

**Health Counselor  
Instructions  
for**

***A New Leaf,  
Choices for Healthy Living***

*(2007 edition)*

University of North Carolina at Chapel Hill © 2007

Center for Health Promotion and Disease Prevention

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# Introduction

## A. Overview

*A New Leaf... Choices for Healthy Living* is a structured assessment and counseling tool that offers practical strategies for making changes in dietary and physical activity behaviors. Written at a 5th- to 6th-grade reading level, the manual focuses on eating habits in the southeastern U.S. and is primarily intended for midlife, low-income women. *A New Leaf* is designed to:

- Assess current lifestyle behaviors
- Identify attitudes and difficulties related to changing lifestyle behaviors
- Facilitate goal-setting and self-monitoring
- Guide counseling by non-specialist health care and lay providers
- Serve as a self-help guide or a tool for group discussions

## B. Contents of *A New Leaf*

The *New Leaf* manual is written in a user-friendly format with numerous graphics, visuals, and text boxes. The materials are in a looseleaf notebook with 10 tabbed dividers. The 10 sections include assessments, tip sheets, and general information (see Table 1).

**Table 1. *New Leaf* Contents**

Sections	Assessments	Tip Sheets	Information
<b>A. Food Assessments and Tips</b>	Dietary Risk Assessment	Healthy Eating Tip Sheets	
	What Makes It Hard to Eat Healthy? (Assessment)	Hot Tips for Healthy Eating (Tip Sheets)	
<b>B. Healthy Eating</b>			Healthy Eating
<b>C. Physical Activity Assessments and Tips</b>	Physical Activity Assessment	Physical Activity Tip Sheets	
	What Makes It Hard to Keep Active? (Assessment)	Being More Active (Tip Sheets)	
	What Limits Your Activity? (Assessment)	Being Active with Physical Limitations (Tip Sheets)	
<b>D. Keeping Active</b>			Keeping Active
<b>E. Weight Assessment and Tips</b>	My Weight (Assessment)	Healthy Weight Tip Sheets	
<b>F. A Healthy Weight</b>			A Healthy Weight
<b>G. Diabetes Prevention and Management</b>			Diabetes Prev. and Management
<b>H. Bone Health Assessment and Tips</b>	How Healthy Are Your Bones? (Assessment)	Keeping Your Bones Healthy (Tip Sheets)	
<b>I. Smoking and Quitting Assessment and Tips</b>	Smoking and Quitting Assessment	Smoking and Quitting Tip Sheets	
<b>J. Stress and Depression</b>			Stress and Depression
<b>Appendix A. PAA: Advanced Uses</b>			

## C. Ways to Use *A New Leaf*

The *New Leaf* manual can be used by counselors and participants in four different ways: (1) in one-on-one counseling, (2) in group sessions, (3) as a self-help tool, or (4) through a combination of counseling, group sessions, and self-help (see Table 2).

Lasting behavior change is *much* more likely to occur with reinforcement and follow-up. So, the more contact you have with participants, the better! After you have become familiar with the *New Leaf* materials, you can be creative in how you use the four counseling approaches.

**Table 2. *New Leaf* Counseling Approaches**

Counseling Approaches	Strategies	Notes
One-on-one counseling (in-person and/or by telephone)	<ul style="list-style-type: none"> <li>• At each visit, select a few key goals to work on</li> <li>• At the next contact, ask about goals and reinforce progress</li> <li>• Can follow up on assessments and tip sheets by phone (best to schedule phone calls in advance)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Good strategy for starting out</li> <li>✓ One-on-one is easiest way to complete assessments</li> </ul>
Group sessions	Group session format should include: <ul style="list-style-type: none"> <li>• Check-in to hear from participants about successes and failures since the last session</li> <li>• Discussion of one focused information topic</li> <li>• Practice or demonstration of one skill</li> <li>• Goal-setting</li> <li>• Action-planning</li> </ul>	<ul style="list-style-type: none"> <li>✓ Check-in increases accountability</li> <li>✓ Use <i>New Leaf</i> materials for group session themes (e.g., fast food, meal planning, walking)</li> </ul>
Self-help	<ul style="list-style-type: none"> <li>• Ask participants to complete the DRA (pages A-1 thru A-10) and PAA (pages C-1 thru C-7)</li> <li>• Give the additional assessments in Sections A and C as “homework”</li> <li>• Check off goals and identify important tip sheets for participants to read on their own</li> </ul>	<ul style="list-style-type: none"> <li>✓ <i>For participants who do not read well, identify a friend, family member, or partner who can help review materials at home</i></li> </ul>
Combination approach	<ul style="list-style-type: none"> <li>• Start with one-on-one counseling</li> <li>• Bring participants in to share experiences as a group</li> <li>• Give self-help “homework”</li> </ul>	

This instruction manual provides you with all the information you need to successfully use the *New Leaf* materials. It includes:

- A brief description of each section of the *New Leaf* manual
- Detailed step-by-step instructions on how to use the assessments and tip sheets to facilitate one-on-one counseling

Note: The Health Counselor instructions are available online (along with all the *New Leaf* materials) at: [www.wiseinterventions.org](http://www.wiseinterventions.org).

## D. Using the Assessments and Tip Sheets

There are five basic steps for counselors to follow when using the *New Leaf* assessments and tip sheets for one-on-one counseling. Always start by taking the assessment pages and tip sheets that you will be using out of the notebook. Note that each set of assessments and tip sheets is linked by **matching icons**. In addition, each assessment item is **number-coded** to match the item number on the corresponding tip sheet. This makes it easy to select goals and provide counseling that is tailored to the participant's specific concerns.

### Step 1: Administer the assessment.

Read each question and then mark the numeric or word response that best describes the participant's lifestyle practices, attitudes, and beliefs.

### Step 2: Review (and score) the assessment.

A visual scan of the responses can provide you with all the information you need to identify positive practices and problem areas. Checkmarks in the left-hand column mean the participant is on target! Checkmarks in the middle and right-hand columns show things to improve. The Dietary Risk Assessment and Physical Activity Assessment can be scored, but scoring is *optional*.

