

## Participant Copy

Dear Applicant:

We invite you to participate in the Northern California Center for Well-Being Weight Control Program, a program that is designed to help you to lose weight and become more physically fit.

**What is the Weight Control Program?** This program is for adults who are serious about wanting to lose weight and are willing to make the changes in behavior and lifestyle required for lasting weight control. In addition to losing weight other goals of the program include learning to control eating, to develop an exercise habit, to not let weight interfere with activities, and to deal with attitudes or obstacles in your life that make sticking to a weight plan difficult.

**How does the program work?** The program is conducted with a group of 12 to 15 members and a dietitian. Meetings are 1.5 hours weekly for about four months (16 weeks). This is not a drop-in program, participants stay with the same group of people throughout the program.

During the meetings, the leader lectures and works with the group, but also with people individually to help them solve their problems. In-between the meetings you keep a diary of all eating and exercise and complete other homework designed to help you change your lifestyle. When you come to the meeting, you weigh yourself and keep a chart on your weight and exercise time. In the group you are expected to speak about your progress or any trouble you are having with changing eating or exercise. We understand that on occasion you may need to miss a meeting for an important reason. However, we expect participants to commit themselves to their weight control by making their weekly meeting a top priority. People who succeed in our program regularly attend meetings and do their homework.

**What is the philosophy of the program?** We do not prescribe a diet or specific exercise program. Participants are the ones in control. You develop solutions that fit with your life, so long as those solutions produce weight loss and healthy behavior and are realistic to continue indefinitely. We have high expectations for eating healthy and exercise. We believe that eliminating poor food choices and increasing healthy ones reduces the risk for serious illness. We find that long-term weight control is only possible if a person spends a lot of time being physically active. We believe that changing behavior is psychologically complex and that time is better spent learning how to control oneself in the present, rather than dwelling on experiences that might have created bad habits in the beginning.

**What is the learning process?** You learn up-to-date scientifically based information on food, exercise, and lifestyle issues. You learn to use techniques of self-management to gradually change unwanted habits. You learn to stay motivated by developing helpful attitudes. Finally, one of the strongest points of this program is that you learn from other people in the group who typically offer a lot of ideas and social support to do your best.

Many people in need of weight control have trouble taking care of their health, procrastinate on health behavior change, have mixed feelings about having to change, and have a history of giving-up after a short weight control attempt. If we accept you into this program, we assume you are serious about improving your health. We will hold you accountable for your behavior and will do anything we can to help you stay committed to change.

**What happens after the program?** A follow-up program is offered to all graduates of our program to help people keep weight off and not slip back into old habits.

**How is this program different from other weight reduction programs?** In general, regular weight loss programs and the Northern California Center for Well-Being Weight Control Program both help people to lose weight. But there are some important differences. This is not strictly a weight loss program. It's a lifestyle change program to create new habits that help weight reduction continue after the meetings end. This is not a temporary "diet" or quick weight loss program. There are no special foods, forbidden foods or supplements. Instead participants learn their own solutions to eating, cooking, and dining out that fit their lifestyles, but still help them to lose weight and improve nutrition. Most programs are weak on motivating people to exercise and focus too much on "dieting". This program has as much emphasis on becoming more physically active. We expect participants to make large increases in exercise, but we also help people to overcome the obstacles to make this important change. The leader of this program is a health expert with scientific expertise and when needed, will work together with your primary physician to help you overcome health problems. Many other weight programs are businesses led by nonprofessionals and are not integrated with your healthcare. This program starts and ends with the same group of participants, not a steady stream of different people who come in and out of the program. The meetings are in a group, but the leader cares about participants as individuals.

