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13. ABSTRACT (Maximum 200 Words)

The second annual report of progress in the study entitled 'A holistic quality of life intervention for patients with secondary prostate cancer' is contained. Each of the tasks listed in the approved 'statement of work' that were applicable to the second year of the study is contained. In particular: Task 1: Patient identification and referral. Task 2: Patient contact, intake of patients into study, patient tracking. Task 3 Review of intervention group meetings and materials. The successful completion of two intervention cycles and the subsequent three-month follow-up data collection procedures is described. Special attention is given to the adapted recruitment strategies that have been developed to remedy the shortfall of study accrual numbers for recruitment into the third intervention cycle that begins in March '04. Also included are the completed participant intervention manual and accompanying CD. The featuring of this study on the ABC national evening network news broadcast as an example of an innovative approach to cancer treatment is also discussed. Because the intervention period of this study is not yet complete no outcomes are reported.

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Introduction

This is the second annual report of the DOD-funded study entitled 'A holistic quality of life intervention for men with secondary prostate cancer'. This is a New Investigator Award under the Prostate Cancer Research Program and the study examines the effect of an integrated dietary and mindfulness-based stress reduction intervention on both the quality of life of the participants and their partners and also the progression of the disease (PSA velocity).

Body

The report describes progress made in the following areas of work as described in the initial proposal that are relevant to the second year of the study.

Task 1: Patient identification and referral.

Recruitment

Initial recruitment strategies are covered in-depth in the first annual report. This group of patients has proven more challenging to locate and contact than anticipated and these strategies resulted in less than projected recruitment numbers of participants in the first two cycles of the intervention. As a result the recruitment strategies have been modified to increase numbers being recruited into the third cycle and these are described in the paragraph below. The budgetary constraints of the New Investigator Award however have made it extremely difficult to execute the recruitment strategies and procedures necessary for a behavioral intervention study such as this, that would be sufficiently comprehensive and exhaustive to recruit the number of participants described in the original proposal (N=64). Requests have had to be made for in-house funds to be made available for the extra resources required to carry out the additional recruitment strategies (such as the manual inspection of urologists medical files to identify potentially eligible patients) that we anticipate will result in a larger number of participants for the third cycle of the intervention. Table 1 (at the end of this report) contains information on the spectrum of vehicles used in recruitment, the source of referrals number of patients contacted and enrollment numbers to date.

As described in the first annual report, approval was obtained from the UMass Medical School IRB to request the Department of Primary Care to do a search of the UMass Memorial Primary Care patient database through the Department's Primary Care Health Information System (PCHIS).This mechanism was found to be the most fruitful source of potential recruits (38% of the subjects in cycle one were recruited through this search) and the group's resources were focused in developing these search procedures further. The search criteria were originally set to identify patients with a prostate cancer diagnosis in the past five years, the date of their primary treatment, attending urologist, and the patient's PSA history (two sequential PSA rises in the most recent three assay points). A clinical nutritionist brought to our attention that she had seen a UMass patient who appeared to meet the eligibility criteria for this study but who had not been identified in the PCHIS search. This patient was subsequently recruited into the study but the fact that he had not been identified in the search raised the concern that other eligible patients had been missed. A subsequent visual search of medical records showed that other men who had an overall rise in PSA since their post-treatment nadir were being missed because of a marginal and anomalous decrease at some point in the most recent record. Further visual inspection of the records indicated that medical records were sometimes incomplete: some records did not contain the date of treatment, others were missing the name of the urologist or primary care physician and still others did not have recent PSA records. In addition it was learned that many physicians use UMass Memorial Laboratories for their assays and that this data was not part of the PCHIS system. In these cases the search missed or passed over the patients.

For these reasons the search criteria were widened to identify all men who had a prostate cancer diagnosis with two PSA rises at any point post-treatment. A search using these criteria identified a further 285 men. The PSA records of these men were then visually scanned by the P.I to identify those men with a clearly rising post-treatment PSA trend. This review identified 92 potentially eligible men. So that no patient would be contacted twice the study patient database was checked to

ensure that these men had not been already contacted through another source to participate in the study. Ninety two letters inviting the men to participate in the study have been generated and sent to the physician listed as attending the patient, along with an explanatory letter to the doctor. Most of the physicians had already been contacted about the study to obtain their support in the first year of the study and those who had not were contacted by email to notify them that the letters would be coming to them. Since some of these patients may be deceased or their diagnosis incorrectly entered into the medical record, the explanatory note asked the physician to review the name of the patient and decide whether it would be appropriate to send the enclosed letter to that patient. The letter invited the patient to obtain information about the study. If the physician considered the letter appropriate he/she was asked to sign it and return it to the study manager. The study manager and an assistant also met with urologists' office personnel to set up improved system of identifying eligible patients. The returned letters were signed by the study P.I and mailed to the men. A patient information sheet was included with the letter as well as a stamped-addressed card. The patient was instructed to return the card if they did not wish to be contacted further about the study. A copy of the letter sent to the patients and the card enclosed is contained in Appendix A.

The study manager calls patients identified through the PCHIS search when they do not return the stamped addressed card after two weeks following the mailing. The training procedures for that task are contained in the first annual report. A copy of the phone recruitment script is contained in Appendix X. In that call the patients were reminded of the letter they had received about the study and asked if they were interested in participating. If they expressed interest they were asked to set up a time convenient for them in which they could be given more detailed information and asked more detailed questions about their eligibility for the study.

Other outreach initiatives that had generated interest from potential participants were continued and are listed in Table 1. These included ads containing brief information about the study (including the study phone line number) for inclusion in the public service announcements of public radio stations in New England. These were sent by the UMass Public Affairs Office. That office also sent a press release to newspapers throughout the State. The study also continues to be listed on the CapCure website (a site widely known for patient information about prostate cancer and lifestyle) and US Too (a national prostate cancer support organization) in their listing of clinical trials that patients can enroll in. Once again the study had a booth at the Massachusetts Prostate Cancer Symposium – a widely publicized event for prostate cancer patients - a poster board about the study and a booth was set up at the event and staffed by the project manager and P.I. Approximately 200 flyers about the study were handed out at that event including at the sessions for patients with a rising PSA after primary treatment.

The patient information flyer approved by UMass Medical School IRB was regularly updated and copies were posted on all UMass-Memorial Medical Center bulletin boards and in the patient waiting areas. A copy of the poster/patient information sheet is contained in Appendix X. Patients who contacted the project manager as a result of seeing the flyer or after being given information by their doctor, were asked to schedule a phone meeting at a time that was convenient to them in which more detailed questions about their eligibility could be asked.

The letters (reinforced by follow-up letters) addressed to urologists and hematologists/oncologists throughout Massachusetts and surrounding states inviting them to recommend eligible patients to the study were not a fruitful source of participants and were discontinued.

