

Topic 9: Healthy Eating Behaviors

“What we eat” is an important part of a healthy lifestyle, but also, we also need to be aware of “how we eat” and “why we eat.”

Emotional eating happens when we turn to food for comfort instead of for hunger, especially when we might feel stressed, anxious, or even just bored. Using food as a method to distract or suppress your emotions can sabotage your health since the most common food choices are unhealthy, convenience, junk food options: higher in fat, sugar, salt and carbohydrates.

Mindless eating occurs when we eat while performing another task. This behavior can also lead to poor food choices, but can also lead to overeating because our attention is not focused on the food we are eating. We may not realize what we are eating or how much we have eaten.

Practicing mindful eating can help you build awareness and acknowledge if you are feeling “true hunger” or “head hunger.”

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Head Hunger |
| Based on how you are feeling: stressed, anxious, bored, sleepy Craving: wanting something sweet, crunchy, salty, cold, creamy Sudden onset due to a certain smell or image of food Impulse: grabbing something quick and convenient |
| True Hunger |
| You are in a good stable, positive mood Your stomach might be rumbling It is your usual meal time You are making a conscious decision to choose healthy foods |

After bariatric surgery, weight loss success will partly be dependent on your behaviors with food. Here are some tips to help decrease emotional and mindless eating:

- Journal/log your food intake to track food and behavior patterns throughout the day
- Take a few moments to breathe and assess your situation: time, location, people (are certain people enabling you to make poor food choices?)
- Remove yourself from the tempting food related environment
- Get active, go for a walk to distract yourself from thinking about food
- Plan and pack your food in portion-controlled containers so you know what and how much you will eat
- Take the time to savor your food. Cut your food into small bites, chew very well
- Keep tempting food out of sight
- Practice stress management techniques: deep breathing, yoga, meditation

Topic 9: Healthy Eating Behaviors – Patient Form

Part 1: Test Your Knowledge

1. Write in YES if the first part of each question applies to you. If you scored less than 7 YES, then your behaviors with food need some improvement.

| Y / N | Behavior Check |
|----------|------------------------------------------------------------------------------------------------|
| | Do you eat planned/structured meals/snacks (planned/packed them vs. grabbing whatever anytime) |
| | Do you eat around the same time (or skipping meals, eating when you can) |
| | Do you take small bites (or take large bites) |
| | Are you mostly aware of how well you chew each bite |
| | Do you try to get in veggies with each meal (or eat whatever you are craving) |
| | Do you eat without distractions (eating at a table vs with TV/computer/phone, in the car) |
| | Do you always leave food behind (or you tend to finish all the food on plate) |
| | Do you stop eating when you feel comfortable (or keep going until uncomfortably stuffed) |
| | Do you choose zero/low calorie liquids with meals (or tend to choose more caloric beverages) |
| | Do you have a set time of day to stop eating (or do you tend to continue snacking at night) |

2. Does emotional/mindless eating occur in your lifestyle? YES NO

3. What is a food-related behavior you could practice this week?

(continue onto next page for Part 2, 3 and 4)

Part 2: Diet Log – Pick 3 days and log your food and drink intake

| Meals, Snacks and Drinks | Day 1 | Day 2 | Day 3 |
|---------------------------------|--------------|--------------|--------------|
| Breakfast | | | |
| Snack | | | |
| Lunch | | | |
| Snack | | | |
| Dinner | | | |
| Snack | | | |
| Drinks | | | |

Part 3: Exercise

Did you exercise this week? YES NO

If not, why:

If yes, what did you do and how often:

Part 4: Weekly Weigh-in

What is your weight today? _____

Today's Date: _____

Print Your Name: _____ Date of Birth: _____

Dietitian Signature: _____ (Lin Lin Shao RD LD)