca.gov/programs/nutiritionandphysicalactivity/Pages/default.aspx |
| **Comprehensive website for adolescent girls' health** | Website | www.girlshealth.gov/ |
| **Understanding Nutrition Labels** Tools to teach how to read nutrition labels | Webpage | www.nutrition.gov/shopping-cooking-meal-planning/food-labels |

## Reference

1. Sports drinks and energy drinks for children and adolescents: are they appropriate? *PEDIATRICS.* Jun 2011;127(6):1182-1189.

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## Nutrition and Physical Activity Questions

The nutrition and physical activity questions may be used to screen for your client's nutrition strengths and identify areas they are willing to work on. The questions include eating behaviors, weight and body image, physical activity, and the client's readiness for making changes in these areas.

Pregnant adolescents are at high risk nutritionally; ideally, their dietary intake and physical activity should be assessed by a registered dietitian or physician specializing in obstetrical care.

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## Food Groups

**MyPlate for Teens**
Review the *MyPlate for Teens* to identify strengths and weakness. Use *My Nutrition Plan for Teens* to set nutrition goals. These are located at:
www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Documents/MO-NUPA-MyPlateforTeens.pdf .

If the adolescent is pregnant or breastfeeding, use *MyPlate for Moms* (also available in Spanish). These resources are available at
www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/MyPlateResources.aspx .

**SuperTracker**
Another option, if you have ready access to the internet, is to use the food tracker located at www.supertracker.usda.gov. Have your client assess his or her intake of food groups. Daily amounts for each food group are based on age, sex, height, and other factors, so they differ from person to person. The food tracker evaluates one's diet based on his or her individual needs.

**Food Diary**
This tool is useful for the adolescent who does not have a good recall of how they eat on a usual basis (page NS-6).

### Resource(s):

Use the *Adolescent Nutrition* section for background information, tips and additional resources on nutrition. This section can be found at
www.cdph.ca.gov/HealthInfo/healthyliving/nutrition/Pages/TeenGuidelines.aspx .

*Steps to Take* nutrition, physical activity and breastfeeding handouts in English and Spanish can be found at
www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/NutritionPhysicalActivityandBreastfeeding.aspx .

WIC educational materials for women in English and Spanish can be found at
www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx .

Choosemyplate.gov has useful information and tips for meeting food and physical activity recommendations.

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## Food Diary for: _____ Date: _____

**Refer to *MyPlate for Teens* for example foods in each food group.** Track your daily intake and the goal provided!

| Goal | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| **Vegetables** I need at least **3** choices per day. | | | | | | | |
| **Protein** I need at least **6** choices per day. | | | | | | | |
| **Grains** I need at least **6** choices per day. | | | | | | | |
| **Fruits** I need at least **2** choices per day. | | | | | | | |
| **Dairy** I need at least **4** choices per day. | | | | | | | |

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## Food Habits

Client name _____

For each question, **circle** the answer which best describes the client's usual behavior.

1. How many days each week do you skip breakfast, lunch or dinner?
   None 1-2 days 3-5 days 6-7 days

2. Do you limit or avoid any food or food groups (such as meat or dairy)?
   Yes No If yes, explain: _____

3. How often do you eat any of these foods?
   - Candy, chocolate, chips, cookies
   - Donuts, muffins, biscuits, cake, sweet bread
   - Ice cream, frozen yogurt
   - Sour cream, mayonnaise

   Never Rarely A few times per week Daily

4. Yesterday, did you drink any sweetened beverages or energy drinks (e.g. regular soda, fruit drinks, sweetened tea/coffee drinks, Kool-Aid® punch or sports drinks)?
   Yes No If yes, explain: _____
   If yes, how much did you drink? _____

5. How often do you eat or take out a meal from a fast food restaurant?
   Never Rarely A few times per week Daily

6. How often do you take a multivitamin or folic acid supplement in a week?
   Never 1-2 days 3-5 days 6-7 days

7. Do you take any other vitamin or mineral supplements, such as iron and calcium?
   Yes No
   If so, what brand or type?
   _____

8. Do you use home remedies or herbal supplements, such as chamomile or ginseng?
   Daily Weekly Rarely Never
   If so, what brand or type?
   _____

9. Do you use any pills or teas to lose weight?
   Yes No

10. Do you eat, drink or take anything to build muscle or increase your weight?
    Daily Weekly Rarely Never
    If so, what brand or type?
    _____

11. Are you a vegetarian?
    Yes No

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12. Are you on a special diet?
    Yes No If yes, explain: _____

13. Has your doctor ever told you that you have anemia or another nutrition-related health issue?
    Yes No If yes, explain: _____

14. **Ask if pregnant:**
    A. Do you ever eat any of the following:
    - Raw or undercooked eggs, meat, shellfish, fish, including sushi
    - Deli meat or hot dogs without heating or steaming
    - Unpasteurized milk, cheese or juice, including soft cheeses such as feta, blue cheese, queso de crema, asadero, queso fresco, panela, or homemade
    - Alfalfa/mung bean sprouts
    - Shark, swordfish, king mackerel, or tilefish
    - Albacore tuna >6 ounces/week

    B. Do you eat fish or shellfish more than 2x/week?
    Yes No If yes, explain: _____
    C. Do you eat fish caught locally by self, friends or family more than 1x/week?
    Yes No If yes, explain: _____
    D. Have you fasted during this pregnancy or do you plan to fast?
    Yes No If yes, explain: _____

## Interpreting Responses:

The responses in gray indicate the client may be at high risk nutritionally and may need a referral.

