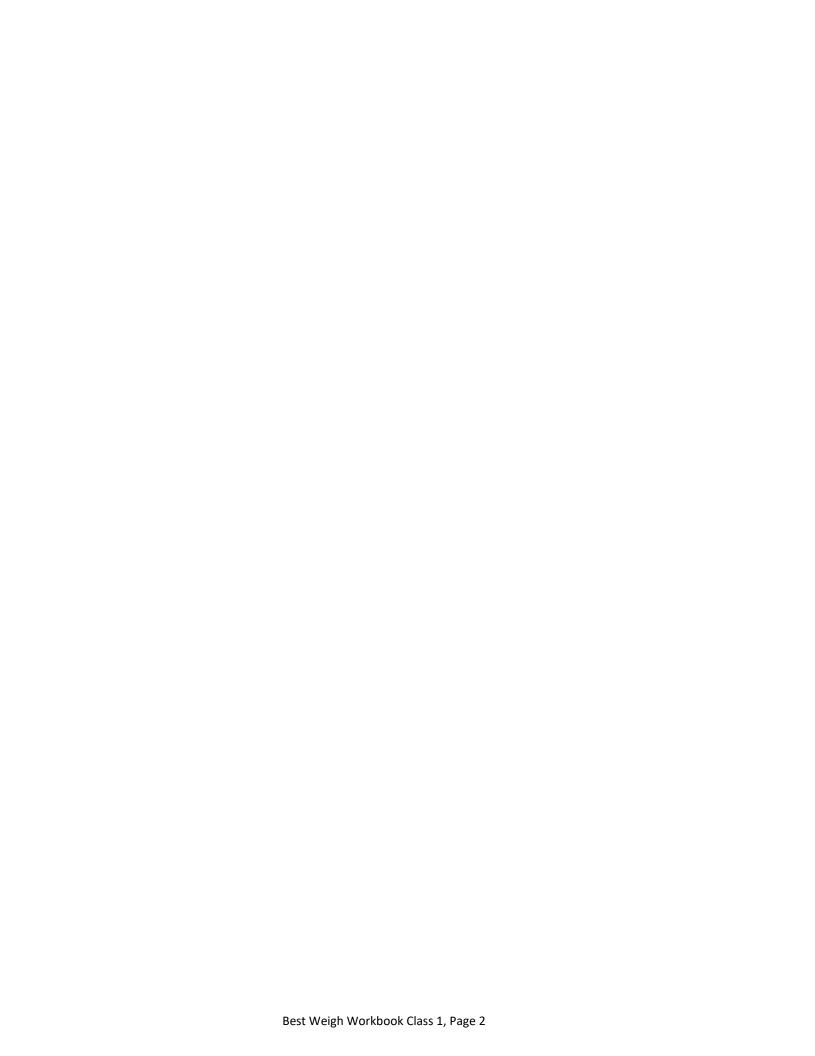


# **NUTRITION AND WEIGHT MANAGEMENT**







Name:				
Date:				





# **TABLE OF CONTENTS:**

- 1. Best Weigh is Unique!
- 2. Exercise—How Much
- 3. More Motivation
- 4. Lipids: Fats, Oils, Cholesterol
- 5. Low Carb? High Carb?
- 6. Protein Myths and Gluten Issues
- 7. The Best Fruits and Vegetables
- 8. Whole Grains, Probiotics, and Prebiotics
- 9. Vitamins & Supplements
- 10 The Healthiest People in the World







# BESTWEIGH CLASS 1

# Welcome to Best Weigh

You are about to participate in a rewarding experience. We trust you will find that losing weight with us will be easier than you have found on previous tries. We know you will have a lot of fun.

Your workbook contains valuable information. There are quizzes, exercises, reference tables and work sheets. There will be new handouts every week. Keep this book up to date. Bring it to each class every week. It will be a place to keep recipes, handouts and notes you may want to take on lectures.

# **Best Weigh is Easy**

No prepared foods to buy

No calories to count

No exchange lists

No special or exotic foods

No protein drinks

# **Get to Know Your Group**

Your group will have two helpers to assist you in group activities and to answer any questions you may have. Stay in the same group from week to week. You will be an encouragement to one another. You will meet new friends.