### Step 3: Select goals.

Help the participant choose goals to work on. Check the assessment goal box and note the date.

### Step 4: Provide counseling.

Counseling includes:

- Problem-solving to identify the things that make it hard to change lifestyle behaviors, and asking open-ended questions (e.g., "What successes have you had in trying to change \_\_\_\_\_?" "What has been hard?").
- Working with the participant to decide what information she needs to achieve her goals (i.e., finding the *New Leaf* tips that match the item number of each goal selected; checking off the goal box on the tip sheet; sharing information by reading and reviewing the tips and strategies; referring the participant to other sections of *A New Leaf*).
- Helping the participant plan how she will achieve her goal(s) and setting SMART goals (specific, measurable, achievable, realistic, and time-bound) (see *A New Leaf*, page F-7).

### Step 5: Schedule follow-up contacts.

Make an appointment to follow up with the participant, either in person or by phone:

- Assess progress made toward reaching goals;
- Reinforce positive changes;
- Problem-solve difficulties or challenges;
- Offer further guidance on meeting goals; and
- Set new goals.

The health counselor instructions assume that the **health counselor will administer the assessments**, which is preferable. If necessary, the assessments may be self-administered. However, you should make sure that the participant reads well, and carefully review the assessment instructions with the participant.

*About the Dietary Risk Assessment:* If you plan to use the DRA primarily to assess dietary intake **for research purposes**, we recommend that you administer it to the participant (rather than allowing self-administration), so that you can interpret the responses with confidence.

## E. Resources

In addition to using the *New Leaf* assessments and tip sheets, counselors can refer participants to four types of resources for practical ideas and support in meeting their goals. The first two resources are part of the *New Leaf* print materials, and all four sets of resources are available online at [www.wiseinterventions.org](http://www.wiseinterventions.org).

1. **General information.** Five sections of *A New Leaf* either expand on what is available in the tip sheets or provide basic information on other important topics: *Healthy Eating* (Section B); *Keeping Active* (Section D); *A Healthy Weight* (Section F); *Diabetes Prevention and Management* (Section G); and *Stress and Depression* (Section J).
2. ***New Leaf* cookbook.** The revised cookbook contains 92 “southern style” recipes that can help participants develop healthier eating habits. The cookbook encourages participants to:
  - lower their intake of saturated fats, trans fats, sodium, and refined sugars and flours by making healthy substitutions when cooking and baking
  - prepare more vegetables and salads
  - eat more whole grains (whole wheat and brown rice)
  - focus more on locally grown and produced foods
3. ***New Leaf* exercise module.** Section D (*Keeping Active*) describes the benefits of different types of physical activity. For **specific exercise ideas**, however, participants should refer to *Exercises for Keeping Active*, which can be found at [www.wiseinterventions.org](http://www.wiseinterventions.org). The exercise module includes stretch band and chair exercises, strength training, stretching, and exercises for individuals with physical limitations such as arthritis. If participants do not have access to a computer or the Internet, you can download and print a hard copy for them.
4. **Community links.** The *Community Links for Better Health* project shows programs how to create tailored tools that can help participants become more aware of their community and neighborhood resources. These resources can make it easier for participants to turn new, healthy behaviors into lifelong habits. Programs or counselors who wish to create community resource tools can use the Community Assessment, Tip Sheets, and Community Resource Guide Templates, which can be downloaded (in PDF or Microsoft Publisher formats) at: <http://www.hpdp.unc.edu/index.cfm?fuseaction=research.CLBH>

# Section A

## Dietary Risk Assessment (DRA) and Healthy Eating Tip Sheets

### Description

The *Dietary Risk Assessment* (DRA) is a tool to assess healthy and unhealthy eating habits. The DRA covers the main food categories discussed in MyPyramid (vegetables, fruits, grains, meat, beans, milk, oils) as well as “discretionary calories” from sweets, snacks, and beverages. (For more information, go to [www.mypyramid.gov](http://www.mypyramid.gov).) The DRA contains 49 questions, which correspond to 32 tailored tips in the *Healthy Eating Tip Sheets*. The DRA’s optional scoring system can provide you with a general picture of the participant’s eating patterns over time. The higher the score, the healthier are the participant’s eating habits.

If you are using the DRA to guide one-on-one counseling with participants, **and you are not required to collect data for a research study or to report to your funding agency**, then you have two options for administering the DRA, depending on the length of the counseling session. If time permits, the best option is to administer the full DRA; if the session is 30 minutes or less, however, you and the participant may together select several sections of the DRA to focus on. The instructions below can be used for both options.

### STEP 1: Administer the DRA.

- a. Read or discuss the information on the instructions page with the participant (page A-1). Emphasize these points:
  - It is okay if the participant’s eating habits are less than perfect. The more honest she is in describing them, the more you can help her work to improve them.
  - The assessment refers to an average or “usual” week or day.
- b. Ask the participant how often she eats each type of food. In most cases, the frequency is based on an average *week*; in some cases, the frequency is based on an average *day*.
  - **Weekly:** Grains/cereals; red meat; poultry/fish; beans/nuts; toppings; sweets/snacks/restaurant foods.
    - If the participant reports eating a food “twice a month” or “every other week,” record her answer as “0.”
  - **Daily:** Vegetables/fruits; bread; milk/dairy foods; beverages.
    - If the participant reports eating a food “less than once a day,” mark “0.”
- c. There are several ways that you can help the participant figure out serving sizes.
  - Refer to the information about serving sizes that is included in the DRA.
  - Keep the *Be Serving Size Wise* chart handy (located on pages xi-xii).
  - Use common sense (i.e., one of something is usually one serving).

## STEP 2: Review (and score) the DRA.

Note: Scoring the DRA is optional. **However, if you are collecting data for a research study or are reporting to a funding agency, you should score the DRA.**

To score the DRA, complete “a” and “b” below, otherwise go to “c.”

- a. After the participant has completed the DRA, make sure that her responses are marked clearly. All responses should be in one of the three columns.
  - Responses in the left-hand column are worth 2 points.
  - Responses in the middle column are 1 point.
  - Responses in the right-hand column are 0 points.
  