**Nora Bulloch, RD, MA, MPH** has been a nutritionist and registered dietitian for over 18 years. She completed her Bachelor's of Science degree and dietetic internship in Los Angeles County and then moved to Vermont. There she earned a Master's degree from Norwich University in Nutrition Education focusing on obesity and weight issues. She wrote a manuscript as part of her study entitled, *American Women Play the Weight Loss Game, Who wins and who loses*. She also taught Nutrition 101 to college students at the Community College of Vermont. She continued her study of the relationship between food and health and received a Masters in Public Health from UC Berkeley. Nora believes, "Everyone benefits from nutrition education because public information is overwhelming and often contradictory." She unravels the information and offers personalized weight control solutions for each person.

**What are our results?** Compared to national trends in weight control, this program has excellent results, and with the exception of obesity surgery, it is the most effective approach to weight control. Hundreds of people have graduated from this program at the University of Vermont, where it started under the leadership of Dr. James Rosen. See the attached graph and statistics for how much weight people lose and other lifestyle changes.

**Am I eligible?** This program is for people whose weight is in the overweight range or higher according to health standards based on body mass index. Your doctor or the health team at the Center for Well-Being can help you determine if you meet this qualification. You must also be ready to commit yourself to work hard and attend meetings once a week for four months. Finally, you would have to agree to the conditions listed under "Agreement" at the end of the application.

**How much does it cost?** There is an initial sign-up fee of \$110 and four monthly charges of \$120 (total cost \$590) for the meetings. Details on payment options are provided with the application. Sliding scale available based on income.

**How do I apply?** Complete the application, including the two-day eating/exercise record. You can send your application with the physician form or have that sent separately. The sooner you return the application, the sooner we can give you an answer and schedule you to begin weight control. If you have any questions about the program or your application, you may contact the Center for Well-Being. We would be happy to speak with you.

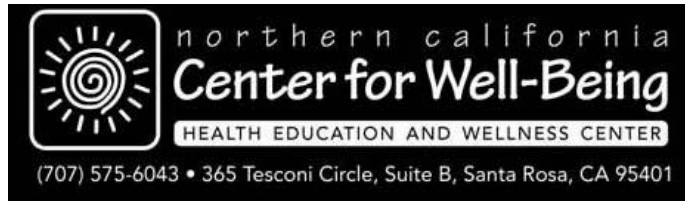
**Mail this application to:**

Center for Well-Being  
365 B Tesconi Circle  
Santa Rosa, CA 95401

707-575-6043 for further information.

Best wishes on your weight control,

Northern California Center for Well-Being



# Weight Control Program

APPLICATION TO PARTICIPATE  
(This information is confidential)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address & Zip \_\_\_\_\_ Hm tel \_\_\_\_\_

\_\_\_\_\_ Wk tel \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact (name & telephone) \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex (circle): male female

Marital status (circle): single married living with partner divorced widowed

Ages of children at home \_\_\_\_\_ Not living at home \_\_\_\_\_

Who else do you live with \_\_\_\_\_

Education (check one): (a) less than high school (grade completed) \_\_\_\_\_ (b) high school graduate  
(c) some college (how many yrs) \_\_\_\_\_ (d) 2-yr college degree \_\_\_\_\_ (e) college bachelors degree  
\_\_\_\_\_ (f) graduate education (how many yrs, what degree) \_\_\_\_\_

Occupation/Job Title & Employer  
\_\_\_\_\_

If unemployed: state why including type of disability if relevant and give last job and dates  
\_\_\_\_\_

Who referred you to our program?  
\_\_\_\_\_

Health Insurance Provider and Plan  
\_\_\_\_\_

Weight (don't guess, weigh yourself if possible) \_\_\_\_\_ Height \_\_\_\_\_

What is the most \_\_\_\_\_ and the least \_\_\_\_\_ you have weighed as an adult?

When were you overweight? (check all that apply) young child \_\_\_ pre-teen \_\_\_ teenager \_\_\_  
young adult \_\_\_ adult \_\_\_

Have you ever tried to lose weight? How long ago was the last time you stuck with a weight loss plan and lost a good amount of weight? Number of years or months (for example, 2½ years ago)

\_\_\_\_\_

Why do you want to lose weight at the present time? Give some specific reasons or benefits that you expect.

