

## Weekly Wellness Lesson One

### **Lesson 1: Nutrition 101**

**Time: About 45 min**

**Goal:** Increase awareness of general healthy eating behaviors

**Objective 1:** Understand how macronutrients play a role in healthy eating.

**Objective 2:** Understand the barriers involved in healthy eating and how to combat them.

### **Workshop Lesson Plan:**

1. Introduction: 4-5 minutes

Introduce self

Purpose of the workshops: goal and objectives

Structure of the next few weeks

Agenda for what we will be talking about today

2. Brief Overview of next few weeks:

Basic principles of healthy eating: 3-5 Minutes

Balance

Moderation

Variety

Hydration

My Plate model

Focus Group Questions: 25-30 minutes

“Further details on how to overcome these barriers, specific to your health concerns, will be given over the course of the next few weeks.”

6. Evaluation: 10 minutes

Consent Form

Explain surveys to take home, give option to complete right now.

Hand out goal sheet.

Give out meal tracker book. Ask they fill out at least 1-3 days.

7. Wrap up: 2-5 minutes

Reiterate schedule for next few weeks.

Answer any questions.

1) All fats are bad. (શું બધા ચરબી વાળા ખોરાક ખરાબ છે?)

True (હા) or False (ના)

2) How many servings of fruit and vegetables per day do experts advice people to eat as a minimum?

(One serving could be, for example, an apple or a handful of chopped carrots) (circle one) ઓછામાં ઓછું દરરોજ કેટલા ફળો અને શાકભાજી ખાવાનું નિષ્ણાતો સલાહ આપે છે? (ઉદાહરણ તરીકે, એક સફરજન અથવા એક કરતા વધારે ગાજર) (એક સાચા જવાબ પર વર્તુળ કરો)

Two(2) Three(3) Four(4) Five or More(પ કરતા વધારે) Not Sure(ખબર નથી)

3) In order to be healthy you need to completely cut out certain food groups.

(તંદુરસ્ત રહેવા માટે તમારે ચોક્કસ ખોરાક જૂથોને સંપૂર્ણપણે કાપી નાખવાની જરૂર છે)

True (હા) or False (ના)

4) For diabetes, the most important nutrient to be aware of is: (circle all that apply)

(ડાયાબિટીસ માટે, સૌથી વધુ મહત્વનું પોષક તત્ત્વોથી પરિચિત થવું એ છે): (લાગુ પડતું બધું વર્તુળ કરો)

Salt (નમક) Sugar (ખાંડ) Fat (તેલ)

5) For hypertension, the most important nutrient(s) to be aware of is (circle all that apply) (વધારે પડતી

ચિંતા (હાયપરટેન્શન) માટે સૌથી વધુ મહત્વનું પોષક તત્ત્વોથી પરિચિત થવું એ છે) (લાગુ પડતું બધું વર્તુળ કરો)

Salt (નમક) Sugar (ખાંડ) Fat (તેલ)

6) For heart disease, the most important nutrient(s) to be aware of it (circle all that apply) (હૃદય રોગ માટે,

સૌથી વધુ મહત્વનું પોષક તત્ત્વોથી પરિચિત થવું એ છે): (લાગુ પડતું બધું વર્તુળ કરો)

Salt (નમક) Sugar (ખાંડ) Fat (તેલ)

7) Men and women have the same nutritional needs

(પુરુષો અને સ્ત્રીઓની એક જ પોષક જરૂરિયાતો હોય છે?)