- b. Scoring is quick and easy!
  - Count by twos for each response in the left-hand column. For example, three answers in the left-hand column are worth 6 points (2 points each).
  - Next, add 1 additional point for each response marked in the middle column.
  - **Be careful NOT to add up the numbers shown in the response options.**
    - For example, if a food item has a "5" marked in the left-hand column, you might be tempted to add 5 points to the total by mistake; instead, remember that responses in the left-hand column always get 2 points, and responses in the middle column always get 1 point.
  - Record the total points for each page in the score box located at the bottom right of the page. The lower the score, the healthier are the participant’s eating habits. Higher scores mean healthier eating habits.
  
- c. Review the DRA.
  - Offer praise and reinforcement for positive eating habits (answers in the left-hand column).
  - Note problem areas (answers in the middle or right-hand columns).

## STEP 3: Select goals.

- a. Help the participant select goals to work on for the next counseling visit.
  - Focus on the biggest problem areas first (look for assessment pages with lots of responses in the middle or right-hand columns).
  - Choose 1-3 eating goals. We recommend selecting only a few goals at each counseling session to avoid overwhelming the participant.
  
- b. For each area selected, place a checkmark in the goal box that appears to the right of that question, and note the date.



## **STEP 4: Provide counseling.**

- a. Find the *Healthy Eating Tip Sheets* (pages A-11 thru A-20).
  - Each section of the *Healthy Eating Tip Sheets* is icon-coded to match the corresponding section of the DRA.
  - Each item number on the DRA corresponds to the number of the tips to help with that eating habit.
    - Example: If Question 1 on the Vegetables & Fruit assessment page indicates that the participant eats very few dark-green or orange vegetables, use Tip 1 on the Vegetables & Fruit tip sheet to find tips about eating more of those vegetables.
- b. Problem-solve to identify the things that make it hard to change eating behaviors.
  - Ask open-ended questions (e.g., “What successes have you had in trying to change \_\_\_\_\_?” “What has been hard?”).
- c. Work with the participant to decide what information she needs to achieve her goals.
  - Find the *New Leaf* tips that match the item number of each goal selected.
  - Check off the goal box on the tip sheet.
  - Share information by reading and reviewing the tips and strategies.
  - If the tip sheets refer to the *New Leaf* cookbook, look at the cookbook together to identify recipes that the participant would like to try.
  - Refer the participant to *Healthy Eating* (Section B) for more information.
- d. Help the participant plan how she will achieve her goal(s).
  - Set SMART goals (specific, measurable, achievable, realistic, and time-bound). (For more information on goal-setting, see *A New Leaf*, page F-7.)
- e. Return the *Healthy Eating Tip Sheets* to Section A or slip them in the back pocket of the notebook and ask the participant to use a refrigerator magnet to post them at home.

## **STEP 5: Schedule follow-up contacts.**

- a. Make an appointment to follow up with each participant, either in person or by phone.
- b. Use the follow-up appointment to:
  - Assess progress made toward reaching goals;
  - Reinforce positive changes;
  - Problem-solve difficulties or challenges;
  - Offer further guidance on meeting goals; and
  - Set new goals.

# What Makes It Hard to Eat Healthy? (Assessment) and Hot Tips for Healthy Eating (Tip Sheets)

## Description

The *What Makes It Hard to Eat Healthy?* assessment can help you and the participant identify things that “get in the way” of healthy eating. The brief 8-item assessment covers a variety of challenges, including social eating, stress-induced eating, and eating at work. *Hot Tips for Healthy Eating* suggests ways that the participant can overcome the identified difficulties.

## STEP 1: Administer the assessment.

- a. Read or discuss the introductory paragraph at the top of the assessment (page A-21). Emphasize these points:
  - The assessment refers to unhealthy foods—foods that are high in sugar, salt, trans fats, and/or saturated fat.
  - Once you understand the things that make it hard for the participant to change, you can offer specific suggestions to get around the roadblocks.
- b. Read through the series of questions.
  - Ask the participant “How tempted would you be to eat these foods when...?”
  - Read each scenario to see if the participant would be “not tempted at all,” “somewhat tempted” or “very tempted.”

## STEP 2: Review the assessment.

- a. Review the assessment, making sure to note the biggest challenges (responses in the middle and right-hand columns).

## STEP 3: Select goals.

- a. Help the participant select 1-3 difficulties or challenges that she would like to address.
- b. Once a difficulty has been selected, circle the number of that question.

## STEP 4: Provide counseling.

- a. Find *Hot Tips for Healthy Eating* (pages A-23 and A-24).
  - The tip sheets are icon-coded to match the assessment.
  - Each item number on the assessment corresponds to the number of the tips to help with that difficulty or challenge.

- b. Work with the participant to decide what information she needs to achieve her goals.
  - Find the *New Leaf* tips that match the item number of each difficulty or challenge selected.
  - Check off the goal box on the tip sheet
  - Share information by reading and reviewing the tips and strategies.
  - Refer the participant to *Healthy Eating* (Section B) for more information.
- c. Help the participant plan how she will achieve her goal(s).
- d. Return *Hot Tips for Healthy Eating* to Section A or slip them in the back pocket of the notebook and ask the participant to use a refrigerator magnet to post them at home.

### **STEP 5: Schedule follow-up contacts.**

- a. Make an appointment to follow up with each participant, either in person or by phone.
- b. Use the follow-up appointment to:
  - Assess progress made toward reaching goals;
  - Reinforce positive changes;
  - Problem-solve difficulties or challenges;
  - Offer further guidance on meeting goals; and
  - Set new goals.

# Section B

## Healthy Eating

### Description

The *Healthy Eating* section provides practical information to help participants understand what healthy eating means, and reach their goals! This section includes two types of information:

- 1) Brief fact sheets about specific **foods and nutrients**: fruits and vegetables, fiber, sugar-sweetened drinks, fats, cholesterol, and salt (sodium);
- 2) **Strategies and skills** that make it easier to eat healthy: determining portion size, reading labels, eating in restaurants, eating on a budget, and cooking efficiently.

If the participant has questions about some of these topics, let her know that the *Healthy Eating* section is a resource.