What type of help do you need?

Do you have any concern about participating in this program or in a group? What might be difficult about trying to lose weight at the present time?

HEALTH

Please list all medication & supplements

for what problem?

Check any of these health problems that you may have

high blood fats (cholesterol, triglycerides)\_\_\_

high blood pressure \_\_\_

diabetes (high blood sugar) \_\_\_

gout \_\_\_

arthritis \_\_\_

history of stroke, heart attack, or diabetes in your mother or father \_\_\_

heart attack \_\_\_

chest pain when exercising \_\_\_

irregular heart beat \_\_\_

respiratory disease (specify) \_\_\_\_\_

thyroid disease \_\_\_

cancer (specify) \_\_\_\_\_

swelling of legs or ankles \_\_\_

irritable bowel syndrome \_\_\_

gastro-esophageal reflux disease (GERD) \_\_\_

food allergies \_\_\_

lactose intolerance \_\_\_

gluten intolerance \_\_\_

excess snoring, difficult breathing during sleep \_\_\_

sleep apnea \_\_\_

currently pregnant \_\_\_

currently breast feeding \_\_\_

chronic pain or limited movement (check which areas): back \_\_\_ neck \_\_\_ knees \_\_\_

hips \_\_\_ wrists \_\_\_ hands \_\_\_ shoulders \_\_\_ elbows \_\_\_ feet \_\_\_

Use this space to add details you wish about your health problems or other problems not listed

## EATING, BEHAVIOR, ATTITUDES

Check all that apply to you

negative moods such as stress or depression trigger overeating \_\_\_\_  
 at times feel out of control when eating \_\_\_\_  
 eat trigger foods that cause me to overeat \_\_\_\_ (which foods \_\_\_\_\_)  
 go on eating binges (unusually large amount of food at one time) \_\_\_\_ (how often per month \_\_\_\_\_)  
 vomit or use laxatives to control weight \_\_\_\_  
 feel too guilty or preoccupied with eating and weight \_\_\_\_  
 used to have an eating disorder (what type \_\_\_\_\_)

feel embarrassed to exercise in front of other people \_\_\_\_  
 give-up on exercise because I feel awkward or weird trying to be physical \_\_\_\_  
 hate to sweat when I exercise \_\_\_\_  
 worry about causing a heart attack when I exercise \_\_\_\_  
 preoccupied with how bad I feel when I exercise \_\_\_\_

feel hopeless about losing weight or dealing with health problems \_\_\_\_  
 can't seem to follow my doctor's advice to improve my health behavior \_\_\_\_  
 can't motivate myself to change my health habits \_\_\_\_  
 have trouble making myself and my health a priority \_\_\_\_  
 have trouble finding time in my schedule to exercise and take care of myself \_\_\_\_

my appearance has a negative effect on feelings about myself or relationships \_\_\_\_  
 avoid situations because of my appearance; try to hide my body \_\_\_\_  
 get too much negative feedback from my family or other people about my weight \_\_\_\_

feel guilty because I can't participate in family activities or responsibilities as I should \_\_\_\_  
 have a hard time being a good parent or grandparent because of my overweight \_\_\_\_  
 worry about health problems \_\_\_\_  
 worry that I might become disabled or a burden to other people \_\_\_\_  
 worry that I might die prematurely \_\_\_\_

don't know how to eat healthy \_\_\_\_  
 need ideas to prepare meals that will help me control my weight \_\_\_\_  
 don't know how to add exercise to my life \_\_\_\_  
 need ideas to tailor exercise to my physical health limitations \_\_\_\_

trouble with depressed moods \_\_\_\_  
 trouble being too irritable or angry \_\_\_\_  
 trouble being too worried or nervous \_\_\_\_  
 too shy with other people \_\_\_\_  
 how much alcohol do you drink each week? beers \_\_\_\_ glasses of wine \_\_\_\_ liquor \_\_\_\_\_  
 drink too much or use drugs that aren't prescribed \_\_\_\_  
 marital problems or problems with my partner \_\_\_\_