Certainly the most widespread publicity for the study came when it was the featured study on the ABC World News Tonight program on August 4th as one of a series of three programs that network did on innovative cancer interventions in development. An executive of the ABC news organization had been informed about the study by one of the participants and contacted the PI to obtain permission to film at one of the classes and to interview the P.I and one of the couples

participating in the intervention. The UMass public affairs office obtained releases to be filmed from the participants in that particular class. One participant did not wish to be filmed and that person was excluded from view. The P.I contacted several couples to see if they would be willing to be interviewed about their experience of participation in the intervention for national television. One couple was willing and the television crew filmed them at their home. During the broadcast viewers were referred to the ABC website for contact information and the program generated considerable interest. Visitors to the website were invited to submit questions about the study to the PI, and these were passed along by the program producer.

Task 2: Patient contact, intake of patients into study, patient tracking. Months 6-23

Tracking System

The tracking system in Lotus Notes that was set up in the first year of the study to record patient and support person information and the personnel training procedures (described in the first annual report) worked very well. The system contains information fields for recruitment calls logged, patient contact time availability, demographics, cancer and PSA history, medical provider information, screening question responses, informed consent visit information, medications being taken, intervention class visit attendance, other contacts made and PSA and psychosocial outcome data. The Database Developer still attends the regular research team meetings when necessary to modify the system. A printout of the tracking system fields is contained in Appendix XX.

Telephone Interview

The project manager continues to handle the screening questions to prospective study participants using the phone script for the patient screening questions and scheduling patient appointments contained in Appendix XX, and these have gone very smoothly and experience has shown that the script is adequate.

Intake Protocol

The protocol for intake was described in the first annual report and continues to be used. Experience has shown that it is effective and the personnel training (described in the first annual report) was adequate. Checklists that are included in the protocol procedures have ensured that all necessary preparations are made and all the required information is being collected. Patient feedback indicates that the participants feel they are being treated with courtesy and respect and understand what is being asked of them at each stage of the visit.

A copy of the consent visit protocol is contained in Appendix X. At the completion of the phone-screening interview, if the patient is eligible and he and his support person are still interested in participating, a consent interview and blood draw/questionnaire completion interview to be held at UMass Medical School is scheduled and entered into the tracking system. A confirmation packet is then sent to the participant and his support person containing a letter, the informed consent and medical information release documents for the participant and his support person to read, directions to UMass, and a preparatory information sheet about the procedure for the meeting for the consent interview, data gathering and blood draw. A copy of that letter is contained in Appendix XX. Copies of the informed consent documents for the participant and the support person are contained in Appendix X. Interview rooms in which the interviews could take place in privacy are booked as well as the phlebotomist's time. Study ID numbers continue to be used for the participant and support person. Participants and their support person receive a prepared package (which shows the person's assigned study ID number on the cover) containing the questionnaires to be completed during the interview when they arrive for the visit. Copies of the questionnaires are contained in Appendix XX. At the completion of each interview the completed questionnaires are placed in the project manager's office and the responses entered into the data tracking system by the study manager. Blood samples are identified and placed by the phlebotomist in the blood sample freezer for storage. The study manager gives each participant a summary sheet of what occurred at the visit and that outlines the

next steps in the participation process. A copy of that sheet is contained in Appendix X.

Assessment Instruments

The same assessment instruments and procedures described in the first annual report continue to be used. The NDS 24 Hour Dietary Recall call procedures for the three randomly timed dietary assessment calls made at each of the three assessment time points by a trained nutritionist not connected with the study, are working well. These calls continue to be made possible through Division funds. The 7DDR dietary assessment instrument continues to be used for the participants' support people. The food intake/mindfulness practice diary (contained in Appendix XX) completed weekly by the participants and their support people continues to be collected as a monitor of participants' progress in adapting to the dietary change and their compliance with the mindfulness practice homework.

Post-Intervention and Three-Month Follow-up Visits

At the second-to-last intervention class, participants were reminded by the study manager that their post-intervention blood would be drawn during the class visit the following week. The phlebotomist attendance was arranged and all intervention group blood was drawn and anthropomorphic measurements taken. Blood samples were stored according to the protocol described in the first annual report and appointments were also made at that time for the three-month follow-up visit. Participants and their support people were given packages containing the appropriate questionnaires with a self-addressed stamped envelope at that last session to complete at home the next day and return by mail to the study manager. These were processed and stored.

Participants assigned to the comparison group were called monthly by the study manager to maintain connection and to support their continued participation in the study. Comparison group participants are reminded that the intervention program materials will be made available to them following their third blood draw if they so wish. During the call that was prior to the end of the intervention for that cycle, a time was arranged for the visit for the second blood draw and questionnaire completion. At that visit the initial visit protocol was followed except that the consent interview and signing was not required and the appointment for the three-month post visit was also arranged at that time. These visits have gone satisfactorily.

The three-month post-intervention visits during which the third blood-draw is taken and the questionnaires completed followed a similar protocol as the second visit. These visits have proceeded smoothly. At that visit the comparison group participants are asked if they would like to receive the intervention materials following the completion of the comparison condition or to participate in the classes of the next intervention cycle.

Task 3 Review of intervention group meetings and materials, Month 9-28

Class Session Arrangements, Participants' Class Manual, Session Reviews

The participant study manual created for this study and described in the first annual report has proven to be well received by participants and provides them with a clear sequence of the progression of the class material. It contains tabulated sections that cover the dietary, cooking (including recipes) and mindfulness material covered in each of the twelve classes and the home activities to be completed each week. Copies of the material contained in each of the classes are contained in Appendix XX. Each session's material also includes a feedback form that is completed anonymously by each participant and support person at the end of each session and placed in a box at the door of the room. A copy of that evaluation sheet is contained in Appendix XX.

The same cookbook created by the study nutritionist that contains recipes and meals that accord with the intervention dietary pattern and that was contained in the first annual report continues to be given to intervention participants. Their feedback indicates that they find it entertaining and useful in making the dietary transition.

The study manager continues to meet with the instructors before each class to determine food

shopping needs and room arrangements. The nutrition instructor, cooking instructor and MBSR instructor clarify the meeting's objectives and review material to be used in the class. The group consults the weekly evaluation forms completed for that class by participants in the previous cycle to consider any adjustments that may need to be made. The evaluation form that the intervention personnel complete at the end of each class that reflect their impressions of what worked in the class and what seemed not to work so well in integrating that week's nutrition and stress reduction elements, are consulted from that class in the previous cycles. The project manager ensures that all materials such as food and supplies are purchased and also to arranges the required personnel to assist with room set up, food preparation and clean-up. These procedures are working smoothly. The feedback forms are reviewed at the end of each class in a meeting of the project manager and the intervention personnel. Any difficulties encountered in the session are noted and changes and additions to the planned protocol of that session are also documented. This is to ensure consistency throughout the research study. The participants' and intervention personnel weekly evaluation forms are contained in Appendix XX. The Wednesday following each class the whole research team meets with the P.I. and the project manager reports on the previous class session and reviews the feedback forms and any necessary adjustments are put in place.

Task 4 Interim analysis, Months 16-28

After consultation with senior colleagues in the Division of Preventive and Behavioral Medicine it was decided that because of the small size of the study and the minimal risk to participants from the intervention that it would not be appropriate to do an interim analysis of stored blood samples and questionnaire data because of the reduction in statistical power that would result from multiple comparisons.