***Skipped Meals***: Frequently missed meals can result in the inadequate intake of calories and nutrients or can lead to overeating at other meals and snacks. Explore the client's reasons for skipped meals with them. See the *Weight Management* section for healthy snack ideas and tips for healthy eating.

***Unhealthy Beverages***: Sugar-sweetened beverages, such as soda, sports drinks, juice and energy drinks can contribute to weight gain due to the extra calories and sugar. Note that the American Academy of Pediatrics recommends that energy drinks never be consumed by children and adolescents due to the high caffeine content.[1] Sweetened or non-nutritive beverages also displace healthier beverages such as lowfat milk or water.

***Convenience/Fast Food***: Convenience and fast foods are popular and easily available. Frequent consumption increases fat, calorie, and salt intake and reduces intake of fiber and some vitamins and minerals. Use the handout below to discuss options for healthier food choices at fast food restaurants: www.ces.ncsu.edu/EFNEP/fesmm_handouts/makingSmartChoicesEatingFastFood.pdf

***Vegetarian Diets***: Because the term "vegetarian" is often used loosely, refer to the *Vegetarian Teens* section for additional screening questions for clients who say they are vegetarian.

***Vitamin/Mineral/Herbal Supplements***: Adolescents who may become pregnant or are pregnant need to consume folic acid daily. One way is by taking a vitamin supplement. See the *Folic Acid and Folate* section for details.

Vitamin and mineral supplements, although helpful in some instances, such as in the case of folic acid, cannot take the place of a healthy diet. If the client insists on taking supplements, emphasize the need to avoid high doses that can be toxic. This can be done by encouraging or helping a teen to choose a multivitamin that meets all her needs, rather than taking multiple pills. Encourage her to talk to her health care provider, registered dietitian or a pharmacist if she has any questions about what quantity is safe for her

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to take. Herbal supplements are not regulated by the Food and Drug Administration (FDA) and have not been satisfactorily researched to determine their safe use for adolescents.

***Protein Powders and Creatine***: Protein recommendations even for athletes can generally be met through diet alone, without the use of protein or amino acid supplements.

The effect of creatine on the growing adolescent body is unknown. Like herbal supplements, creatine is not regulated by the FDA. There is no monitoring of the purity or strength of the supplement.

If an adolescent is using supplements, refer to a registered dietitian.

***Special Diets***: Clients on special diets for medical reasons, such as diabetes, should be instructed by a registered dietitian and should receive ongoing monitoring of their medical condition by their health care provider.

***Food Safety:*** Pregnant women and infants are at greater risk from food poisoning because their immune systems are weaker than healthy adults and children. The foods listed in Question 14 may contain harmful bacteria or toxic chemicals.

***Fasting:*** Fasting is not recommended during pregnancy. Most religions and cultures give exceptions to fasting practices during pregnancy.

## Resource(s):

The *Weight Management*, *Vegetarian Teens* and *Folic Acid and Folate* sections can be found in the Adolescent Nutrition Guidelines found at www.cdph.ca.gov/HealthInfo/healthyliving/nutrition/Pages/TeenGuidelines.aspx .

*Steps to Take* nutrition, physical activity and breastfeeding handouts in English and Spanish can be found at www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/NutritionPhysicalActivityandBreastfeeding.aspx .

WIC educational materials for women in English and Spanish can be found at www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx .

Choosemyplate.gov has useful information and tips for meeting food and physical activity recommendations.

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## Food Security

Client name _____

For each question, **circle** the answer which best describes the client's usual behavior or situation.

1. In the past month, were you worried whether your food would run out before you or your family had money to buy more?
   **Yes** No

2. In the past month, were there times when the food that you or your family bought just did not last and you did not have money to get more?
   **Yes** No

3. Do you use any of the following food resources?

| | | |
|---|---|---|
| • CalFresh (food stamps) | Yes | **No** |
| • WIC | Yes | **No** |
| • Free food, such as from food banks, pantries or soup kitchen | Yes | **No** |
| • Free or reduced-price school meals | Yes | **No** |

### Interpreting Responses:

The responses in gray indicate the client may be at high risk nutritionally and may need a referral.

Encourage the client to use available resources. Refer to food assistance and nutrition programs, such as WIC, if the client is eligible.

### Resource(s):

*Steps to Take* nutrition, physical activity and breastfeeding handouts in English and Spanish can be found at www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/NutritionPhysicalActivityandBreastfeeding.aspx .

WIC educational materials for women in English and Spanish can be found at www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx .

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## Food Shopping and Preparation

Client name _____

For each question, **circle** the answer which best describes the client's usual behavior or facilities.

1. Who buys the food that you and your family eat?
   I do | My parent(s) | My spouse or partner | Other: _____

   If not you, is the person who does open to suggestions and education? Yes **No**

2. Is a shopping list used?
   Yes | **No** | Sometimes

3. Who plans and prepares the meals that you eat?
   I do | My parent(s) | My spouse or partner | Other: _____

   If not you, is the person who does open to suggestions and education? Yes **No**

4. Where you live, do you have...
   - Enough space for food preparation? Yes **No**
   - Electricity? Yes **No**
   - Clean running water? Yes **No**
   - A working stove? Yes **No**
   - A working oven? Yes **No**
   - A working microwave? Yes **No**
   - A working hot plate? Yes No
   - A working refrigerator? Yes **No**

### Interpreting Responses:

The responses in gray indicate the client may be at high risk nutritionally and may need a referral.

### Resource(s):

If appropriate, share healthy recipes with the client or other person responsible for the family's meals. This resource can be found at www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/EasyMealsandSnacks.aspx .

*Steps to Take* nutrition, physical activity and breastfeeding handouts in English and Spanish can be found at www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/NutritionPhysicalActivityandBreastfeeding.aspx .