children with behavior or learning problems \_\_\_\_

children with serious health problems \_\_\_\_

currently in counseling or psychotherapy (specify what problem \_\_\_\_\_)

have been in the hospital for depression, mental health or substance abuse problems \_\_\_\_

smoke cigarettes \_\_\_\_

need assistance with self-care (bathing, showering, dressing, or toileting) \_\_\_\_

have trouble doing housework (cleaning, vacuuming, laundry) \_\_\_\_

limited in doing outside chores (shoveling, raking, gardening, cleaning car) \_\_\_\_

difficulty driving \_\_\_\_

do not participate in regular exercise or physical outdoor activities \_\_\_\_

rarely leave the house \_\_\_\_

difficulty shopping and running errands in public \_\_\_\_

difficulty with ordinary lifting or carrying (e.g. laundry, grocery bags) \_\_\_\_

Use this space to add details you wish about any personal problems not listed.

## INSTRUCTIONS FOR THE EATING/EXERCISE DIARY

Keep an eating and exercise diary for two days using the next two pages. You may start today if you can remember everything that you have eaten so far. Do not try to remember for both days. Keep the information as the day goes on. It's better to keep two days in a row, rather than days apart from each other. Write everything that you eat or drink, including small bites of food or candy. Try to keep the two days as typical as possible. Do not feel like you must change your eating or exercise in any way. We want to see your normal pattern.

Write the amount of food and what ingredients. Here are some examples:

Lunch	<i>1 large glass 2% milk roast beef sandwich, swiss cheese, tomato, lettuce, roll &amp; light mayo 1 small apple</i>
Afternoon snack	<i>handful of tortilla chips 5 Oreo cookies</i>

If you know how to measure food, put the exact amount. For example:

Lunch	<i>12oz 2% milk 3 oz hamburger 1 tbl mayo</i>
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Write any exercise you did and how much time. Only list exercise activities, not activity at work, house chores, or shopping. For example:

First exercise	Second exercise	Third exercise
<i>bike ride 20 mins</i>	<i>walk 14 min</i>	<i>yoga 45 min</i>

We understand it might not be easy to record this information, but it is very useful. Thank you for your cooperation.

Date \_\_\_\_\_ First Day

MEAL	TYPE & AMOUNT OF FOOD & DRINK
Breakfast	
Morning snack	
Lunch	
Afternoon snack	
Dinner	
Evening snack	

List the type of exercise that you did today, if any, and number of minutes exercising

First exercise	Second exercise	Third exercise

Date \_\_\_\_\_

Second Day

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MEAL	TYPE & AMOUNT OF FOOD & DRINK
Breakfast	
Morning snack	
Lunch	
Afternoon snack	
Dinner	
Evening snack	

List the type of exercise that you did today, if any, and number of minutes exercising

First exercise	Second exercise	Third exercise

# AGREEMENT

1. If I am accepted into the Weight Control Program, I agree to attend all the meetings except for excused absences.
2. I agree to do all my homework, to participate in the meetings, and to put my best effort into following the program and changing my behavior.
3. If appropriate, I agree to come to a meeting before making a final decision to drop out of the program.
4. I understand that the program involves teaching principles of nutrition and self-management in order to change eating and exercise behavior.
5. I understand that the leaders reserve the right to expel a participant from the program if he or she is not fulfilling his/her obligations.
6. I give permission to the Weight Control Program to send information about my weight loss or participation in the program to my primary physician and any other health provider that I designate here:
7. Your primary care physician \_\_\_\_\_
8. Other provider I'd like my results sent to \_\_\_\_\_
9. I agree to participate in a brief telephone survey by the Weight Control Program after I graduate to answer questions about my weight and status of my weight control effort.
10. If I participate in this program, I will pay the charge for the program as I agreed to with the Center for Well-Being.

Your Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_