KEY RESEARCH ACCOMPLISHMENTS

- Successful completion of two intervention cycles including three-month follow-up assessments.
- Adaptation of the recruitment strategy to review potentially eligible patients who were previously being missed in the database searches.
- Successful implementation of patient information and patient contact tracking system
- Extension of the network of referring urologists, oncologists and primary care physicians
- Updating of the information materials for patients and referring physicians
- Successful implementation of protocols for patient contacts and induction into the study
- Successful implementation of blood draws and data gathering, including adaptations required for the three-month follow-up visit
- Completion of the intervention participant study manual
- Successful implementation of intervention review procedures of personnel performance in class goals and session class plans and procedures

REPORTABLE OUTCOMES

Because the intervention period is still in progress there are no reportable outcomes at this point.

CONCLUSIONS

Procedures for the implementation of the protocols for this study have been proceeding in a satisfactory manner. IRB re-approval for the study and all modifications of procedures has been obtained for 2004. Participant feedback indicates that they find their participation in the intervention extremely valuable and rewarding and this is reflected in the high completion rate for such a demanding behavioral intervention. They have reported that they feel much more empowered in the face of this disease as a result of their participation.

The study received considerable publicity when it was featured on the ABC Nightly News last August as an example of an innovative intervention being developed for cancer patients. Results from the analysis of the study outcomes will no doubt generate considerable interest. Despite the publicity however, recruitment goals have not been met for the first two (of three) intervention cycles. It became apparent during recruitment for the first two cycles that the most fruitful source of referrals was identifying potential recruits through the UMass medical record database rather than relying on physicians remembering to inform their patients about the study at office visits. Physicians do however respond (through the improved contact systems described) when given a list of patients names that they can review for suitability. To rely on them to refer patients through contact at office visits resulted in fewer recruits. As described in the body of the report, the database search procedures have been modified and are resulting in a much larger number of potentially eligible patients being identified to recruit through these procedures. These recruitment procedures have only been made possible through additional resources being made available through UMass in-house funds since the budgetary constraints of the New Investigator Award mechanism have not been adequate for the task.

It also became apparent that men are less inclined to be interested in a program such as this that requires dietary exploration and change even when preliminary evidence indicates that it may be beneficial to their life-threatening illness. The experience of colleagues in recruiting women into behavioral interventions has resulted in much greater interest on the women's part, even when the intervention is quite demanding – as this one is. Three thousand copies of a letter sent by Blue Cross Blue Shield of Rhode Island to their patients who had a diagnosis of prostate cancer resulted in one patient being recruited into the study. It is the interest of the men's partner which is often the deciding factor in their decision to participate in the study. Also an ongoing multi-site drug intervention study using men with a rising PSA post-treatment, in which UMass was a participating site, has just met its recruitment goals and this will result in fewer choices for this group of patients in the coming weeks. With the new medical record review procedures in place for the third cycle which begins in March, it is hoped to recruit twenty men and their partners. Patients are presently being recruited at the rate of two participants per week. With seven patients already recruited for the first cycle as of 1-1-04, this is a reasonable expectation.

REFERENCES

There are no references contained in this report.

APPENDICES

Table 1

Appendix A - K

Table 1

A HOLISTIC QUALITY OF LIFE INTERVENTION FOR MEN WITH SECONDARY PROSTATE CANCER.			
	Cycle 1	**Cycle 2**	**Cycle 3**
STUDY RECRUITMENT			
PCHIS Data Base Search	**189 Names sent to Doctors**	**284 Names Sent to Doctors**	**285 patients Identified as Potentially Eligible**
Names Sent to Doctors			**92 Letters currently under Physician review**
Letters Signed	87 Letters Signed & Mailed	50 Letters Signed & Mailed	On going
# recruited from PCHIS	9 Study Participants Recruited (6 in first Cycle & 3 in Second Cycle)	7 Study Participants Recruited (6 recruited for cycle two & 1 in cycle three)	On going
Recruiting	**Cycle 1 Subjects Recruited**	**Cycle 2 Subjects Recruited**	**Cycle 3 Subjects Recruited**
Doctor / Clinician Referrals	3	4	On going
Mass Communications Mailing to Urologists, Oncologists & radiologists in New England informing them of the study.	587 Letters Mailed **0 recruited**	NA	NA
Prostate Cancer Support Groups	2	0	0 to date
Attending weekly UMass Memorial prostate cancer tumor meetings.	NA	0	NA
Not Documented	1	NA	NA
MA Prostate Cancer Symposium: May 2003	0	0	On going
CaPcure and USToo web sites	0	0	On going
ACS web site	NA	0	NA
ABC World News piece as one of their 3-part series on Cancer	NA	0	On going
Public Service Announcement distributed to NE Radio Stations	2	0	On going
Telegram & Gazette Newspaper advertisement	NA	0	NA
Connecticut Surgical Group: presentation	NA	1	NA
Connecticut Surgical Group: 22 hours reviewing Urologist pt. files	NA	NA	26 letters sent

APPENDIX A

UMassMemorial | University of Massachusetts Medical School

Department of Surgery
Division of Urologic and Transplantation Surgery

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-5821
Fax: 508-856-3137
www.umassmemorial.org

«FNAME» «LNAME»
«STREET»
«CITY», «STATE» «ZIP»

Dear Mr. «LNAME»,

We are writing to encourage you and your partner to participate in the prostate cancer study at UMass Medical School. This study is for men who have had primary treatment (prostatectomy or radiation) for prostate cancer and are showing a subsequent rise in their PSA. We are trying to further improve our understanding of the way that diet and stress reduction techniques appear to improve the health of men who have had prostate cancer. Couples in the study have expressed their appreciation of learning about diet and stress reduction and using that information to do something positive for their health.

Enclosed is an information sheet about the study and a stamped-addressed card you can return in the mail to UMass if you do not wish to be contacted further about the study. If we do not receive the card back from you we will assume you are willing to be contacted by the project manager Ms. Victoria Andersen. Ms. Andersen will arrange for a phone conversation with you and your partner at a time that is convenient to you both. In that call you will be given more information about the study and answers to any questions you might have. We will also ask you a few questions to determine your eligibility.

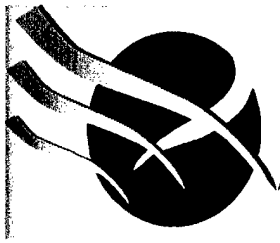
Your participation in this study is entirely voluntary and if you decide not to participate it will in no way effect the care that you receive at UMass/Memorial.

If you have any questions in the meantime, please do not hesitate to contact Victoria Andersen 508 856-7509. We look forward to talking with you.

Sincerely,

, MD
Division of Urology
UMass Medical School

James Carmody, Ph.D.
Assistant Professor of Medicine
UMass Medical School
Prostate Cancer Study Principal Investigator



ProStAte Health Study

Education & Nutrition

- The University of Massachusetts Medical School is currently recruiting men who have had prostate cancer to take part in a study to look at the effect of dietary change and stress reduction on PSA and quality of life.

- We are looking for men who have had primary treatment for prostate cancer and find that their PSA is rising again.

- Participants will be randomly placed into one of two groups:
one group (intervention group) will attend a series of nutrition, cooking and stress reduction classes beginning February 2004. The second group (control group) following their participation, have the option of receiving al receive a kit containing all the information discussed in class or can take the classes later.