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# Body Image, Disordered Eating, and Weight Management

Client name _____

For each question, **circle** the answer which best describes the client's usual behavior or feelings.

| | | | |
|---|---|---|---|
| 1. | Are you happy with your body size and shape? | Yes | **No** |
| 2. | Do you worry about gaining weight? | **Yes** | No |
| 3. | Do you think often about losing weight? | **Yes** | No |
| 4. | Are you on a diet or do you limit your food intake to lose weight? | **Yes** | No |
| 5. | Does your mood depend on your weight (e.g., if you gain one pound you are depressed, irritable, etc.) | **Yes** | No |
| 6. | Do you feel bad about yourself if you gain weight? | **Yes** | No |
| 7. | If you gain one pound, do you worry that you will continue to gain weight? | **Yes** | No |
| 8. | Do you think of certain foods as being either "good" or "bad" and feel guilty about eating "bad" foods? | **Yes** | No |
| 9. | Do you use foods to comfort yourself? | **Yes** | No |
| 10. | Do you ever feel out of control when eating? | **Yes** | No |
| 11. | Do you spend a significant amount of time thinking about food and when you will eat? | **Yes** | No |
| 12. | Do you vomit or have you thought about vomiting as a way to control your weight? | **Yes** | No |
| 13. | Do you try to hide how much you eat? | **Yes** | No |
| 14. | Do you use laxatives, water pills, exercise, etc., to prevent weight gain? | **Yes** | No |
| 15. | Do you eat until you feel stuffed? | **Yes** | No |

## Interpreting Responses:

The responses in gray indicate the client may have disordered eating patterns or possibly an eating disorder.

## Resource(s):

See the *Body Image and Disordered Eating* and *Weight Management* sections for further screening and intervention activities. These sections can be found at www.cdph.ca.gov/HealthInfo/healthyliving/nutrition/Pages/TeenGuidelines.aspx .

*Steps to Take* nutrition, physical activity and breastfeeding handouts in English and Spanish can be found at www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/NutritionPhysicalActivityandBreastfeeding.aspx .

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# Physical Activity

Client name _____

For each question, **circle** the answer which best describes the client's usual behavior.

1. **If not pregnant, ask:** On how many of the past seven days did you participate *in moderate or vigorous* physical activity (for example, walking, dancing, riding a bike or swimming) for at least 60 minutes?
   **0-1** **2-3** **4-5** 6-7

2. **If pregnant, ask:** On how many of the past seven days did you participate *in moderate or vigorous* physical activity (for example, walking, dancing, or swimming) for at least 30 minutes?
   **0-1** **2-3** **4-5** 6-7

3. Outside of school and work, how many hours do you spend per day watching television, going online, or playing computer games?
   0-1 **2-3** **4-5** **5+**

**Check** the appropriate box based on the client's response to question 1.

❑ Client meets the recommendation of at least 60 minutes (30 minutes if pregnant) of moderate to vigorous physical activity each day. Congratulate the client and encourage him/her to continue being physically active at least 60 minutes each day.

❑ Client does not meet the minimum physical activity recommendation of at least 60 minutes (30 minutes if pregnant) of moderate to vigorous physical activity each day. Use the *Physical Activity* section for further screening and intervention activities.

## Interpreting Responses:

The responses in gray indicate the client is not meeting physical activity recommendations. Most adolescents need 60 minutes or more of moderately to vigorous physical activity each day.

Excessive physical activity (too often and/or too intense) may be a sign of an eating disorder.

Watching television, going online, or playing computer games for an excessive amount of time can expose adolescents to unhealthy food advertisements and replace opportunities for physical activity. This could increase their risk for becoming overweight or obese. Sedentary activities should be limited to one to two hours per day.

## Resource(s):

Use the *Physical Activity* section for further screening and intervention activities. This section can be found at www.cdph.ca.gov/HealthInfo/healthyliving/nutrition/Pages/TeenGuidelines.aspx .

*Steps to Take* nutrition, physical activity and breastfeeding handouts in English and Spanish can be found at www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/NutritionPhysicalActivityandBreastfeeding.aspx .

WIC educational materials for women in English and Spanish can be found at www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx .

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# Infant Feeding

Client name _____

For each question, **circle** the answer which best describes the client's response.

1. What are your questions about feeding your baby? _____

2. What do you think about breastfeeding your new baby?
   **Not interested** Thinking about it Wants to Definitely will Other: _____

3. What would prevent you from breastfeeding? _____
   _____

4. What can help you breastfeed? _____
   _____

5. Have you ever breastfed or tried to breastfeed?
   **No** Yes If yes, how long? _____

   Did you breastfeed as long as you wanted?
   Yes **No** If no, explain: _____
   Explain: _____
   _____

6. Who can you go to for help feeding your baby?_____

## Interpreting Responses:

All teens can benefit from breastfeeding support and planning. The responses in gray indicate the client is at risk of not breastfeeding her baby and needs **extra** education and support:

- Discuss personal barriers to breastfeeding or what she may have heard or experienced.
- Provide accurate information, seeking advice from a professional when necessary.
- Provide tips to overcome the barriers mentioned.
- Have her identify solutions for overcoming barriers.
- Encourage her to learn more about breastfeeding by reading, attending breastfeeding groups, such as La Leche League, and talking to mothers who have breastfed.

## Resource(s):

Use the *Infant Feeding* section for information on infant feeding, including how to promote and sustain breastfeeding. This section can be found at www.cdph.ca.gov/HealthInfo/healthyliving/nutrition/Pages/TeenGuidelines.aspx .