# Section C

## Physical Activity Assessment (PAA) and Physical Activity Tip Sheets

### Description

The *Physical Activity Assessment* (PAA) is based on guidelines from the Centers for Disease Control and Prevention (CDC) and the American College of Sports Medicine (ACSM). Both the PAA and the Physical Activity Tip Sheets focus on lifestyle activities relevant to midlife, lower-income women. The PAA contains 10 sections and 44 possible questions. It provides an easy way for you to quickly assess the participant's overall physical activity, and review specific categories of physical activity. Without doing any calculations, you can visually scan each category and see how active the participant is in that category. If you choose to calculate a score, a higher score is better (meaning that the participant is more active).

**Note:** The PAA can be used in two different ways, as determined by program needs. It can be used as a basic counseling tool (general use), and/or as an instrument for more intensive counseling and program evaluation (advanced uses). The instructions below are for **general use**. (See Appendix A for instructions on advanced uses.)

### STEP 1: Administer the PAA.

- a. Read or discuss the PAA instructions with the participant (page C-1). Emphasize these points:
  - It is OK if the participant isn't very active. *New Leaf* can help the participant figure out ways to build healthy physical activity into her daily routine.
  - The PAA refers to many different kinds of activity, not just exercise.
  - Each item includes questions about frequency ("how many days?") and duration ("how much time?"). "How many days" is defined as number of days per week. "How much time" is defined as "a lot," "some," or "not much" (minutes or hours per day).
  - **Note:** Sedentary responses are always in the right-hand column, lower-level activities are in the middle column, and very active responses are always in the left-hand column. Scan the right-hand and middle columns to identify areas for counseling.
- b. Review the different levels of physical activity. (Note that the "how much time?" cutpoints for moderate and vigorous activities are based on CDC and ACSM guidelines.)
  - **Vigorous:** Activities that make you breathe harder and make it difficult to talk.
  - **Moderate:** Activities that make you breathe a little harder, but still allow you to talk while you do them.
  - **Mild or Light:** Activities that do not require much energy (these usually involve sitting or standing).

*Note:* When estimating the time spent in an activity, encourage the participant to count **ONLY** the time she is actually active at the specified level. For example, if the participant reports vigorously mopping the floor, she should **NOT** count the time spent filling the bucket (unless she is moving vigorously!).

- c. Read the first activity (“Do you work for pay or as a volunteer?”) (page C-3).
- Mark the “yes” or “no” box indicating whether or not the participant works.
  - If the participant answers “no,” go to activity #2 (TV and seated hobbies) (page C-3).
  - If the participant answers “yes,” write down the type of work.
  - Ask the frequency question (“In a usual week, how many days do you work?”) Write down the number of days per week.
  - Ask the duration questions (“On a usual work day, how much time do you spend doing...?”). Mark “a lot,” “some,” or “not much.”
  - Note: Help the participant report her activities in the appropriate category. For example, *all occupational activities* should be reported in section #1 of the PAA (page C-3). If a participant’s *job* involves household chores, child or elder care, or gardening, these job activities should be reported in #1. Non-occupational or personal housekeeping, child/elder care, or gardening chores should be reported in #3 (page C-4), #4 (page C-4), or #5 (page C-5).
- d. Continue reading each activity. For each question:
- Mark the “yes” or “no” box indicating whether or not the participant does that activity.
  - If the participant answers “no,” go to the next activity.
  - If the participant answers “yes,” ask the frequency question(s) (“In a usual week, how many days do you...?”) Write down the number of days per week.
  - Ask the duration questions (“On a usual day, how much time do you spend doing...?”). Mark “a lot,” “some,” or “not much.”
  - Note: Help the participant report her activities in the appropriate category. For example, if the participant walks to work, her answer should appear under #7 (walking or bicycling for transportation) (page C-6). If the participant walks at work as part of her job, her answer should appear under #1 (working) (page C-3). If the participant walks at work on her lunch break, her answer should appear under #8 (exercise or sports) (page C-6).

## **STEP 2: Review (and score) the PAA.**

Note: Scoring the PAA is optional. **However, if you are collecting data for a research study or are reporting to a funding agency, you should score the PAA.**

To score the PAA, complete “a” and “b” on the next page, otherwise go to “c.”

- a. After the participant has completed the PAA, make sure that her responses are marked clearly. All marked responses should fall into one of the three columns.
  - Responses in the left-hand column are worth 2 points
  - Responses in the middle column are 1 point
  - Responses in the right-hand column are 0 points
- b. Scoring is quick and easy!
  - Count by twos for each response in the left-hand column. For example, three answers in the left-hand column are worth 6 points (2 points each).
  - Next, add 1 additional point for each response marked in the middle column.
  - **Be careful NOT to add up the numbers shown in the response options.**
    - For example, if a physical activity item has "3 days" written in the “number of days per week” box, you might be tempted to add 3 points to the total by mistake; instead, remember that responses in the left-hand column always get 2 points, and responses in the middle column always get 1 point.
  - Record the total PA score in the box located at the bottom right of page C-7. The total score is obtained simply by adding up all the points for responses in the left-hand and middle columns.
  - The total score will range from 0 points to a maximum of 38. The higher the total PA score, the more active the participant.
- c. Review the PAA.
  - Offer praise and reinforcement for positive physical activity habits (answers in the left-hand column).
  - Note less active or sedentary habits (answers in the middle or right-hand columns).

### **STEP 3: Select goals.**

- a. Help the participant select goals to work on for the next counseling visit.
  - Choose 1-3 goals. We recommend selecting only a few goals at each counseling session to avoid overwhelming the participant.
- b. For each goal selected, place a check mark in the goal box that appears to the right of that question, and note the date.

### **STEP 4: Provide counseling.**

- a. Find the *Physical Activity Tip Sheets* (pages C-9 thru C-12).
  - Each section of the *Physical Activity Tip Sheets* is icon-coded to match the corresponding section of the PAA.
  - Each item number on the PAA corresponds to the number of the tips to help with that activity.