- All participants will be asked to come to UMass in Worcester to have a small amount of blood drawn, take some measurements and complete some questionnaires three times over a 6 month period.

- During the classes participants will be required to come to UMass once a week on a Friday evening for eleven consecutive weeks. Each class lasts approximately three hours.

- Participants are encouraged to bring their partner or a support person – preferably someone with whom they share their meals.

- In our pilot study, partners frequently told of improvements in their health status. As a result, in this study partners are acting not only in a supportive role but we will be documenting their health changes as well. We are inviting your partner to participate in the study and will also ask them to complete some questionnaires.

- Meals will be provided to participants and their partners.

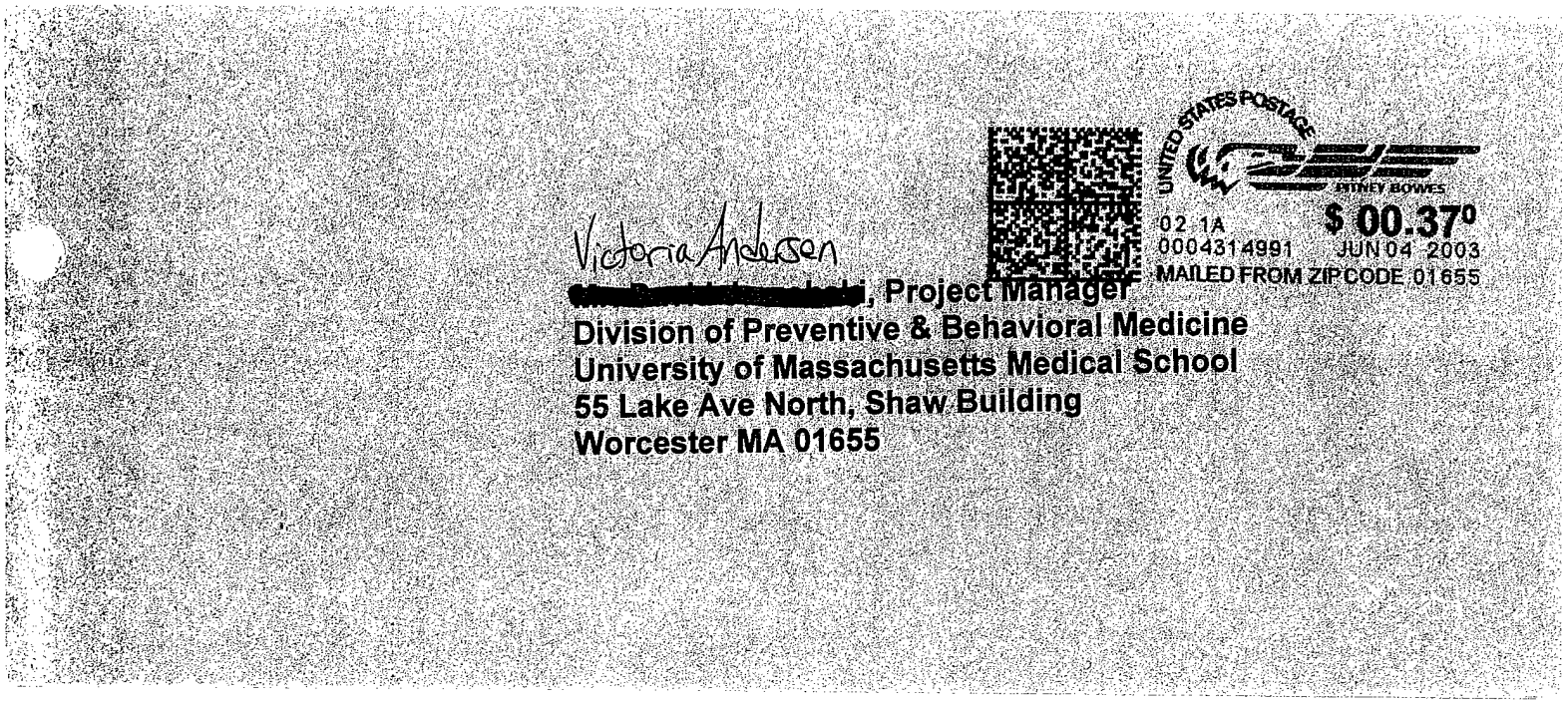
- There is no charge to All participants.

- Participants will remain under their doctor's care.

- For further information please contact the Prostate Cancer Study Project Manager:

Victoria Andersen, MS RD
Division of Preventive & Behavioral Medicine
University of Massachusetts Medical School
508 856 7509

APPENDIX B



I have read the information about the study in the letter from my physician.
I do not wish to be contacted at this time.

I understand that by returning this card to the University of Massachusetts,
I will not be contacted to participate in this study. Thank you.

Name: _____

Address: _____

_____

Best Available Copy

Prostate Study Phone Script

May I please speak to _____? ***(If the wife answers begin by asking her the questions – she may be more receptive)*** My name is David Jarzobski (or Victoria Andersen) from the Prostate Health Study at UMass Medical School. Dr. _____ recently sent you some information about the Prostate Health Study. Did I catch you at a good time? If its not, then ask when a good time to talk.

Did you receive the material? If they say yes, then ask if they had any questions about the material. Then, answer the questions they ask.

If they say that they did not receive the information, offer to re-send the material. I'd like to tell you a little about the study, is this a good time to talk about the study?

DETERMINE ELIGIBILITY

- Confirming that you have had treatment for Prostate Cancer, and can you please describe that treatment.
- Are you currently on Lupron, or any other hormonal intervention. How long have you been receiving this treatment?

If they are <u>not</u> eligible, explain that the study participants need to meet the criteria since we are exploring this intervention with the men that meet the criteria. Thank you for answering the questions.

If they <u>do</u> meet the criteria, begin to tell them about the study.

- The Prostate Health Study has been designed for men and a support person you choose (wife, close friend). At the end of the Study we will measure the changes, if any, in your PSA and other life issues.
- In the pilot study, men and their support persons expressed that being in the study had been empowering, enjoyable and life affirming.
- This study is for 12 weeks
- Your physician is free to contact us at any time during the study.
- You will randomly be placed by computer in one of two groups. One group will attend the 12-weeks of classes and the other group will maintain their current lifestyle during that same time period. The reason there are 2 groups is to test whether the intervention has a beneficial effect on prostate health and quality of life for you as well as your support person. Without this arrangement it would be impossible to prove if there are any changes.
- In our pilot study the participant's support person frequently told of improvements in their health status. Consequently we felt that it would be of value to be able to document these changes. We are inviting your wife or partner to participate in the study and will be asking them to complete some questionnaires.

Any Questions?

If you are randomized to the intervention or comparison you will:

- Fill out six questionnaires at three different times in the study.
- We will draw blood and weigh and measure you 3 times. We will not draw any blood from your support person.
- In addition, those in the comparison group will receive (if they wish) the intervention after the study is complete.