Use the *California Baby Behavior Campaign* to help parents understand normal infant behavior, resulting in longer breastfeeding duration and less overfeeding. Resources can be found at www.cdph.ca.gov/programs/wicworks/Pages/WICCaliforniaBabyBehaviorCampaign.aspx .

*Steps to Take* nutrition, physical activity and breastfeeding handouts in English and Spanish can be found at www.cdph.ca.gov/programs/NutiritionandPhysicalActivity/Pages/NutritionPhysicalActivityandBreastfeeding.aspx .

WIC educational materials for women in English and Spanish can be found at www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx .

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# Nutrition and Physical Activity Screen Worksheet

Client name _____

Use this worksheet to summarize and follow up on any nutrition and physical activity issues identified.

| Nutrition/Physical Activity Risk with Date Risk is Identified | Intervention Planned (Goals and/or Referrals) | Outcome of Intervention with Date(s) of Follow-Up |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Comments:**

_____

_____

_____

_____

_____

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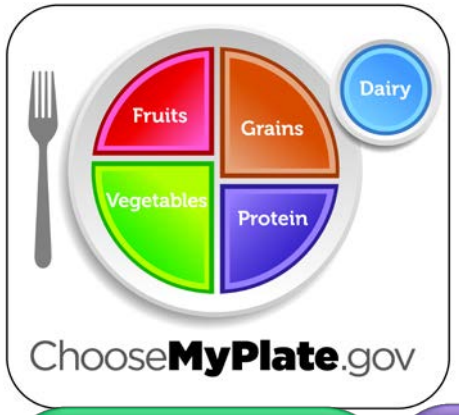


# California MyPlate *For Teens*

Make half your plate vegetables and fruits, about one quarter grains and one quarter protein. Choose foods that are high in fiber and low in sugar, solid fats and salt (sodium). In addition to eating well, aim for at least one hour of physical activity every day.

**If pregnant or breastfeeding, see *MyPlate for Moms.***

## Vegetables

**Eat more vegetables.** Use fresh, frozen or low-sodium canned vegetables. Limit French fries.

**Daily Amount**
**3** or more of these choices:

- 2 cups raw leafy vegetables
- 1 cup raw vegetables or juice
- 1 cup cooked vegetables

## Protein

**Choose healthy protein.** Eat vegetable protein daily. Limit bacon, hot dogs and bologna.

**Daily Amount**
**6** or more of these choices:

- 1 ounce fish, poultry or lean meat
- 1 egg
- ½ ounce nuts
- ¼ cup cooked dry beans, lentils or peas
- ¼ cup tofu
- 1 tablespoon nut butter

## Grains

**Eat mostly whole grains** like brown rice. Limit bread, noodles and rice that are white.

**Daily Amount**
**6** or more of these choices:

- 1 slice 100% whole wheat bread or ½ bagel
- 1 small (6-inch), 100% whole wheat tortilla
- 1 cup cereal
- ½ cup cooked pasta, rice or cereal

## Fruits

**Eat fruits of all colors.** Make most choices fruit, not juice.

**Daily Amount**
**2** or more of these choices:

- 1 cup fresh fruit
- 1 cup unsweetened frozen or canned fruit
- ½ - ¾ cup 100% fruit juice
- ½ cup dried fruit

## Dairy

**Enjoy calcium-rich foods.** Choose pasteurized nonfat or lowfat milk, yogurt and cheese.

**Daily Amount**
**4** of these choices:

- 1 cup milk
- 1 cup soy milk with calcium
- 1 cup of plain yogurt
- 1 cup of cottage cheese
- 1½ ounces cheese

## Choose Healthy Fats & Oils

- Use plant oils like canola, safflower and olive oil for cooking.
- Read food labels to avoid saturated and trans fats (hydrogenated fats).
- Limit solid fats such as lard and butter.
- Eat cooked fish at two meals each week.

## Choose Healthy Beverages

- Drink water, nonfat or lowfat milk.
- Limit sugary drinks, such as soda, fruit drinks, sweetened iced tea, sports drinks and juice.
- Limit caffeine drinks like coffee and tea.
- Do not drink energy drinks as these are not recommended for teens.

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January 8, 2014

California

# My Nutrition Plan *For Teens*

These tips will help me eat well and be physically active. Every day, I will:

## Vegetables

- ☐ Try to eat 3 or more choices of fresh, frozen or low-sodium canned vegetables.
- ☐ Flavor vegetables with herbs and spices instead of fat or salt.
- ☐ Eat many dark green and orange vegetables.

## Protein

- ☐ Try to eat 6 or more choices.
- ☐ Grill, broil or bake meat instead of fry.
- ☐ Eat beans, nuts, tofu, seeds and nut butter.
- ☐ Choose lean meat (15% fat or less).
- ☐ Take skin off poultry.
- ☐ Eat 12 oz. of fish per week.
- ☐ Limit bacon, hot dogs and bologna.

## Grains

- ☐ Try to eat 6 or more choices.
- ☐ Eat whole grains at least half of the time.
- ☐ Choose high-iron and low-sugar cereals, such as approved by WIC. Some stores use a logo for cereals approved b WIC.

## Fruits

- ☐ Try to eat 2 or more choices.
- ☐ Eat a variety of fresh, frozen or canned fruits.
- ☐ Choose fresh, frozen and canned fruits without added sugars.
- ☐ Limit fruit juice to ½ - ¾ cup 100% fruit juice each day.

## Dairy

- ☐ Try to eat 4 choices.
- ☐ Choose pasteurized nonfat or lowfat (1%) milk and cheeses.
- ☐ Eat plain yogurt. For sweetness, add fruit.
- ☐ Choose soy products with calcium, like tofu.