- b. Problem-solve to identify the things that make it hard to change physical activity behaviors.
  - Ask open-ended questions (e.g., “What successes have you had in trying to change \_\_\_\_\_?” “What has been hard?”).
- c. Brainstorm with the participant about ways to:
  - add new types of physical activity to her daily life (MORE VARIETY), and/or
  - increase the frequency of the moderate or vigorous activities she is already doing (MORE MINUTES), and/or
  - increase the intensity of the light activities she is already doing (MORE UMPH).
- d. Work with the participant to decide what information she needs to achieve her goals.
  - Find the *New Leaf* tips that match the item number of each goal selected.
  - Check off the goal box on the tip sheet.
  - Share information by reading and reviewing the tips and strategies.
  - Refer the participant to *Keeping Active* (Section D) for more information.
  - If the participant would like examples of specific exercises, refer to the *New Leaf* online exercise module, *Exercises for Keeping Active* (at [www.wiseinterventions.org](http://www.wiseinterventions.org)).
- e. Help the participant plan how she will achieve her goal(s).
  - Set SMART goals (specific, measurable, achievable, realistic, and time-bound). (For more information on goal-setting, see *A New Leaf*, page F-7.)
- f. Return the *Physical Activity Tip Sheets* to Section C or slip them in the back pocket of the notebook and ask the participant to use a refrigerator magnet to post them at home.

### **STEP 5: Schedule follow-up contacts.**

- a. Make an appointment to follow up with each participant, either in person or by phone.
- b. Use the follow-up appointment to:
  - Assess progress made toward reaching goals;
  - Reinforce positive changes;
  - Problem-solve difficulties and challenges;
  - Offer further guidance on meeting goals; and
  - Set new goals.



# What Makes It Hard to Keep Active? (Assessment) and Being More Active (Tip Sheets)

## Description

The *What Makes It Hard to Keep Active?* assessment helps you and the participant identify things that “get in the way” of physical activity. The 12-item assessment refers to everyday activities (e.g., gardening) and exercise activities (e.g., brisk walking), and covers challenges such as being overweight, lack of time or interest, and lack of social support. The *Being More Active Tip Sheets* suggest ways the participant can work to overcome the identified difficulties.

## STEP 1: Administer the assessment.

- a. Read or discuss the introductory paragraph at the top of the assessment (page C-13).  
Emphasize:
  - The assessment refers to everyday activities as well as exercise activities.
  - By understanding the things that make it hard for the participant to be active, you can offer specific suggestions to get around the roadblocks.
- b. Read through the series of questions.
  - Ask the participant “Does this sound not at all like you, a little like you, or a lot like you?”

## STEP 2: Review the assessment.

- a. Review the assessment, making sure to note the biggest challenges (responses in the middle and right-hand columns).

## STEP 3: Select goals.

- a. Help the participant select 1-3 difficulties or challenges that she would like to address.
- b. Once a difficulty has been selected, circle the number of that question.

## STEP 4: Provide counseling.

- a. Find the *Being More Active Tip Sheets* (pages C-15 thru C-18).
  - The tip sheets are icon-coded to match the assessment.
  - Each item number on the assessment corresponds to the number of the tips to help with that difficulty or challenge.

- b. Work with the participant to decide what information she needs to achieve her goals.
  - Find the *New Leaf* tips that match the item number of each difficulty or challenge selected.
  - Check off the goal box on the tip sheet.
  - Share information by reading and reviewing the tips and strategies.
  - Refer the participant to *Keeping Active* (Section D) for more information.
- c. Help the participant plan how she will achieve her goal(s).
- d. Return the *Being More Active Tip Sheets* to Section C or slip a tip sheet in the back pocket of the notebook and ask the participant to use a refrigerator magnet to post it at home.

**STEP 5: Schedule follow-up contacts.**

- a. Make an appointment to follow up with each participant, either in person or by phone.
- b. Use the follow-up appointment to:
  - Assess progress made toward reaching goals;
  - Reinforce positive changes;
  - Problem-solve difficulties or challenges;
  - Offer further guidance on meeting goals; and
  - Set new goals.

# What Limits Your Activity? (Assessment) and Being Active with Physical Limitations (Tip Sheets)

## Description

The *What Limits Your Activity?* assessment helps you identify the type and extent of physical limitations that might affect a participant's ability to be physically active. The 14-item assessment can screen for disabilities, arthritis, signs of diabetes, breathing problems, balance problems, and difficulty performing activities of daily living. **The assessment is meant to be used ONLY with participants who are limited in their ability to perform the kinds of moderate physical activities recommended in *New Leaf*.** The *Being Active with Physical Limitations* Tip Sheets suggest ways that the participant can be active with physical limitations.

## STEP 1: Administer the assessment.

- a. Discuss the general purpose of the assessment (page C-19). Emphasize:
  - By understanding the physical limitations that make it hard for the participant to be active, you can offer ideas about appropriate activities for specific limitations.
- b. Read through the series of questions about physical concerns and physical difficulties, and mark the responses given.
  - For each physical concern, ask the participant “Would you say that [*physical concern*] is no problem, somewhat of a problem, or a severe problem?”
  - For difficulties performing activities of daily living, ask the participant about the level of difficulty she has with specific tasks. After reading each task statement, ask her if she would describe her level of difficulty as “little or no difficulty, some difficulty, a lot of difficulty or unable to do?”

## STEP 2: Review the assessment.

- a. Review the assessment, making sure to note the physical limitations that tend to be more of a problem for the participant (responses in the middle and right-hand columns)

## STEP 3: Select goals.

- a. Help the participant select 1-3 limitations that she would like to address.
- b. Once a limitation has been selected, circle the number of that question.

## STEP 4: Provide counseling.

- a. Find the *Being Active with Physical Limitations* Tip Sheets (pages C-21 thru C-23).
  - The tip sheets are icon-coded to match the assessment.
  - Each item number on the assessment corresponds to the number of the tips to help with that limitation.