True (હા) or False (ના)

8) Vit. D is found in: (circle all that apply) (વિટામિન ડી શેમાં જોવા મળે છે?): (જે લાગુ પડે છે તેના પર વર્તુળ કરો)

Eggs (ઈંડા) Chicken (ચિકન) Milk (દૂધ) Fatty Fish (ફેટી માછલી) Mushrooms (મશરૂમ્સ)

9) Bread (roti, naan, toast), cereal, rice, pasta, and khakra are sources of what: (circle one)

(બ્રેડ, અનાજ, ચોખા, અને પાસ્તા શું છે?): (વર્તુળ એક)

Carbohydrates (કાર્બોહાઈડ્રેટ) Vitamin C (વિટામિન સી) Calcium (કેલ્શિયમ) Vitamin D (વિટામિન ડી)  
Not Sure (સુનિશ્ચિત નથી)

10) Healthy weight loss occurs at a rate of about how many pounds per week? (circle one) (સપ્તાહ દીઠ

કેટલા પાઉન્ડ વજન ઘટાડવા જોઈએ? (જે લાગુ પડે છે તેના પર વર્તુળ કરો)

1-2 pound 3-4 pounds 5-6 pounds Not Sure

11) About how many cups of water is recommended to drink daily? (circle one)

(દૈનિક પીવા માટે કેટલા કપ પાણીની ભલામણ કરવામાં આવે છે?) (વર્તુળ એક)

2-3 cups

4-5 cups

6-7 cups

8 or more cups

Not Sure

1. What is your age? \_\_\_\_\_

2. What is your height? \_\_\_\_\_

3. What is your weight? \_\_\_\_\_

4. How long have you been living in America? \_\_\_\_\_ months \_\_\_\_\_ years

5. What is the highest level of school you've finished? (Choose one)

- |   |  |
|---|--|
| <input type="checkbox"/> Elementary (grade 5 or less)   | <input type="checkbox"/> B.A. or B.S.                    |
| <input type="checkbox"/> Middle School (grade 6-8)      | <input type="checkbox"/> Graduate or Professional Degree |
| <input type="checkbox"/> Some High School, No GED       | <input type="checkbox"/> Associates Degree               |
| <input type="checkbox"/> High School Grad or GED        | <input type="checkbox"/> Don't know/Refused              |
| <input type="checkbox"/> Technical or Vocational School | <input type="checkbox"/> Some college                    |

6. What is your total annual household income? (Choose one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$40,000-49,000 | <input type="checkbox"/> \$80,000-89,00    |
| <input type="checkbox"/> \$10,000-19,000    | <input type="checkbox"/> \$50,000-59,000 | <input type="checkbox"/> \$90,000-99,00    |
| <input type="checkbox"/> \$20,000-29,000    | <input type="checkbox"/> \$60,000-69,000 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$30,000-39,000    | <input type="checkbox"/> \$70,000-79,000 |  |

7. What is your religious affiliation? (Choose one)

- Hindu       Christian       Muslim       Buddhist

8. Are you now (Choose one):

- Married       Widowed       Divorced  
 Separated       Single

9. What is your living situation? (Choose one)

- Live alone       Live with family  
 Live with friends       other \_\_\_\_\_

10. What is your current employment situation? (Choose one)

- Unemployed or laid off       Student  
 Working full-time       Retired  
 Working part-time       Homemaker

11. Do you have any of the following conditions? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Cancer                  |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Arthritis               |
| <input type="checkbox"/> Hypertension   | <input type="checkbox"/> Osteoporosis            |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Any other illness _____ |

12. Are you currently seeing a doctor for any of the above condition(s)?

- Yes       No

13. Are you currently taking any medications for the above condition(s)?

- Yes       No

**14. How often do you eat out? (Choose one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Once per week       | <input type="checkbox"/> 2-3 times per week |
| <input type="checkbox"/> Once a month        | <input type="checkbox"/> 2-3 times a month  |
| <input type="checkbox"/> 4-6 times per month | <input type="checkbox"/> 7 or more a month  |
| <input type="checkbox"/> 1-2 times a year    | <input type="checkbox"/> Rarely/Never       |

Below please check the box that best fits your personal eating habits. **There is no right or wrong answer.**