# **BEST WEIGH WORKS!!!**

You start losing weight on foods you eat right now

You "eyeball" the amount of food you eat

We make gradual changes in your diet

Give up a few extras you do not need

Prayer changes lives and helps you lose weight

Inspirational study motivates behavior change

You have a helper you can call at any time for encouragement



# **SEVEN SIMPLE RULES FOR SUCCESS**

# Eat less at each meal

Do not count calories

Do not weigh your food

Do not measure your food

Just look at your plate

No second helpings

Make sure it is less

# **No Between Meal Snacks**

Drinks lots of water

Do not eat just before meals

Do not eat just after meals

Avoid candy and gum

Easy on sugarless drinks

Record your snack score

# **Give Up Certain Foods**

Give up one or more foods that you do not really need for good nutrition.

Choose foods high in calories

Choose foods high in fat

Select foods you eat almost every day

Give up spreads, dressings etc.

Record your Food Item to Avoid score

# **Exercise**

Walking is best

Bicycling is good

Swimming is fine

Do not jog or run without

your doctor's approval

Get fresh air and sunshine

Dress appropriately

# SEVEN SIMPLE RULES FOR SUCCESS

# **Pray**

Pray to start the day

Pray before meals

Pray between meals

Pray when you walk

Pray when you win

Pray when you lose

Record your prayer score

# Inspiration

Read the Scripture Assignment

Apply the principles

Notice headlines about nutrition

Think about changing

Read labels

Be different

Record your inspiration score

# **Contact your Group Leader**

Contact your helper

Contact for encouragement

Contact if you are not making it

Contact to report success

Contact every day

Record you contact score

# The Progress Card

This little card is where you keep track of what you do. We do not count calories. We do not use exchange lists or diet sheets. On this card you score several of your eating behaviors, exercise and other things that will help you lose weight. The higher the score each day, the more weight you will lose. Keep this card near you at all times. Fill in the card as you go through the day. Do not try to look back and fill out the card at the end of the week. Check it before going to bed each night to see that it accurately reflects your day's activities.



# **Scoring Your Progress Card**

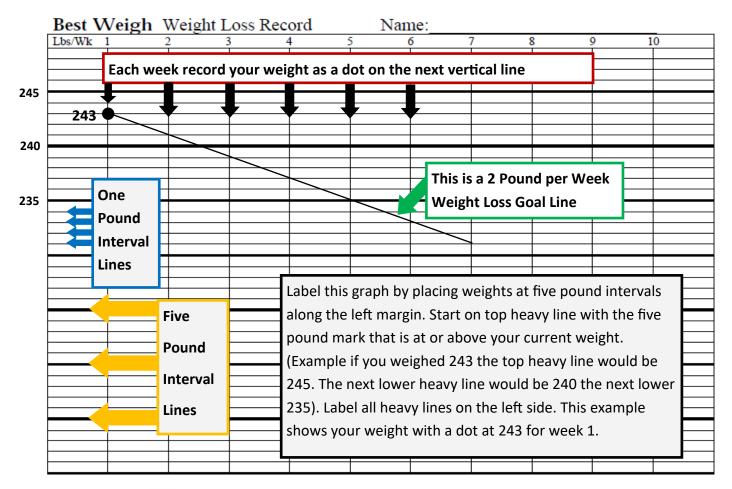
The table of scores is on the back of your progress card. Higher scores will result in excellent weight loss



			_	
		Walking Score	6	1
	_	1 Hour and more	- 5	1
Meal Score	6	45 Minutes	4	
Skipped a meal	5	30 Minutes	1	٦
75% Less	4	15 Minutes	0	7
50% Less	3	Tital Walk	+-	$\neg$
25% Less	2	t at Meals	1 3	$\neg$
Same as Usual	1	3 Times of More	+3	
10% More	0	3 Times of	+=	-
25% More	1	2 Times	+	0
Snack Score	4	1 Time	+	0
No Snacks	1 3	No Prayer Inspirational Reading	$\perp$	_
1 Snack	+	Inspirational rec		2
- a - ake	+	You Read	L	0
	+	You Read You Didn't Read  Called Best Weigh Helpe	r	
Food to Avoid (FTA)	-+-	" und Rost Weight	7	3
Food to Avoid		4 Called Bessel 2 Yes You Called		0
Ate No FTA	$\rightarrow$	No Call	$\neg$	
Ate 1 FTA	1	1		
ALCO ETA	_	0		