## Fats, Oils, Sugars and Salt

- ☐ Read nutrition labels to choose foods low in fat, sugar and salt (sodium).
- ☐ Choose fruits, vegetables, unsalted nuts and seeds for snacks.
- ☐ Use plant oils like canola, safflower and olive oil daily.
- ☐ Bake, broil, steam, or microwave instead of frying.

## Beverages

- ☐ Drink water, nonfat or lowfat milk instead of sugary drinks.
- ☐ Limit caffeine drinks like coffee and tea.
- ☐ Do not drink energy drinks.

## Physical Activity or Exercise

- ☐ Get at least 1 hour of moderate physical activity every day. A good choice is walking. 10 minutes at a time is fine.
- ☐ Aim for vigorous physical activity choices at least 3 days per week. It makes you breathe faster and sweat. Try swimming or running.
- ☐ Do muscle and bone strengthening activities at least 3 days per week to stay strong. Climbing stairs is an easy choice.

## More Ideas

- ☐ Make a SuperTracker daily food and physical activity plan. Go to www.supertracker.usda.gov/CreateProfile.aspx .
- ☐ Other:

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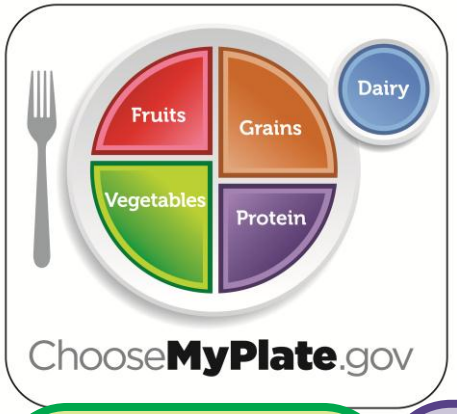
January 8, 2014




California

# MyPlate for Moms

Make half your plate vegetables and fruits, about one quarter grains and one quarter protein. Choose foods that are high in fiber and low in sugar, solid fats and salt (sodium). For most women, these are the average food amounts for one day.

## Vegetables

**Eat more vegetables.** Use fresh, frozen or low-sodium canned vegetables. Avoid French fries.

**Daily Amount**
**3** or more of these choices:

- 2 cups raw leafy vegetables
- 1 cup raw vegetables or juice
- 1 cup cooked vegetables

## Protein

**Choose healthy protein.** Eat vegetable protein daily. Avoid bacon, hot dogs and bologna.

**Daily Amount**
**6-7** of these choices:

- 1 ounce fish, poultry or lean meat
- 1 egg
- ½ ounce nuts
- ¼ cup cooked dry beans, lentils or peas
- ¼ cup tofu
- 1 tablespoon nut butter

## Grains

**Eat mostly whole grains** like brown rice. Limit bread, noodles and rice that are white.

**Daily Amount**
**6** of these choices in the 1st trimester,
**8** in the 2nd/3rd trimester and while breastfeeding:

- 1 slice whole wheat bread or ½ bagel
- 1 small (6-inch), whole wheat tortilla
- 1 cup cereal
- ½ cup cooked pasta, rice or cereal

## Fruits

**Add color with fruit.** Make most choices fruit, not juice.

**Daily Amount**
**2** of these choices:

- 1 cup fresh fruit
- 1 cup unsweetened frozen or canned fruit
- ½ - ¾ cup juice
- ½ cup dried fruit

## Dairy

**Enjoy calcium-rich foods.** Choose pasteurized nonfat or lowfat milk, yogurt and cheese.

**Daily Amount**
**3** of these choices for women

or

**4** of these choices for teens:

- 1 cup milk
- 1 cup soy milk with calcium
- 1 cup of plain yogurt
- 1½ ounces cheese

## Choose Healthy Fats & Oils

- Use plant oils like canola, safflower and olive oil for cooking.
- Read food labels to avoid saturated and trans fats (hydrogenated fats).
- Avoid solid fats such as lard and butter.
- Eat cooked fish at two meals each week.
- Limit oils to 6 teaspoons each day.

## Choose Healthy Beverages

- Drink water, nonfat or lowfat milk instead of soda, fruit drinks and juice.
- Limit caffeine drinks like coffee and tea. Avoid energy drinks.
- Do not drink alcohol when you are pregnant or may become pregnant.
- Alcohol passes through breast milk. If breastfeeding, talk with your healthcare provider about alcohol use.

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April 16, 2013

California

# My Nutrition Plan for Moms

These tips can help you to eat well and have a healthy weight during and after your pregnancy. Fill in your weight goals and check off which tips you are willing to try.

**Pregnancy:** My recommended weight gain in pregnancy is _____ pounds. My current weight gain is _____ pounds.

**After Pregnancy:** A healthy weight range for me is _____ pounds. My goal is to weigh _____ pounds.

## Vegetables

Each day I will:

- ☐ Try to eat at least 3 choices of fresh, frozen or low-sodium canned vegetables.
- ☐ Flavor vegetables with herbs and spices instead of fat or salt.
- ☐ Eat many dark green and orange vegetables.

## Protein

Each day I will:

- ☐ Try to eat 6-7 choices.
- ☐ Grill, broil or bake meat instead of fry.
- ☐ Eat beans, nuts, tofu, seeds and nut butter.
- ☐ Eat lean meat (15% fat or less).
- ☐ Take skin off poultry.
- ☐ Eat 12 oz. of fish per week.
- ☐ Limit bacon, hot dogs and bologna.