In an average week, how often do you: (સરેરાશ સપ્તાહમાં, તમે કેટલી વાર કરો છો:)	Usually/Often	Sometimes	Rarely/Never	Does not apply to me
1. Skip Breakfast? (શું તમે સવારે નાસ્તો કરવાનું છોડો છો?)				
2. Eat 4 or more meals from sit-down or take out restaurants? (શું તમે 4 અથવા તેનાથી વધુ ભોજન બેસીને લો છો કે પછી રેસ્ટોરન્ટ્સ માંથી લો છો?)				
3. Eat 2 or more servings of white carbohydrates a day? These include white rice, white bread, white crackers, rusk, maida. (શું તમે એક દિવસમાં સફેદ કાર્બોહાઈડ્રેટના 2 કે તેથી વધુ પિરસણ ખાવ છો? તેમાં સફેદ ચોખા, સફેદ બ્રેડ, સફેદ બિસ્કિટ્સ, ટોસ્ટ, કે મેંદાનો સમાવેશ કરો છે?)				
4. Eat less than 2 servings of whole grain products or high fiber starches a day? (શું તમે આખું અનાજ અથવા ઉચ્ચ ફાઇબરની 2 પિરસણી કરતા ઓછા ખોરાક એક દિવસ માં ખાવ છે?) Serving= 1 slice of whole wheat bread, whole wheat chapati, 1 cup whole grain cereal like shredded wheat, high fiber cereals, oatmeal, 3-4 whole grain crackers, ½ cup brown rice or whole wheat pasta, boiled or baked potatoes.				
5. Eat less than 2 servings of fruit a day? (શું તમે એક દિવસ માં 2 કરતાં ઓછા ફળ ખાવ છે?) <b>Serving:</b> ½ cup or 1 med fruit or ¾ cup 100% fruit juice				
6. Eat less than 2 servings of vegetables a day? (શું તમે એક દિવસ માં 2 કરતાં ઓછા શાકભાજી ખાવ છે?) <b>Serving:</b> ½ cup vegetable, or 1 cup leafy raw vegetables				
7. Eat or drink less than 2 servings of milk, yogurt, or cheese a day? (શું તમે એક દિવસ માં 2 કરતાં ઓછા પિરસણ (કપ) દૂધ, દહીં, અથવા પનીરની વાનગી લો છો અથવા પીવો છો?) <b>Serving:</b> 1 cup milk or yogurt; 1 ½ -2 ounces cheese.				
8. Eat more than 2 servings of pulses (lentils and beans) a day? (શું તમે એક દિવસ માં 2 કરતાં વધુ પિરસણ કઠોળ (મસૂર અને બીજ) લો છો?) <b>Serving:</b> ¼ cup or 4 tablespoons				

In an average week, how often do you: (સરેરાશ સપ્તાહમાં, તમે કેટલી વાર કરો છો:)	Usually/Often	Sometimes	Rarely/Never	Does not apply to me
9. Eat more than 8 ounces of meat, chicken, turkey, or fish per day? (શું તમે દરરોજ માંસ, ચિકન, ટર્કી અથવા માછલી 8 ઓંસ થી વધારે ખાવ છો?)  <b>NOTE:</b> 3 ounces of meat or chicken is the size of a deck of cards or ONE of the following: 1 regular hamburger, 1 chicken breast or leg, or 1 pork chop.				
10. Eat fried foods such as puri, bhatura, pakora, samosa, bhajia, french fries, fried chicken, fried fish? (શું તમે એક દિવસ માં તળેલા ખોરાકો જેમ કે પુરી, ભટુરા, પાકોળા, સમોસા, ભજિયા, ફ્રેન્ચ ફ્રાઈસ, તળેલું ચિકન, કે તળેલી માછલી ખાવ છો?)				
11. Eat snack foods such as potato chips, corn chips, corn nuts, crackers, popcorn, khakhra, fafda, namak para, chakri, chivda, mixture. (શું તમે રોજે બટાકાની વેફર, મકાઈની વેફર, મકાઈના નટ્સ, બિસ્કિટ્સ, પોપકોર્ન, ખાખરા, ફાફડા, નમક પારા, ચકરી, ચેવડા, જેવા ખોરાક લો છો?)				
12. Add butter, ghee, oil, margarine to bread (including roti and paratha) and rice. (શું તમે ખાવામાં માખણ, ઘી, તેલ, માર્જરિન બ્રેડ (રોટી અને પરાઠા સહિત) અને ચોખા માં ઊપર થી ઉમેરો છો?)				
13. Eat sweets like cake, cookies, biscuits, mithai, indian dessert foods, sweet lassi, ice cream, falooda, kulfi. (શું તમે કેક, ફૂડીઝ, બિસ્કીટ, મીઠાઈ, ભારતીય મીઠાઈ, મીઠી લાસ્સી, આઈસ્ક્રીમ, ફાલુદા, કુલ્ફી જેવી મીઠાઈઓ ખાઓ.)				
14. Drink 16 ounces or more of regular soda, fruit drink/punch, sharbat. (શું તમે 16 ઓંસ અથવા વધુ બિન-આહાર સોડા, ફળોનાં પીણા /ફળોનું જ્યુસ અથવા દારૂ પીવો છો?)  <b>NOTE:</b> 1 can of soda=12 ounces				