- b. Work with the participant to decide what information she needs to work on the selected limitations.
  - Find the *New Leaf* tips that match the item number of each limitation selected.
  - Check off the goal box on the tip sheet.
  - Share information by reading and reviewing the tips and strategies.
  - Refer the participant to *Keeping Active* (Section D) for more information.
- c. Help the participant plan how she will achieve her goal(s).
- d. Return the *Being Active with Physical Limitations* Tip Sheets to Section C or slip the tip sheets in the back pocket of the notebook and ask the participant to use a refrigerator magnet to post them at home.

### **STEP 5: Schedule follow-up contacts.**

- a. Make an appointment to follow up with each participant, either in person or by phone.
- b. Use the follow-up appointment to:
  - Assess progress made toward reaching goals;
  - Reinforce positive changes;
  - Problem-solve difficulties and challenges;
  - Offer further guidance on meeting goals; and
  - Set new goals.

# Section D

## Keeping Active

### Description

The *Keeping Active* section provides practical information to help participants understand how to incorporate physical activity into their daily lives and reach their physical activity goals. This section includes:

- ideas for becoming more active,
- information about the benefits of walking,
- an overview of different types of exercises,
- information for people with arthritis, and
- general safety tips.

For detailed descriptions of specific exercises, refer participants to the online exercise module, *Exercises for Keeping Active*, which can be downloaded at [www.wiseinterventions.org](http://www.wiseinterventions.org).

# Section E

## My Weight (Assessment) and Healthy Weight Tip Sheets

### Description

The *My Weight* assessment can help you clarify the participant's readiness to lose or maintain weight, and the extent to which the participant may need help in doing so. The 11-item assessment covers eating habits such as emotional eating, frequent overeating, and junk food snacking, as well as weight loss experiences and general level of physical activity. You can use the *Healthy Weight Tip Sheets* to tailor weight loss or weight maintenance strategies to the participant's lifestyle and weight experience.

### STEP 1: Administer the assessment.

- a. Discuss the general purpose of the assessment (page E-1). Emphasize:
  - The assessment covers eating habits that can lead to weight gain; experience with weight gain and weight loss; and basic physical activity habits.
  - By understanding the things that make it hard for the participant to lose weight or maintain weight loss, you can offer specific suggestions to get around the roadblocks.
- b. Read through the series of statements.
  - For each statement about eating habits, ask the participant whether the statement describes her “hardly ever, sometimes, or almost always.”
  - The questions about weight management and physical activity have different response options.

### STEP 2: Review the assessment.

- a. Review the weight assessment.
  - Note the eating habits that are “sometimes” or “almost always” a problem (responses in the middle and right-hand columns).
  - Note past successes or difficulties with weight loss (questions 7 and 8a) or weight maintenance (question 8b).

### STEP 3: Select goals.

- a. Help the participant select 1-3 goals that she would like to address.
- b. Once a goal has been selected, circle the number of that question.

#### **STEP 4: Provide counseling.**

- a. Find the *Healthy Weight Tip Sheets* (pages E-3 thru E-5).
  - The tip sheets are icon-coded to match the assessment.
  - Each item number on the assessment corresponds to the number of the tips to help with that goal.
- b. Problem-solve to identify the things that make it hard to lose weight or maintain a healthy weight.
  - Ask open-ended questions (e.g., “What successes have you had in trying to change \_\_\_\_\_?” “What has been hard?”).
- c. Work with the participant to decide what information she needs to achieve her goals.
  - Find the *New Leaf* tips that match the item number of each goal selected.
  - Check off the goal box on the tip sheet.
  - Share information by reading and reviewing the tips and strategies.
  - If the tip sheets refer to the *New Leaf* cookbook, look at the cookbook together to identify recipes that the participant would like to try.
  - Refer the participant to the *Healthy Weight* section (Section F) for more information.
- d. Help the participant plan how she will achieve her goal(s).
  - Set SMART goals (specific, measurable, achievable, realistic, and time-bound). (For more information on goal-setting, see *A New Leaf*, page F-7.)
- e. Return the *Healthy Weight Tip Sheets* to Section E or slip one in the back pocket of the notebook and ask the participant to use a refrigerator magnet to post it at home.

#### **STEP 5: Schedule follow-up contacts.**

- a. Make an appointment to follow up with each participant, either in person or by phone.
- b. Use the follow-up appointment to:
  - Assess progress made toward reaching goals;
  - Reinforce positive changes;
  - Problem-solve difficulties and challenges;
  - Offer further guidance on meeting goals; and
  - Set new goals.

# Section F

## A Healthy Weight

### Description

The *A Healthy Weight* section provides practical information to help participants understand how to reach their weight loss or weight maintenance goals. This section can help participants:

- figure out their personal “healthy weight,”
- learn more about the balance between eating (calorie intake) and physical activity (calorie use), and
- become familiar with strategies for successful weight loss.

*A Healthy Weight* also includes information and worksheets to help participants anticipate challenges and barriers.



# Section G

## Diabetes Prevention and Management

### Description

The *Diabetes Prevention and Management* module provides basic information about preventing and managing diabetes, with a focus on healthy eating habits, weight management, physical activity, and foot and dental care. It does not have an assessment or tip sheets.

The diabetes module is intended to be a resource for participants who:

- are at risk for diabetes,
- have pre-diabetes, or
- have diabetes.

A participant who is in any of these categories (at risk, pre-diabetic, or diabetic) should consult with her doctor for more specific advice.

# Section H

## How Healthy Are Your Bones? (Assessment) and Keeping Your Bones Healthy (Tip Sheets)

### Description

The *How Healthy Are Your Bones?* assessment and *Keeping Your Bones Healthy* tip sheets can help you identify and provide counseling about the major modifiable risk factors for bone weakness and osteoporosis. The 10-item assessment covers eating habits, sources of calcium and vitamin D, physical activity, and smoking. The assessment also includes one question about balance problems, which place individuals with weak bones at increased risk of fractures.

### STEP 1: Administer the assessment.

- a. Discuss the general purpose of the assessment (page H-1). Emphasize:
  - The assessment covers factors that influence the risk of developing bone loss.
  - By understanding the participant's risk factors, you can offer specific suggestions to promote positive habits for healthy bones.
- b. Read through each question.
  - For the questions about eating habits, refer to the *Be Serving Size Wise* chart in the *New Leaf* manual (pages xi-xii) for serving size information.