# **Best Weigh Weight Loss Record**

# Here is how you fill it out





If you are still confused, your group leader will show you how to fill out the **Weight Loss Record** 

# **TIPS ABOUT WEIGHING**

- 1. Don't weigh every day.
- 2. Weigh once a week at Best Weigh
- 3. Don't drink a lot before weighing. A pint of water weighs a pound.
- 4. Your scales may not be accurate.



# WHAT IS AN IDEAL WEIGHT FOR YOU?

Look up your "Body-Mass Index" (BMI) on the BMI table at the back of this handout or download a free BMI calculator app for your smart phone. Most scientific studies on weight management use the BMI to categorize the weights of people. A BMI of 18.0-24.9 represents an ideal BMI for everyone. A BMI of 25.0-29.9 is the "overweight" category. A BMI is 30 or more is the "obese" group. A BMI of 25 would be a good BMI goal to aim for. If reaching your ideal weight during this 10-week program is not realistic, we suggest you set a more modest **Best Weigh** goal. Perhaps a goal to lose 10 to 20 pounds would be more achievable.

MY WEIGH LOSS GOAL DURING THIS BEST WEIGH PROGRAM IS:



# **Food Items to Avoid**

For the next 10 weeks I will give up	For th	e next 10	) weeks	Ιu	ill o	jive	UP.
--------------------------------------	--------	-----------	---------	----	-------	------	-----

1					
- 1	<u>،</u>				

2.		

# You Can Have it Once a Week

# MOTIVATION!!!

Weight loss is easier if you have thought about it and developed reasons for weight loss. There are reasons why it is easier to stay at your same weight. There are reasons why you need to lose weight. Think about this in your group and list the reasons for and against losing weight below.

My Reasons for Losing Weight	My Reasons for Staying at the Same Weight
1	1
2	2
3	3
4	4

# **Obesity Quiz**

# Circle True or False for each statement.

- **1. T F** People who are overweight are more susceptible to heart, kidney and circulatory diseases.
- **2. T F** After the age of 40 it is easier to gain weight because a person is doing less and his or her metabolism slows down.
- **3. T F** Heredity can be a contributing factor in the problem of obesity.
- **4. T F** It has been proven that a rapid reduction in weight is more likely to stay off than if a person only loses weight slowly.
- **5. T F** The Bible has nothing to say about appetite.
- **6. T F** Obesity is increasing rapidly in the United States.
- **7. T F** Some diets may be harmful to your health.
- **8. T F** Obese persons are often depressed.
- **9. T F** It is harder to lose weight as you get older.
- **10. T F** Weight loss is impossible for some people.



# NEW DIRECTIONS

New Directions is a part of each week's Best Weigh program. On the New Directions work sheet you will review the lecture material and then to personalize the concepts to your own life. Decide what new direction you will take in the coming week.

At every Best Weigh Class you will be challenged to change how you live. You may choose to stop or decrease something you are doing or you may choose to increase or add to what you are eating. The New Direction you choose is up to you. Practice making it a permanent part of your life. That is what make weight loss permanent.