If you are randomized to the intervention, you will:

- Attend classes at UMASS on Friday nights from 4:00 to 7:00 pm.
- The classes will focus on a prostate healthy diet and stress reduction.
- Nutritionists will provide instruction on how to prepare and cook the foods that are included in that diet.
- The mindfulness-based stress reduction part of the class will be about handling stress in your life and the stress that changes in diet that can create.
- Men and their support person will participate in the cooking.
- All foods for the class meals will be provided by the study initially. In the second six weeks of the classes demonstration cooking will continue but participants will be invited to share in a potluck offering by bringing in examples of dishes they have learned to cook.

WHAT QUESTIONS DO YOU HAVE?

- Are you willing to be randomized to the intervention, which is a 12-week intervention?
- Are you willing to be randomized to the comparison group? If you should be in the comparison group you are guaranteed to attend the same 12-week classes at the conclusion of the study. There is the possibility that there may be openings sooner. We don't know at this time.
- Do you have any medical conditions that would inhibit your participation in the study?

If they say no to the last two, ask what are their reservations - address the reservations-they may say: "but I don't want to be in the comparison" or "I don't want the time commitment".

Answers for those resistant to the intervention:

- The classes have been a time that men and their support persons can "have a night out".
- The men and their support persons have made friends at a gourmet restaurant.
- The stress reduction has been a tool that can address and reduce some of the side effects of stress in all areas of your life and could be beneficial.

I can't do it on Friday night, any other night. Answer: At this time, there are only Friday night classes. I can contact you if that changes (always leave the door open, you may need those 2 people later).

Answers for those that are resistant to the comparison:

- The study has been funded to test whether "changing diet" and stress reduction is beneficial for those men with prostate cancer.
- Without this study, and the men that are randomized to the intervention or the control, men with prostate cancer will not know if it makes a difference.

Any other questions?

We are happy to have you be a part of this important study on prostate cancer.

The next step will be.....

- We will also need a medical release statement signed by you so that we may contact your physician regarding your PSA history. This will be included in the mailing with the consent forms. It is important that we have accurate information about the medical history of the treatment you received for your prostate illness. *(If hesitant say: 'Without access to this information we will be unable to include you in the study. The granting agency, the DOD, is adamant about having accurate, verifiable medical information for all participants'.*
- We will mail you and your support person consent forms that are required to be signed by people who are participating in a research study.
- We will need to schedule an appointment at the Medical School with you and your support person. At that appointment we will review the consent forms with you to ensure that you have a clear understanding of their contents, draw a small amount of blood from ____ and ask you both to complete some questionnaires. The appointment will take about an hour.
- **Can you book it then?**

Thank you for participating in this important study.

APPENDIX C

The University of Massachusetts Medical School is recruiting men for a research study who have had treatment for prostate cancer & now have a rising PSA.

This study is looking at how dietary change & stress reduction can reduce PSA & improve overall health.

Participants are invited to bring a support person to accompany them to the meetings.

Participants will:

- **Enjoy prostate healthy meals**
- **Learn stress reduction techniques.**

For more information, please contact the Prostate Health Study Project Manager, Victoria Andersen at (508) 856-7509

Other Information: Participation is entirely voluntary. The principal investigator is James Carmody, Ph.D. (508) 856-1205. This project is funded by a grant from the Department of Defense. **Docket # H-3648, approved by Research Subjects Office on 5-15-2002.**

APPROVED

MAR 26 2003

Human Subjects Committee

APPENDIX D

University of Massachusetts Medical School
Division of Preventive & Behavioral Medicine
Worcester, MA 01655

Prostate Cancer Study

Subject Information

Expand All Sections

MRN:

ID: | First Name: | Last Name:

Cycle: | Rand Group: | Status: Need Call

Reason Ineligible: | Reason Dropped: | Reason Refused:

Conditional Eligibility Comment: | Status Comment: | Where did you hear about the study?

Date of Birth: | Age: | Gender: MALE

Ethnicity: | Marital Status: | Randomization Call Completed:

Offered Next Class:

Subject Contact Information

Street Address:

City: | State: | Zip Code:

Street Address 2:

City 2: | State 2: | Zip Code 2:

Work Phone: | Home Phone: | Cell Phone:

Call at work?: | Verified Number: ○ Yes ○ No

Email Address: | Fax:

If subject will be away during the study, at what number can he be reached?

Dates that subject will be at this number: From: To:

Best Time To Contact Weekend:	Specific Time to Contact Weekend:	Contact Problems Weekend:
Best Time To Contact Weekday:	Specific Time to Contact Weekday:	Contact Problems Weekday:
	Time to Contact General:	Contact Problem Comments:

Support Person Demographics

MRN:		
ID:	First Name:	Last Name:
Date of Birth:	Age:	Gender:
Ethnicity:	Marital Status:	Relationship to Subject:

Cancer History

Is the patient in a period of watchful waiting?	Comments:
Date of diagnosis:	
Did patient have a prostatectomy?	Comments:
Date of surgery:	
Did patient have standard radiation therapy?	Comments:
Date therapy began:	
Date therapy ended, or will end:	
Did the patient have radioactive seeds implanted?	Comments:
Date of the procedure:	
Is the patient currently using hormonal therapy or chemotherapy for the prostate cancer or any other reason?	Comments:

Date patient discontinued, or will discontinue, hormone therapy:		
Gleason Score:	**Gleason Date:**	
PSA Measurements:		
PSA Measure (when rise began):	**Date PSA rise began:**	
PSA Measure:	**Date:**	**Comment:**
PSA Measure:	**Date:**	**Comment:**
PSA Measure:	**Date:**	**Comment:**
PSA Measure:	**Date:**	**Comment:**
PSA Measure:	**Date:**	**Comment:**
PSA Measure:	**Date:**	**Comment:**
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PSA Measure:	**Date:**	**Comment:**
PSA Measure:	**Date:**	**Comment:**
PSA Measure:	**Date:**	**Comment:**
PSA Measure:	**Date:**	**Comment:**

Subject Medical Providers

Urologist:	**Urologist's Phone:**	**Additional Information:**
Street:		
City:	**State:**	**Zip:**

Oncologist: | Oncologist's Phone: | Additional Information:

Street:

City: | State: | Zip:

Primary Care Doctor: | PCP's Phone: | Additional Information:

Street:

City: | State: | Zip:

Support Person Medical & Contact

Support Person Medical Provider

Primary Care Doctor:

Primary Care Street Address:

City: | State: | Zip:

Phone:

Support Person Contact Information

Street Address:

City: | State: | Zip Code:

Street Address 2:

City 2: | State 2: | Zip Code 2:

Work Phone: | Home Phone: | Cell Phone:

Call at work?: | Verified Number:

○ Yes ○ No

Email Address: | Fax:

If support person will be away during the study, at what number can he be reached?