### STEP 2: Review the assessment.

- a. Review the assessment.
  - Offer praise and reinforcement for dietary and behavior practices that decrease the participant's risk of bone problems (responses in the left-hand column).
  - Note dietary and behavior practices that increase the participant's risk of bone problems (responses in the middle and right-hand columns).

### STEP 3: Select goals.

- a. Help the participant select 1-3 goals she would like to work on for the next counseling visit.
- b. Once a goal has been selected, circle the number of that question.

### STEP 4: Provide counseling.

- a. Find the *Keeping Your Bones Healthy* tip sheets (pages H-3 thru H-5).
  - The tip sheets are icon-coded to match the assessment.
  - Each item number on the assessment corresponds to the number of the tips to help with that goal.

- b. Problem-solve to identify the things that make it hard to change lifestyle behaviors.
  - Ask open-ended questions (e.g., “What successes have you had in trying to change \_\_\_\_\_?” “What has been hard?”).
- c. Work with the participant to decide what information she needs to achieve her goals.
  - Find the *New Leaf* tips that match the item number of each goal selected.
  - Check off the goal box on the tip sheet.
  - Share information by reading and reviewing the tips and strategies.
  - Refer the participant to *Healthy Eating* (Section B) and *Keeping Active* (Section D) for more information.
- d. Help the participant plan how she will achieve her goal(s).
  - Set SMART goals (specific, measurable, achievable, realistic, and time-bound). (For more information on goal-setting, see *A New Leaf*, page F-7.)
- e. Return the *Keeping Your Bones Healthy* tip sheets to Section H or slip one in the back pocket of the notebook and ask the participant to use a refrigerator magnet to post it at home.

### **STEP 5: Schedule follow-up contacts.**

- a. Make an appointment to follow up with each participant, either in person or by phone.
- b. Use the follow-up appointment to:
  - Assess progress made toward reaching goals;
  - Reinforce positive changes;
  - Problem-solve difficulties and challenges;
  - Offer further guidance on meeting goals; and
  - Set new goals.

# Section I

## Smoking and Quitting Assessment and Smoking and Quitting Tip Sheets

### Description

The *Smoking and Quitting Assessment* can help clarify the participant's readiness to quit smoking, and the extent to which she may need help in doing so. The 15-item assessment covers readiness to quit, quit attempt history, triggers to smoking, level of addiction, barriers to quitting, withdrawal symptoms, and preferred quit method. The assessment and the *Smoking and Quitting Tip Sheets* can support the participant to whatever degree she is interested in quitting smoking.

### STEP 1: Administer the assessment.

- a. Determine whether or not the participant smokes and, if so, how much.
- b. If the participant smokes, complete the *Smoking and Quitting Assessment* (pages I-1 and I-2). Emphasize:
  - By understanding the participant's smoking habits and quit attempt history, you can provide advice and assistance, and arrange for support to help her quit smoking.
  - For the questions about smoking triggers, barriers to quitting, and withdrawal symptoms (Parts D and E of the assessment), ask if the reason or barrier describes the participant "not at all," "a little," or "a lot."

### STEPS 2 and 3: Review the assessment and determine goals for quitting.

- a. Review Part A of the assessment. Determine whether the participant is
  - Not interested in trying to quit smoking
  - Aware of the need to quit smoking, but not quite ready yet
  - Ready to quit smoking, but needs some help

### STEP 4: Provide counseling.

- a. If the participant is NOT interested in trying to quit, do the following:
  - Offer the participant a pamphlet such as "10 Good Reasons to Quit Smoking: Woman to Woman" that reviews reasons for quitting, especially for women.
  - Counsel the participant about the health importance of quitting smoking.
  - Offer referral options, to be used if the participant decides that she wants to quit.
- b. If the participant is not quite ready to quit, do the following:
  - Proceed through the counseling steps in "c" through "e" below *to the extent desired by the participant*.
  - Offer to set up a referral when the participant is ready to quit.

- c. If the participant is ready to quit smoking but needs some help, review Part D and Part E of the smoking assessment and complete “c” through “h” below.
  - Note the reasons the participant smokes (responses in the middle and right-hand columns in Part D).
  - Note the things that make it hard for this person to quit (responses in the middle and right-hand columns in Part E).
- d. Find the *Smoking and Quitting Tip Sheets* (pages I-3 thru I-5).
  - The tip sheets are icon-coded to match the assessment.
  - Each item number on the assessment corresponds to the number of the tips to help with that item.
- e. Work with the participant to decide what information she needs to address the identified problem areas.
  - Find the *New Leaf* tips that match the item number of each problem area selected.
  - Check off the goal box on the tip sheet.
  - Share information by reading and reviewing the tips and strategies.
- f. Review Part F of the assessment, question 12, and determine whether the participant is interested in being part of a “quit smoking” program.
  - If the participant IS NOT interested in being part of a quit smoking program, offer self-help materials available at your clinic.
  - If the participant IS interested in being part of a quit program, give her the program options available through your health clinic or community. Be sure to provide written information about the program that includes place, day(s), time of day, cost, and phone number.
- g. Ask the participant if you may call her at home to see how she is coming along with her quitting plan.
  - Offer a phone number at which she can reach you, in case she is interested in talking more about quitting.
- h. Return the *Smoking and Quitting Tip Sheets* to Section I or slip them in the back pocket of the notebook and ask the participant to use a refrigerator magnet to post them at home.

### **STEP 5: Schedule follow-up contacts.**

- a. Make an appointment to follow up with each participant, either in person or by phone.
- b. Use the follow-up appointment to:
  - Assess progress made toward reaching goals;
  - Reinforce positive changes;
  - Problem-solve difficulties and challenges;
  - Offer further guidance on meeting goals; and
  - Set new goals.

# Section J

## Stress and Depression

### Description

The *Stress and Depression* module does not have an assessment or tip sheets. This section of *New Leaf* provides basic information about stress and depression, with a focus on:

- healthy ways to deal with stress,
- identifying and responding to depression,
- problem-solving, and
- getting support.