# NEW DIRECTIONS

# Circle your choices for this week.

- 1. The amount I put on my plate at each meal. More. About the same. Some less. A lot less. Starvation.
- 2. Second helpings. Only if it really tastes good. Not if I can help it. None. No, No, No.
- **3. Between meal snacks.** Perhaps once a day. I'm going to try hard. Not even once. Just water.
- **4.** A favorite food, snack, or dessert. Probably several times a day. Once a day. Just once a week as allowed.
- 5. What exercise? I can't. Walking. Bicycling. Water aerobics. At the gym. Other.
- **6. Exercise duration.** 5-10 minutes. 15-20 minutes. 30-40 minutes. At least an hour.
- **7. Exercise frequency.** Once or twice a week. Three or four times a week. Five or more times a week.
- **8. Prayer.** Not for me. When I get into trouble. Mostly once a day. At least three times a day.
- **9.** Inspirational Reading. I probably won't. I will choose what to read. I will read the assignments daily.
- 10. Progress card. Not for me. Fill it out once a week. Fill it out daily. Fill it out after each meal.
- 11. Contact my helper. Who is that? I'm too busy. When I think of it. At least three times a week.
- 12. Attend Best Weigh Sessions. I quit now. I may be back. I'll try my best. I will attend every session.

My Group Leaders:
Name:
Contact Information:
Name:
Contact Information:



# Scripture Strength

Class

1

1. Anxiety: Philippians 4:6
<b>2. Temptation:</b> James 1:13-15
3. Asking: Mark 11:24
<b>4. Power:</b> Romans 4:21
<b>5. Strength:</b> Psalms 22:19
6. Thanksgiving: 1 Thessalonians 5:18
<b>7. Praise:</b> Psalms 28:6-7

# CONSENT TO TAKE BEST WEIGH AND RELEASE OF LIABILITY

Please carefully read this document. If you agree to take Best Weigh on these terms, please sign and date these three pages and turn them in to your small group leader. If you would like to keep a copy for your records, your small group leader can provide you with an extra form.

# **Definition of Best Weigh**

Best Weigh is an educational (not a medical treatment) program. The purpose of Best Weigh is to help alleviate obesity. Overweight and obesity are defined using standard measurements of Body Mass Index (BMI).

### **Best Weigh Staff**

Best Weigh is sponsored by, and usually conducted in Seventh-day Adventist churches. Best Weigh programs are organized and operated by local church members and other volunteers, many of whom are not licensed health professionals. Best Weigh educational materials contain factual information on nutrition and exercise that is supported by scientific studies published in peer reviewed professional journals.

### **Best Weigh Diet**

Best Weigh recommends that participants lose weight gradually by reducing caloric intake by learning portion control and healthful nutritional choices. Best Weigh does not endorse the intake or elimination of any specific food items that may be a part of a person's routine diet. Best Weigh does not recommend a specific diet. All changes you make in your diet that result from attending Best Weigh are your own personal choices. The quantity and quality of foods consumed are your responsibility.

# **Best Weigh Exercise**

Best Weigh recommends an increase in daily energy expenditure. This is accomplished by you increasing the time you spend in ordinary activities that require effort to accomplish. Best Weigh recommends walking as the best way to accomplish this goal. Best Weigh does not recommend or encourage vigorous or violent exercise such as running, jogging or any other strenuous form of exercise. If you can't walk you should get exercise recommendations from your health care provider.

# Supplements, Vitamins, Herbs, Prescription Medication and Surgery

Best Weigh does not recommend, endorse, or sell any nutritional supplements, herbs, vitamins or mineral products. Your use of all such products should be under the supervision of your health care provider. Best Weigh does not recommend or condemn prescription medication or surgery for the treatment of obesity.

#### Your Medical Condition

Best Weigh does not diagnose, treat, or offer advice on any medical condition other than overweight and obesity. All acute and chronic medical conditions should be managed by your health care provider. Any person with a disease or medical condition should participate in Best Weigh only with the permission and understanding of his or her health care provider. Weight loss often results in changes in disease states that require adjustment in medication type or dosage. Close communication with your health care provider during Best Weigh is recommended.

### **Spiritual Component of Best Weigh**

Best Weigh explores the spiritual dimension of appetite control and recommends the study of specific passages from the Holy Bible having to do with nutrition, overcoming habits, dealing with temptation, and God's help in gaining personal victories. Your participation in Bible reading, discussion and prayer is a personal choice and is optional. Personal religious activities are not a requirement to attend or benefit from the Best Weigh program.