## Grains

Each day I will:

- ☐ Try to eat 6-8 choices.
- ☐ Choose whole grains at least half of the time.
- ☐ Eat WIC-approved cereals.

## Fruits

Each day I will:

- ☐ Try to eat 2 choices.
- ☐ Eat a variety of fresh, frozen or canned fruits.
- ☐ Choose fresh, frozen and canned fruits without added sugars.
- ☐ Limit fruit juice to ½ - ¾ cup juice each day.

## Dairy

Each day I will:

- ☐ Try to eat 3 choices.
- ☐ Choose pasteurized nonfat or lowfat (1%) milk and cheeses.
- ☐ Eat plain yogurt. For sweetness, add fruit.
- ☐ Choose soy products, with calcium, like tofu.

## Fats & Oils

I will:

- ☐ Use 6 teaspoons of plant oils like canola, safflower and olive oil daily.
- ☐ Bake, broil, steam, or microwave instead of frying.

## Beverages

I will:

- ☐ Drink water, nonfat or lowfat milk instead of sugary drinks.
- ☐ Limit caffeine drinks like coffee and tea. Avoid energy drinks.

## Extras (Solid Fats, Sugars and Salt)

I will:

- ☐ Choose foods low in fat, sugar and salt.
- ☐ Read nutrition labels to limit fat, sugar and salt (sodium).
- ☐ Choose fruits, vegetables, unsalted nuts and seeds for snacks.

## My Other Ideas

- ☐ Make a daily food plan. Go to www.choosemyplate.gov/SuperTracker/createprofile.aspx.
- ☐ _____

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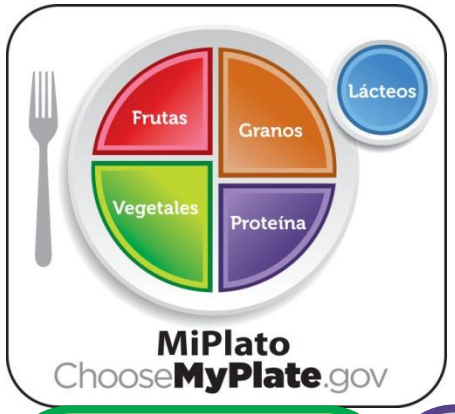
April 16, 2013




California

# MiPlato para Mamás

Haga que la mitad de su plato contenga vegetales y frutas, alrededor de un cuarto del plato granos y el otro cuarto alimentos con proteína. Elija alimentos ricos en fibras y de bajo contenido de azúcar, grasas sólidas y sal (sodio). Estas cantidades de alimentos son para el consumo diario de una mujer de tamaño promedio. Usted puede necesitar más o menos de las cantidades sugeridas.

## Vegetales

**Coma más vegetales.**
Coma vegetales frescas, congeladas o vegetales enlatadas bajas en sodio. Evite comer las papas fritas.

**Cantidad Diaria**
**3** o más de estas opciones:

- 2 tazas de vegetales de hoja crudas
- 1 taza de vegetales crudas o jugo
- 1 taza de vegetales cocidas

## Proteína

**Elija proteínas saludables.**
Coma proteínas vegetales a diario. Evite el tocino, las salchichas y la mortadela.

**Cantidad Diaria**
**6-7** de estas opciones:

- 1 onza de pescado, pollo o carne magra
- 1 huevo
- ½ onza de nueces
- ¼ de taza de frijol, lenteja o chícharo seco cocido
- ¼ de taza de tofu
- 1 cucharada de crema de cacahuate

## Granos

**Coma mayormente granos integrales** como arroz integral. Limite su consumo de pan, fideos y arroz que no sean integrales.

**Cantidad Diaria**
**6** de estas opciones en el 1er trimestre
**8** en el 2o o 3er trimestre y mientras esté amamantando:

- 1 rebanada de pan integral o ½ bagel
- 1 tortilla pequeña de trigo integral (6-pulgadas)
- 1 taza de cereal
- ½ taza de fideos, arroz o cereal cocidos

## Frutas

**Agregue color con frutas.**
Escoja frutas enteras en lugar de jugos de frutas.

**Cantidad Diaria**
**2** de estas opciones:

- 1 taza de fruta fresca
- 1 taza de fruta congelada o enlatada sin azúcar
- ½ - ¾ taza de jugo
- ½ taza de fruta seca

## Lácteos

**Coma alimentos ricos en calcio.**
Elija leche, yogur y queso pasteurizados descremados o bajos en grasa.

**Cantidad Diaria**
**3** de estas opciones para las mujeres
o
**4** de estas opciones para los adolescentes:

- 1 taza de leche
- 1 taza de leche de soya enriquecida con calcio
- 1 taza de yogur natural
- 1½ onza de queso

## Elija Grasas y Aceites Saludables

- Use aceites vegetales para cocinar como el aceite de alazor (safflower), canola y oliva.
- Lea las etiquetas de los alimentos para evitar consumir grasas saturadas y trans (grasas hidrogenadas).
- Evite las grasas sólidas como la manteca y la mantequilla.
- Coma pescado cocido en dos de sus comidas cada semana.
- Limite su consumo de aceites a 6 cucharaditas por día.

## Elija Bebidas Saludables

- Beba agua, leche descremada o baja en grasa en lugar de refrescos, bebidas de frutas y jugo.
- Limite su consumo de bebidas con cafeína como el café o el té. Evite las bebidas energizantes.
- No beba alcohol si está embarazada o pudiera estar embarazada.
- El alcohol pasa al bebé a través de la leche materna. Si está amamantando, hable con su médico acerca del consumo de alcohol.