Please circle the number that best fits how you feel.

1. How confident do you feel that you can keep the fatigue caused by your disease from interfering with the things you want to do?	(Not Confident) 1 2 3 4 5 6 7 8 9 10 (Very Confident)
2. How confident do you feel that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do?	(Not Confident) 1 2 3 4 5 6 7 8 9 10 (Very Confident)
3. How confident do you feel that you can keep the emotional distress caused by your disease from interfering with the things you want to do?	(Not Confident) 1 2 3 4 5 6 7 8 9 10 (Very Confident)
4. How confident do you feel that you can keep any other symptoms or health problems you have from interfering with the things you want to do?	(Not Confident) 1 2 3 4 5 6 7 8 9 10 (Very Confident)
5. How confident do you feel that you can accomplish the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	(Not Confident) 1 2 3 4 5 6 7 8 9 10 (Very Confident)
6. How confident do you feel that you can do things other than just taking medication to reduce how much your illness affects your everyday life?	(Not Confident) 1 2 3 4 5 6 7 8 9 10 (Very Confident)

## Goals Sheet

**Example:**

**Goal:** Living a healthy lifestyle

**This goal is important to me because:** I want to be there for my family

**Activities Necessary to Accomplish this goal:**

- Keep my doctor's appointments
- Do relaxation Techniques
- Exercise
- Think positively
- Take my prescribed medications
- Eat healthy foods
- Take my vitamins
- Ask my friends and loved ones for support

**Goal 1**

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**This goal is important to me because**

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**Activities Necessary to Accomplish this goal**

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**Goal 2**

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**This goal is important to me because**

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**Activities Necessary to Accomplish this goal**

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## Focus Group Questions

### Domain #1 Knowledge, Attitudes, and Beliefs (KAB)

1. What does good nutrition or eating healthy mean to you?
2. Are there any particular eating habits, or other behaviors one should do more of or avoid when someone has diabetes or high cholesterol or heart disease or high blood pressure?

### Domain # 2 Behaviors

3. Have your eating habits changed over the years or recently? In what way? What made it change?
4. What are some of the things you do now to eat healthy?
5. Is there anything that helps you to eat healthy? Give an example.
6. Is there anything that gets in the way of eating healthy? Give an example. (barriers such as media, taste/personal preference, pressure from family or friends, availability, cost, convenience, lack of knowledge, stress, gatherings over holidays, traveling to India)
7. What steps are you willing to take to eat healthier?

### Domain #3 Seeking help

8. Let's talk a little bit about getting help with eating and nutrition. Who do you talk to when you need help with food or nutrition? Prompt: Have you seen a Registered Dietitian? Why or why not?
9. Have you talked recently with your doctor about food and nutrition issues? Why or why not?
10. What do you think would help make seeking food and nutrition-related care a better experience for someone? Prompt: Would support from your friends, partner, or family help? What type of support? Would things need to be done differently in the community or in your neighborhood?
11. What types of information do you need from us in order to help you?