Dates support person will be at this number: From: To:

Best Time To Contact Weekend: Specific Time to Contact Weekend: Contact Problems Weekend:

Best Time To Contact Weekday: Specific Time to Contact Weekday: Contact Problems Weekday:

Time to Contact General: Contact Problem Comments:

Letter & Consent Packet

Date Letter Sent: Date Refusal Postcard Rec'd:

Date Consent Packet Sent: Date Medical Release Received:

Recruitment Call Log

Date Called: Call Time: Call By:

Spoke With: Call Result: Call Comment:

Change Status to Recall

Recall Date: Recall Time: Recall By:

Spoke With: Recall Result: Recall Comment:

Consent Visit Reminder Call Log

Date Called: Call Time: Call By:

Spoke With: Call Result: Call Comment:

Screening

Screening Questions	
1. Patient may have difficulty providing a reliable history, or may have difficulty understanding and adhering to study protocol.	☐ yes ☐ NO
2. Have you undergone a prostatectomy (i.e., prostate removal)?	☐ YES ☐ no
3. Your doctor thought you might be interested in this study. One of the outcomes we are looking at is PSA score. Would you be willing to sign a release so we could obtain your medical records?	☐ yes ☐ no

4. Do you have any barriers or challenges that would make it difficult for you to participate? ☐ yes ☐ NO

5. Are you taking medication for any of the following medical conditions: depression, anxiety, schizophrenia, psychosis? ☐ yes ☐ NO

5A. If so, what medications are you using?
Note: use of any of the following medications would be specific for schizophrenia or psychosis, and would constitute a study exclusion: Clozaril, Compazine (unless prescribed for severe nausea and vomiting) Etrafon, Haldol, Loxitane, Mellaril, Moban, Navane, Prolixin, Risperidal, Serentil, Stelazine,Thorazine, and Trilafon

6. Do you have any serious medical problems (other than prostate cancer)? ☐ yes ☐ no
Note: we are particularly concerned here about screening for diseases that might limit functioning (e.g., moderate or severe congestive heart failure or emphysema) or confer dietary restrictions (e.g., Ulcerative Colitis, Celiac Disease, Crohn's Disease). However, having these illnesses would not constitute a study exclusion unless functional status was impaired or diet restricted

7. Are you using any dietary supplements (e.g., vitamins, herbs, etc.)? ☐ yes ☐ no

7A. If so, would you be willing to stop using them during the six months you would be in the study? ☐ yes ☐ no

7B. If you are uncomfortable stopping them, would you be willing to agree to continue using them throughout the study, using the same dosage, frequency, and formulation (i.e., pill, capsule, tea, etc.) as you are currently? ☐ YES ☐ no

8. How often do you drink alcohol? Average Drinks/Day:
Note: If person reports drinking more than 2 drinks per day, binge drinking, or anything else that makes you suspicious of problem drinking, administer CAGE questions: Answers of yes to more than one of these would suggest a high probability of problem drinking and would constitute a study exclusion.

8A. Have you ever attempted to cut down your drinking? ☐ yes ☐ NO

8B. Have others been annoyed with you because of your drinking? ☐ yes ☐ NO

8C. Have you felt guilty about your drinking? ☐ yes ☐ NO

8D. Have you ever felt the need for an eye-opener in the morning? ☐ yes ☐ NO

8E. Patient excluded because of alcohol problems: ☐ yes ☐ no

9. Who do you think might be the most likely person to accompany you to the counseling sessions, cooking classes, and support groups?

10. Will that person's schedule permit them to make all of the sessions? ☐ yes ☐ no

If patient is study eligible, schedule visit for phlebotomy and physical measurements:

Set status based on eligibility:

Eligible | Ineligible

Status: Status Date:

Create forms for the 24 Hr Dietary Recalls:

Create 24 Hr Recall Form-Base — Baseline Form created?

Create 24 Hr Recall Form-Post — Post Form created?

Create 24 Hr Recall Form-FU — Followup Form created?

Consent Visit Subject

Date:	Time:	Status:
Intake by:		
Consent Signed?	Height:	Weight:0
	Feet 0 Inches 0	BMI: @ERROR
Blood Drawn:	Vacutainers:	Cryovials:
PSA:	How many Gold?	How many Gold?
	How many Red?	How many Red?
HC1:cm	WC1:cm	Measured By:
HC2:cm	WC2:cm	

Medical History:

Medications:

Name:	Taken for:	Dose Change:
Name:	Taken for:	Dose Change

Instruments

Fact-P:	POMS:	Perceived Stress:
SF-36:	Baseline:	

APPENDIX E

CHECKLIST TO BE COMPLETED BEFORE PARTICIPANT AND SUPPORT PARTICIPANT LEAVE

- ❑ **Two copies of consent form signed by participant**
- ❑ **Two copies of consent form signed by support participant**

Paper work and measurements to be completed by <u>participant</u>.
Check that all items have been completed

- ❑ Participant Questionnaire
- ❑ POMS (Life Quality questionnaire #1)
- ❑ SF-36 (Life Quality questionnaire #2)
- ❑ FACT-P (Life Quality questionnaire #3)
- ❑ FACT-Sp (Life Quality questionnaire #3a)
- ❑ Perceived Stress (Life Quality questionnaire #4)

Paper work and measurements to be completed by <u>support participant</u>
Check that all items have been completed

- ❑ Participant Questionnaire
- ❑ POMS (Life Quality questionnaire #1)
- ❑ SF-36 (Life Quality questionnaire #2)
- ❑ FACT-Sp (Life Quality questionnaire #3a)
- ❑ FACT-SpS (Life Quality questionnaire #3a)
- ❑ Perceived Stress (Life Quality questionnaire #4)
- ❑ Seven-Day Dietary Recall
- ❑ Fruit and Vegetable Questionnaire

Anthropomorphic measurements to be taken from <u>participant</u>

- ❑ Height
- ❑ Weight
- ❑ Waist circumference
- ❑ Hip circumference

Anthropomorphic measurements to be taken from <u>support participant</u>

- ❑ Height
- ❑ Weight
- ❑ Waist circumference
- ❑ Hip circumference

- ❑ **Advise David that the status of the participant and support participant is to be changed on Lotus Notes and their information can be entered.**

- ❑ **Initial this sheet and attach it to the completed consent form.**

- ❑ **Place the completed forms in the box in Victoria's office.**

Any adverse events during the interview to report? Explain

APPENDIX F

University of Massachusetts
UMASS Medical School

Date

Name
Address
City, State Zip

Dear Mr. & Ms.X

Welcome to the UMass Medical School Prostate Health Study! We appreciate your participation, and with your help, we hope to answer important questions about prostate health and learn best how to treat this disease.

Enclosed are copies of the consent form(s), map and information flyer. Please review the consent form and information flyer at home and discuss them with your urologist or primary care physician.

Your consent visit is scheduled for **Date & time.**
During your visit we will go over the study, draw a small amount of blood from Mr. XX (no need to fast), measure your height(s) and weight(s), ask you to complete some questionnaires and sign some forms. During the consent visit, you will also have an opportunity to discuss the study with me, and get the answers to any questions that you may have. Please do not hesitate to contact me in the meantime.

Our meeting will be in the Shaw Building of the Medical School, and typically lasts between an hour to an hour and a half. The Shaw Building is located on the corner of Lake Ave and Route 9. Access is off Lake Ave and free parking is in the rear of the building (map enclosed).

If you could please:

- Bring any medications you are taking (participant)
- Bring the consent form(s) (participant)
- Drink plenty of water prior to your appointment (participant only)

We look forward to meeting you!