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April 25, 2013

California

# Mi Plan Nutricional para Mamás

Estas sugerencias pueden ayudarla a comer bien y a mantener un peso saludable durante y después del embarazo.
Llene los espacios en blanco con el peso que le gustaría llegar a tener y marque las opciones que está dispuesta a probar.

**Embarazo:** Me recomendaron subir _____ libras durante mi embarazo. Hasta la fecha, he subido _____ libras.

**Después del embarazo:** Un peso saludable para mi es _____ libras. Mi meta es pesar _____ libras.

## Vegetales

Cada día trataré de:

- ☐ Comer al menos 3 porciones de vegetales frescas, congeladas o enlatadas bajas en sodio.
- ☐ Condimentar las vegetales con hierbas y especias en lugar de grasas o sal.
- ☐ Comer mucha verdura de color verde oscuro y anaranjado.

## Proteína

Cada día trataré de:

- ☐ Comer 6 a 7 de porciones.
- ☐ Asar u hornear carnes en lugar de freírlas.
- ☐ Comer frijoles, nueces, semillas, tofu o crema de cacahuate.
- ☐ Comer carne magra (con el 15% de grasa, o menos).
- ☐ Quitarle la piel al pollo.
- ☐ Comer 12 onzas de pescado por semana.
- ☐ Limitar mi consumo de tocino, salchichas y mortadela.

## Granos

Cada día trataré de:

- ☐ Comer 6 a 8 porciones.
- ☐ Elegir granos integrales al menos la mitad del tiempo.
- ☐ Comer cereales aprobados por el programa de WIC.

## Frutas

Cada día trataré de:

- ☐ Comer 2 porciones.
- ☐ Comer una variedad de frutas frescas, congeladas o enlatadas.
- ☐ Elegir frutas frescas, congeladas y enlatadas sin azúcares añadidos.
- ☐ Limitar el consumo de jugos de frutas a ½ - ¾ de taza por día.

## Lácteos

Cada día trataré de:

- ☐ Comer 3 porciones.
- ☐ Elegir leche y quesos pasteurizados descremados o bajos en grasa (1%).
- ☐ Comer yogur natural (para endulzarlo, le pondré fruta).
- ☐ Elegir productos de soya enriquecidos con calcio, como el tofu.

## Grasas y Aceites

- ☐ Usaré 6 cucharaditas diarias de aceite vegetal como el aceite de alazor (safflower), canola y oliva.
- ☐ Cocinaré los alimentos al horno, asados, al vapor o en el microondas, en lugar de freírlos.

## Bebidas

- ☐ Beberé agua, leche descremada o baja en grasa en lugar de bebidas azucaradas.
- ☐ Limitaré mi consumo de bebidas con cafeína como el café y el té. Evitaré las bebidas energizantes.

## Extras (Grasas Sólidas, Azúcares y Sal)

- ☐ Elegiré alimentos bajos en grasas, azúcares y sal.
- ☐ Leeré las etiquetas con la información nutricional para poder limitar mi consumo de grasas, azúcares y sal (sodio).
- ☐ Para mis bocadillos, elegiré frutas, vegetales, nueces y semillas sin sal.

## Mis Otras Ideas

- ☐ Hacer un plan diario alimenticio. Visite esta página: www.choosemyplate.gov/SuperTracker/createprofile.aspx.
- ☐ _____

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# Appendix E

# Stages of Change

The five used to describe a variety of health behavior changes. Each of these stages describes an individual's attitude toward behavior change. Trying to change behavior before one is ready usually results in failure to develop new healthy behaviors.

Small changes are often best for long-term results.

## 1. Pre-contemplation

The stage at which there is no intention to change behavior in the immediate or foreseeable future. Many individuals in this state are unaware or underaware of their problem. These individuals are not ready for change.

**Strategy:** Assess knowledge, attitudes, and beliefs and provide information to build on existing knowledge.

## 2. Contemplation

The stage in which people are aware that a problem exists and are seriously thinking about overcoming it, but have not yet made a commitment to change and to take any action.

**Strategy:** Discuss motivation and barriers to change and possible solutions.

## 3. Preparation

The stage that combines both an intention and behavior to change. Individuals in this stage are intending to take action in the next month and have unsuccessfully taken action in the past year. This is the stage where you will want to offer intervention as they are ready to address their problem behavior.

**Strategy:** Assist in developing an action plan for change, provide direction and encouragement.

## 4. Action

The stage in which individuals modify their behavior, experiences, or environment in order to overcome their problems. Action involves the most overt behavioral changes and requires a considerable commitment of time and energy.

**Strategy:** Reinforce decisions for change, offer continued support and reinforcement for positive changes.

## 5. Maintenance

The stage in which people work to prevent relapse and consolidate the gains attained during action. For addictive behaviors, this stage extends from six months to an indeterminate period past the initial action.

**Strategy:** Offer reinforcement and praise. Relapse occurs when people move back to a previous stage. Relapse is very common — especially when trying to change nutrition and physical activity behaviors. Health professionals can encourage and help individuals to return to the action stage.

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# Appendix F

# Strategies to Promote Healthy Eating and Physical Activity to Adolescents

Adapted from: Story M, Holt K, Sofka D.