# **Data Collection and Privacy**

I understand that data regarding my eating, exercise and certain other behaviors will be documented on a Progress Card which I will fill out from week to week. The Progress Cards and the data on them are the property of Best Weigh. I give permission to the group leaders in my assigned group to review the data I record on the Progress Card and to give me recommendations based on my scores.

I further give permission for the Best Weigh organization to enter my demographic data and my Progress Card scores into a national database for the purpose of validating the scientific principles of Best Weigh. I understand that this information will only be used in summary form. I understand that NONE of my personal identifying information such as my name, address, phone number, or any other specific identifying data will be included in any report or publishing of these data. My identifying information will not be sold or given to any other individual or organization.

# Photographs, Videos, and Sound Recordings

I understand that occasionally, casual photographs of the Best Weigh audience and individual members are taken. Unless I refuse to be photographed or refuse be included in a group photograph I consent to be photographed (both in still photographs and videos) and for sound recordings to be made and displayed either alone or with other images for advertising, publicity, commercial or other business purposes by any photographer attending a Best Weigh session.

# **Settling of Disputes**

In the event of any dispute with Best Weigh or any of its agents I agree to forego litigation of the dispute and shall submit the dispute to binding mediation. The selection of a mediator shall be mutually agreed upon by me and Best Weigh. Mediation shall be governed by the laws of the state in which the Best Weigh program was conducted in which the dispute arose. The mediator shall be compensated by the party that prevails.

# **Release of Liability**

I understand that the dietary recommendations and exercises recommended by Best Weigh are of a nature to promote good health and reduce the risk of disease and death. While I am attempting to gain good health by participating in Best Weigh, during the program I could still get sick, aggravate a preexisting medical condition, experience a personal injury, or die.

I have attended this first informational session of Best Weigh and I want to participate in this weight management and nutritional information program. I have been given a full and adequate opportunity to ask questions and obtain a full and complete explanation of the risks of the diet and activities of Best Weigh.

On behalf of my heirs, successors and assigns, I herewith release Best Weigh and the local church or other building in which Best Weigh was conducted including the pastor, staff, all church members and any other volunteers who help with Best Weigh, from any and all liability for the development of any new illness, aggravation of any disease or condition I now have, personal injury or other claims arising out of participating in Best Weigh, except for any outcome that results from a willful and malicious action by Best Weigh or personnel connected with Best Weigh.

I	desire to participate in this Best Weigh program.
(Print your name.)	
Signature:	Date:
Witness:	Witness:

Best Weigh Weight Loss Record

Name:

Lbs/Wk 1	 , ,	,	1 4	5 (	5 7	7 (	3 9	) 1	.0
LOS/WK I	 2	) -	t .	) (	)		5	, 1	.0

Body 1	Body Mass Index BMI by Height in Feet and Inches and Weight in Pounds															
BMI	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
4'10"	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191
4'11"	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198
5'0"	128	133	138	143	148	153	158	164	169	174	179	184	189	194	199	204
5'1"	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211
5'2"	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218
5'3"	141	146	152	158	163	169	175	180	186	192	197	203	208	214	220	225
5'4"	145	151	157	163	169	174	180	186	192	198	203	209	215	221	227	233
5'5"	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240
5'6"	155	161	167	173	179	185	192	198	204	210	216	223	229	235	241	247
5'7"	159	166	172	178	185	191	198	204	210	217	223	229	236	242	248	255
5'8"	164	171	177	184	190	197	203	210	217	223	230	236	243	249	256	263
5'9"	169	176	182	189	196	203	209	216	223	230	237	243	250	257	264	270
5'10"	174	181	188	195	202	209	216	223	230	236	243	250	257	264	271	278
5'11"	179	186	193	200	207	215	222	229	236	243	250	258	265	272	279	286
6'0"	184	191	199	206	213	221	228	235	243	250	258	265	272	280	287	294
6'1"	189	197	204	212	219	227	234	242	250	257	265	272	280	287	295	303
6'2"	194	202	210	218	225	233	241	249	256	264	272	280	288	295	303	311
6'3"	200	208	216	224	232	240	247	255	263	271	279	287	295	303	311	319
6'4"	205	213	221	230	238	246	254	262	271	279	287	295	303	312	320	328