Sincerely,

Victoria Andersen MS RD
Prostate Health Study Manager
Division of Preventive and Behavioral Medicine
University of Massachusetts Medical School
Worcester. MA 01655
Phone: 508-856-7509
Email: Victoria.Andersen@umassmed.edu

Attachments:

- Map to UMass Medical (Shaw Building)
- Consent Form(s)
- Information flyer

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

Title: Dietary therapy supported by mindfulness-based stress reduction in the secondary prevention of prostate cancer

Principal Investigator: James Carmody Ph.D. Date:

Sponsor: United States Department of Defense

Research Subject's Name:_____Date:

INVITATION TO TAKE PART AND INTRODUCTION: You are invited to volunteer for a research study. You are asked to take part because you have agreed to attend classes with someone who has been diagnosed with prostate cancer.

PURPOSE OF RESEARCH: The goal of this research is to examine the effects of a dietary and mindfulness intervention on prostate-specific antigen (PSA), levels of certain hormones, intake of specific dietary nutrients, and quality of life. The intervention involves group meetings, mindfulness based stress reduction (MBSR), cooking classes and specific instructions to decrease intake of dietary fat and animal products and to increase intake of certain vegetables. The intervention is an extension of a pilot study that was already successfully completed by 21 men and their partners.

Mindfulness is intentionally paying attention to present-moment experience in a non-judgmental way and thereby cultivating a stable and non-reactive awareness. MBSR has been shown to be effective in reducing the incidence of medical and psychological symptoms (including anxiety, depression and psychological distress) and as a support to people in making changes in their lives.

YOUR RIGHTS: It is important for you to know that:

YOUR PARTICIPATION IS ENTIRELY VOLUNTARY.

YOU MAY DECIDE NOT TO TAKE PART OR DECIDE TO QUIT THE STUDY AT ANY TIME, WITHOUT PENALTY.

YOU WILL BE TOLD ABOUT ANY NEW INFORMATION OR CHANGES IN THE STUDY THAT MIGHT AFFECT YOUR PARTICIPATION.

HUMAN SUBJECTS COMMITTEE
APPROVED
STUDY APPROVAL EXPIRES 12·28·04
REVISION #_____
REVISION APPROVAL DATE_____
DOCKET # H- 3648

PROCEDURES: You will be told whether you are in the first or second experimental group. If you are randomly selected for the first experimental group your participation in the research will last up to six months. It will require a total of 12 outpatient visits for twelve weekly group cooking and mindfulness-based stress reduction classes (3 hours each), doing home assignments related to the topics covered in the classes and completing some questionnaires. You will be required to complete the questionnaires at the beginning of the sequence of classes, at their completion and three months following their completion.

If you are randomly selected for the second experimental group you will not participate in the weekly classes but you will be given all the written information and audio tapes that are distributed in the classes to follow in your own time if you so wish. Your participation will last the same length of time however and will consist of receiving the class information and completing the questionnaires. If you elect to enroll in the series of classes at the end of the study intervention period your participation will last up to fifteen months.

We will ask a number of questions to see if you are willing and able to attend the group intervention sessions.
You are strongly encouraged to attend all 12 of class sessions with the partner you are attending with.

As part of this study we will also need to review your medical and billing records since we are interested in studying the health care usage of the participants' partners over the course of the study.

Before your first visit to the Prevention Center, we will send you a variety of questionnaires that we would like you to complete before coming. These questionnaires normally take about from 20 to 35 minutes to complete. Please have your partner bring the questionnaires that you completed when he comes for his second visit to the Prevention Center.

At the last class of the series of 12 classes, we will give you a second set of questionnaires, again very similar to the first set. Please have your partner bring in the completed questionnaires at the time of his end of intervention blood draw.

Finally, three months after the 12-week period you will be asked questions about your reaction to the program and once again you will be asked to send in the completed questionnaires with your partner.

Hard copies of data and questionnaires will be archived in locked filing cabinets in the Department of Medicine's data archive for seven years following the completion of the

study. The copies will be identity protected by ID numbers and accessible only to the study personnel. Documents will be shredded at the end of the seven-year period.

RISKS: There is a slight risk of some discomfort when you are doing the gentle stretching exercises that are sometimes done in the MBSR part of the classes and as part of the home assignments. The other procedures and dietary intervention are virtually risk free.

Your condition will be watched closely during the study. If you have any serious reactions or problems, the treatment will be changed or stopped to protect your health.

PREGNANCY: Because the safety of the dietary and stress reduction intervention during pregnancy and breast feeding is not known, women who are pregnant or nursing may not take part in this study. If you are a woman who is able to have children, you must have a negative pregnancy test before you begin the study and you must agree to use an effective birth control during the study. If you become pregnant during the study, you should inform the doctors. You will be asked to consult your primary physician as to the appropriateness of your continuing with the classes or using the information provided.

BENEFITS: There is a chance that the diet and mindfulness intervention could produce a beneficial effect on your health and well-being. However, the purpose of the intervention is to assess its possible effects in a group of men with prostate cancer.

REASONS YOU MIGHT BE WITHDRAWN FROM THE STUDY WITHOUT YOUR CONSENT: You may be taken out of the research study if:

1. The investigator decides that continuing in the study would be harmful to you.
2. You fail to attend the various individual and group sessions.
3. You become pregnant.

ALTERNATIVES: You may choose not to participate in this study.

COSTS: There will be no charge to you for any service provided as part of this study. The clinic visits that are done for research purposes will be free.

CONFIDENTIALITY: Your research records will be confidential to the extent possible by law. In all records of the study you will be identified by a code number and your name will be known only to the researchers. Your name will not be used in any reports or publications of this study. Your records may be reviewed by the University of Massachusetts Institutional Review Board, the U.S. FDA (Federal Drug Administration) as required by law, or by representatives of the funding agency, USAMRMC (U.S. Army Medical Research and Materiel Command) as part of their responsibility to ensure the

protection of human subjects in research.

QUESTIONS: Please feel free to ask any questions you may have about the study or about your rights as a research subject. If other questions occur to you later, you may ask Dr.James Carmody Ph.D., telephone (508) 856-1205, the principal investigator. If at any time during or after the study, you would like to discuss the study or your research rights with someone who is not associated with the research study, you may contact the Administrative Coordinator for the Committee for the Protection of Human Subjects in Research at UMMC, telephone (508) 856-4261.

CONSENT TO PARTICIPATE IN THE RESEARCH PROJECT

Title: Dietary therapy supported by mindfulness-based stress reduction in the secondary prevention of prostate cancer.

Subject's name:_____

P.I. Name: James Carmody Ph.D.

The purpose and procedures of this research project and the predictable discomfort, risks, and benefits that might result have been explained to me. I have been told that unforeseen events may occur. I have had an opportunity to discuss this with the investigator and all of my questions have been answered. I agree to participate as a volunteer in this research project. I understand that it will be necessary for my medical and billing records to be reviewed. I understand that I may end my participation at any time. I have been given a copy of this consent form.

_____ DATE:_____
Subject's signature

_____
Subject's Permanent Address

_____

_____

INVESTIGATOR'S DECLARATION

I have explained to the above-named subject the nature and purpose of the procedures described above and the foreseeable risks, discomforts, and benefits that may result. I have asked the subject if any questions have arisen regarding the procedures and have answered these questions to the best of my ability. I have considered and rejected alternative procedures for obtaining this information.
I have communicated with Dr._____
(patient's attending physician) on (date)_____ and in his/her opinion it is acceptable for this patient to participate in this study.