The *Stress and Depression* module is intended to be a general resource for participants who are suffering from stress or who suspect that they may be depressed. However, a participant who thinks she may be experiencing depression should consult with her doctor for more specific advice.

# Appendix A

## Physical Activity Assessment: Advanced Uses

### Overview

The frequency (“how many days?”) and duration (“how much time?”) components of the *Physical Activity Assessment* (PAA) can be used to calculate information that can guide more in-depth one-on-one counseling or provide data for evaluation purposes. Specifically, PAA responses can be used in the following ways:

1. Adherence to Recommendations: To estimate whether a participant is meeting recommendations for moderate or vigorous physical activity as specified by the CDC and the American College of Sports Medicine (ACSM) (see Table 1).
2. Mix of Activities: To determine whether a client is achieving an appropriate balance of cardiovascular, strength training, and stretching exercises.
3. Goal-setting: To help participants set goals for moderate and/or vigorous activity.
4. Program Evaluation: To estimate, at a population level, the percent of program participants who are meeting CDC/ACSM guidelines, are insufficiently active, or are inactive.

**Table 1. CDC/ACSM Guidelines for Non-occupational Physical Activity**

Category	Level of Activity
Meets recommendation	Moderate-intensity activity at least 5 days/week (for at least 30 minutes/day) (at least 150 minutes per week) OR  Vigorous-intensity activity at least 3 days/week (for at least 20 minutes/day) (at least 60 minutes per week)
Insufficiently active	Some activity, but does not meet recommendation.
Inactive	Not enough activity to qualify for either of the above categories (most responses will be in the right-hand [sedentary] column of the PAA).

### Adherence to CDC/ACSM Recommendations

Counselors can use two methods to assess whether a participant is meeting the CDC/ACSM recommendations:

- 1a. If counseling time is limited, you may obtain a quick (though approximate) estimate of the number of minutes of physical activity per week. After the counseling session, assign and write down estimated minutes for each activity category using the lowest (most conservative) time given in the “How much time?” question. In other words:
  - Assign **10** minutes for each response in the middle column when a participant reported “some” activity.
  - When a moderate activity is reported, assign **30** minutes for each response in the left-hand column.
  - When a vigorous activity is reported, assign **20** minutes for each response in the left-hand column.

- 1b. If adequate time is available during the counseling session, ask the participant to recall the actual amount of time spent on each activity. Write down the amount reported.
2. Obtain **Estimated Minutes per Week** for each moderate and vigorous activity category by multiplying the estimated minutes per day by the reported number of days per week for that category. Write this in the right margin.  
*For example, in the exercise category, if a participant reported walking briskly 3 days per week for at least 30 minutes, you would multiply 30x3=90 minutes per week for that category.*
3. Add up the Estimated Minutes per Week for all (non-occupational) moderate and vigorous activity categories to get **Total Minutes per Week**. (See note below.)
4. Participants with at least 150 minutes per week of moderate or 60 minutes per week of vigorous physical activity (in non-occupational categories) are meeting the CDC/ACSM guidelines for recommended physical activity. Participants with at least 10 but less than 150 minutes per week of moderate physical activity, or 10-59 minutes per week of vigorous physical activity (in non-occupational categories) would be classified as “insufficiently active.” Participants who report less than 10 minutes of non-occupational activity per week would be classified as “inactive.”

*Note:* For the purposes of calculating achievement of CDC/ACSM guidelines for moderate and vigorous non-occupational physical activity (Total Minutes per Week), all responses should be counted except:

- responses to #1 (occupational activities),
- sedentary activities (i.e., all of #2, “sitting or standing” activities in #1 and #6, “light” exercise in #8),
- strength training (#9), and
- stretching exercises (#10).

Counseling on strength training and stretching is important, however, and should emphasize the CDC recommendation of at least 30 minutes of strength training twice per week. Stretching exercises can be performed daily for a few minutes at a time as a participant's schedule permits, although more benefits may be obtained from sessions of at least 15-20 minutes, 2-3 times per week.

## Mix of Activities

The Estimated Minutes per Week obtained for each category in Step 2 above can be used in a variety of other ways. For example, counselors and evaluators might be interested in the following:

- a) Total minutes of physical activity per week in **all categories** (including strength training and stretching exercises) (items #1 and #3-10)
- b) Total minutes per week in **all non-occupational categories** (items #3-10)
- c) Total minutes per week in **moderate** (non-occupational) activity categories (150 minutes per week recommended) (items #3-8)
- d) Total minutes per week in **vigorous** (non-occupational) activity categories (60 minutes per week recommended) (items #3-6 and #8)

This information can help to identify participants who may be active in one or two specific categories but whose physical activity is not very balanced across categories (e.g., participants



who walk 150 minutes per week but do no strength training or stretching exercises; or participants who do heavy lifting at work but do not do any leisure activities or stretching). Counselors should encourage participants to engage in a variety of activities in several different categories.

## Goal-setting

The information gathered to determine a participant's mix of activities also can be used to derive ratios that compare reported levels of moderate and vigorous activity to CDC/ACSM recommendations (see steps "c" and "d" in the previous section). Counselors can use these ratios to enhance goal setting. If shown in chart format, the ratios may provide an understandable way for participants to visualize their goals.

*For moderate activities, divide the reported minutes per week of moderate activity by 150 minutes. For vigorous activities, divide the reported minutes per week of vigorous activity by 60 minutes.*

### Example: Vigorous Activity Goal-setting Ratio

Divide the reported minutes per week of vigorous activity by 60 minutes. For example, an individual who reports 40 minutes of vigorous activity per week would have a ratio of  $40/60=0.67$ , indicating that the person is 2/3 of the way toward meeting the CDC/ACSM vigorous activity recommendation of 60 minutes per week. Counselors could discuss ways that the participant could add 20 more minutes of vigorous activity each week, and might draw a simple pie chart showing that the participant only needs to fill in the last 1/3 "slice" to meet her target.

## Program Evaluation

Ratios also can be used at the population level for program planning or evaluation purposes. They can be aggregated to reflect the percent of program participants who are meeting moderate and vigorous PA recommendations (using the mean, median, or another summary measure for the population).