## General Strategies

| Strategies | Applications/Questions |
|---|---|
| Ask the adolescent about changes in eating and physical activity behaviors at every visit. | "How are you doing in changing your eating and physical activity behaviors?" |
| Emphasize to the adolescent the consumption of foods rather than nutrients. | For example, say, "Drink more milk and eat cheese or yogurt," rather than "Increase your calcium intake." |
| Build on positive aspects of the adolescent's eating behaviors. | "It's great that you're eating breakfast. Would you be willing to try cereal, fruit, and toast instead of bacon and doughnuts four days out of the week?" |
| Provide "how to" information. | Share behaviorally-orientated information (e.g., what, how much, and when to eat and how to prepare food) rather than focusing on why the information is important. |
| Provide counseling that integrates realistic behavior change into the adolescent's lifestyle. | "I understand that your friends eat lunch at fast-food restaurants. Would it help you to learn how to make healthier food choices at these restaurants?" |
| Discuss how to make healthy choices in a variety of settings. | Talk about how to choose foods in various settings such as fast-food and other restaurants, convenience stores, vending machines, and friends' homes. |
| Provide the adolescent with learning experiences and skills practiced. | Practice problem solving and role-playing (e.g., having the adolescent ask the food server to hold the mayonnaise). |
| Introduce the concept of achieving balance and enjoying all foods in moderation. | "Your food diary indicates that after having pepperoni pizza for lunch yesterday, you ate a healthier dinner. That's a good way to balance your food intake throughout the day…" |
| Make record-keeping easy, and tell the adolescent that you do not expect spelling, handwriting, and behaviors to be perfect. | "Be as accurate and honest as you can as you record your food intake. This food diary is a tool to help you reflect on your behaviors." |
| Make sure the adolescent hears what you are saying. | "What eating and physical activity behaviors are you planning to work on before your next appointment?" |
| Make sure that you and the adolescent define terms the same way to avoid confusion. | Discuss the definition of words that may cause confusion, such as "fat…calories," "meal," and "snack." |

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## Communication and Setting

| Strategies | Applications/Questions |
|---|---|
| Encourage health professionals and staff to become role models for healthy eating and physical activity. | Have health professionals and staff model healthy eating and physical activity behaviors (e.g. keeping a bowl of fruit at the front desk. |
| Provide a setting oriented to adolescents. | Use posters and materials written for adolescents. |
| Provide concrete learning situations. | Use charts, food models and videos (e.g. YouTube) to reinforce verbal information and instructions. |
| Communicate developmentally-appropriate health messages. | Use posters and materials that highlight the importance of healthy eating and physical activity behaviors. |
| Promote positive, nonjudgmental strategies to help the adolescent adopt healthy eating and physical activity behaviors. | Reinforce positive aspects of the adolescent's eating and physical activity behaviors. |
| Encourage the adolescent's active participation in changing eating and physical activity behaviors. | Help the adolescent identify barriers that make it difficult to change eating and physical activity behaviors and develop a plan of action for adopting new behaviors. |
| Understand and respect the adolescent's cultural eating behaviors. | Help the adolescent integrate dietary recommendations with cultural eating behaviors. |
| Use simple terms. | Avoid using the term "diet" with the adolescent because it tends to be associated with weight loss and may be confusing. |
| Focus on the short-term benefits of healthy eating and physical activity behaviors. | Emphasize that healthy eating and physical activity behaviors will make the adolescent feel good and energized. |

## Readiness to Change

| Strategies | Applications/Questions |
|---|---|
| Identify the adolescent's stage of behavior change and readiness to change based on the Stages of Change model. | "Are you **interested** in changing your eating and physical activity behaviors?"<br>"Are you **thinking about** changing your eating and physical activity behaviors?"<br>"Are you **ready** to change your eating and physical activity behaviors?"<br>"Are you in the **process** of changing your eating and physical activity behaviors?"<br>"Are you trying to **maintain** changes in your eating and physical activity behaviors?" |
| Facilitate behavior change with counseling strategies tailored to the adolescent based on the Stages of Change model. | Provide a supportive environment, basic information, and assessment.<br>Prioritize behaviors to be changed, set goals, and identify barriers to change.<br>Develop a plan that incorporates incremental steps for making changes, support, and reinforcement. |

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# Action Plans

| Strategies | Applications/Questions |
|---|---|
| Provide counseling for the adolescent who is in the early stages of behavior change or who is unwilling to change. | Increase the adolescent's awareness and knowledge of his or her own behaviors.<br>Encourage the adolescent to make behavior changes if necessary. |
| Provide task-oriented counseling for the adolescent who is ready to change eating and physical activity behaviors. | Encourage a few, small concrete changes first, and build those.<br>Support and follow up with the adolescent who is ready to change behavior. |
| Identify and prioritize behavior changes to be made. | Suggest changes that will have a measurable impact on the adolescent's most serious issues. |
| Set realistic, achievable goals that are supported by the adolescent's family and peers. | "What behavior will you change?"<br>"What goal is realistic right now?"<br>"How and when will you change the behavior and who will help you?" |
| Identify and address barriers to behavior change; help reduce barriers when possible. | "What will make it hard for you to make changes?"<br>"How can you get around this?" |
| Make sure that the behavior changes are compatible with the adolescent's lifestyle. | Don't force the adolescent to conform to rigid eating behaviors. Keep in mind current behaviors and realistic goals. |
| Establish incremental steps to help the adolescent change eating and physical activity behaviors. | For example, have the adolescent reduce fat consumption change by gradually changing the type of milk consumed, from whole to 2% (reduced fat), 1% (lowfat), to skim (nonfat) milk. |
| Give the adolescent responsibility for changing and monitoring eating and physical activity behaviors. | Stress the importance of planning how the adolescent will make and track changes in eating and physical activity behaviors.<br>Make record-keeping simple, and review the plan with the adolescent. |
| Make sure the adolescent has family and peer support. | Show the adolescent how to encourage parents and peers to help.<br>Meet with the parents to clarify goals and action plans; determine how they can help. |
| Offer feedback and reinforce success. | Regularly show interest to encourage continued behavior change. |

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