_____ DATE:_____
Principal Investigator

HUMAN SUBJECTS COMMITTEE
APPROVED
STUDY APPROVAL EXPIRES 12-28-04
REVISION #_____
REVISION APPROVAL DATE_____
DOCKET # H- 3648

H-3648

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER
COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECT

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

TITLE: Dietary therapy supported by mindfulness-based stress reduction in the secondary prevention of prostate cancer

HUMAN SUBJECTS COMMITTEE
APPROVED
STUDY APPROVAL EXPIRES 12·28·04
REVISION # 7
REVISION APPROVAL DATE 11·12·03
DOCKET # H- 3648

PRINCIPAL INVESTIGATOR: James Carmody Ph.D. **DATE:**

SPONSOR: United States Department of Defense

RESEARCH SUBJECT'S NAME:_____

INVITATION TO TAKE PART AND INTRODUCTION: You are invited to volunteer for a research study. You are asked to take part because you have been diagnosed with prostate cancer.

PURPOSE OF RESEARCH: The goal of this research is to examine the effects of a dietary and mindfulness intervention on prostate-specific antigen (PSA), levels of certain hormones, intake of specific dietary nutrients, and quality of life. The intervention involves group meetings, mindfulness based stress reduction (MBSR), cooking classes and specific instructions to decrease intake of dietary fat and animal products and to increase intake of certain vegetables. The intervention is an extension of a pilot study that was already successfully completed by 21 men.

Mindfulness is intentionally paying attention to present-moment experience in a non-judgmental way and thereby cultivating a stable and non-reactive awareness. MBSR has been shown to be effective in reducing the incidence of medical and psychological symptoms (including anxiety, depression and psychological distress) and as a support to people in making changes in their lives.

YOUR RIGHTS: It is important for you to know that:

YOUR PARTICIPATION IS ENTIRELY VOLUNTARY.

YOU MAY DECIDE NOT TO TAKE PART OR TO QUIT THE STUDY AT ANY TIME, WITHOUT ANY PENALTY.

YOU WILL BE TOLD ABOUT ANY NEW INFORMATION OR CHANGES IN THE STUDY THAT MIGHT AFFECT YOUR PARTICIPATION.

PROCEDURES: You will be told whether you are in the first or second experimental group. If you are randomly selected for the first experimental group your participation in the research will last up to six months. It will require a total of 15 outpatient visits (depending on scheduling) which are made up of three visits when you will have blood drawn (ten minutes each) and twelve weekly group cooking and mindfulness-based stress reduction classes (3 hours each). You will receive a reminder call before each blood draw. You will also receive nine dietary information phone calls from a nutritionist – three at the beginning of the intervention, three at the completion of the intervention classes and three calls three months following the completion of the classes. If you are randomly selected for the second experimental group you will not participate in the weekly classes and you will remain in the usual care

of your physician and will receive a phone call each month from the project manager to ask you if your medical regimen has changed. Your participation will last the same length of time however and will consist of the three blood draws, receiving the nine dietary information phone calls and completing the questionnaires. If you elect to enroll in the series of classes when you have completed the third blood draw your participation will last up to twelve months. This allows three months for the classes and two extra blood draws three months apart at the end of the classes.

You are strongly encouraged to invite a friend or relative to attend all of these sessions with you.

You will need the permission of your attending physician to participate in this study and you will need to remain under the care of your regular urologist during the entire course of the study. As part of this study we will also need to review your medical and billing records since we are interested in studying participants' health care usage over the course of the study.

We will ask a number of questions to see if you meet the requirements for being in the research study and if you are willing and able to attend the group intervention sessions.

Before your first visit to the Prevention Center, we will send you a variety of questionnaires that we would like you to complete before coming. These questionnaires normally take about form 20 to 35 minutes to complete and filling them out before coming in makes the session go more quickly. At your first visit, we will need to draw a little blood. At the visit, we will remove the equivalent of 3 1/2 tablespoonfuls (54 ml) of blood from your arm.

At the last class of the series of 12 classes, we will give you a final set of questionnaires, again very similar to the first set.

Finally, you will be asked to return to the Prevention Institute once more for a blood draw three months from the last class. We will collect about 3 1/2 tablespoonful (54 ml) sample of blood from your arm and you will be asked questions about your reaction to the program (cooking and mindfulness classes). When you come in, you will be asked to bring in the completed questionnaires once again.

During this study, you will be asked to provide blood samples. These samples will be used to measure your PSA levels and also to examine changes in blood chemistry that might show relationships between the dietary and the MBSR interventions on the progression of prostate cancer.

The sample of blood that you give will be labeled with an ID number and the date. The samples will be stored in a freezer. Some of the blood will be stored for up to five years and then disposed of by the UMass human waste disposal subcontractor. Hard copies of data and questionnaires will be archived in locked filing cabinets in the Department of Medicine's data archive for seven years following the completion of the study. The copies will be identity protected by ID numbers and accessible only to the study personnel. Documents will be shredded at the end of the seven-year period.

RISKS: There is a slight risk of bruising when inserting a needle to obtain a venous blood draw from your arm. To minimize this risk the blood will be drawn by the study's licensed phlebotomist who has over thirty years experience.

There is also a slight risk of some discomfort when you are doing the gentle stretching exercises. The other procedures and dietary intervention are virtually risk free.

Your condition will be watched closely during the study. If you have any serious reactions or problems, the treatment will be changed or stopped to protect your health.

BENEFITS: There is a chance that the diet and mindfulness intervention could produce a beneficial effect on your health and well-being. However, the purpose of the intervention is to assess its possible effects in a group of men with prostate cancer.

REASONS YOU MIGHT BE WITHDRAWN FROM THE STUDY WITHOUT YOUR CONSENT:
You may be taken out of the research study if:

1. The investigator decides that continuing in the study would be harmful to you; or
2. You fail to attend the various individual and group sessions.

ALTERNATIVES: You may choose not to participate in this study.

WITHDRAWAL FROM THE STUDY: Your participation in this study is entirely voluntary and you may withdraw from the study at any time. In the event of your withdrawing from the study you are asked to inform the principal investigator as soon as possible of your decision either in writing or by phone. The quality of care you receive at this hospital will not be affected in any way if you decide not to participate or if you withdraw from the study.

COSTS: There will be no charge to you for any service provided as part of this study.

CONFIDENTIALITY: Your research records will be confidential to the extent possible by law. In all records of the study you will be identified by a code number and your name will be known only to the researchers. Your name will not be used in any reports or publications of this study. Your records may be reviewed by the University of Massachusetts, the U.S. FDA (Federal Drug Administration) as required by law, or by representatives of the funding agency, USAMRMC (U.S. Army Medical Research and Materiel Command) as part of their responsibility to ensure the protection of human subjects in research.

QUESTIONS: Please feel free to ask any questions you may have about the study or about your rights as a research subject. If other questions occur to you later, you may ask Dr. James Carmody Ph.D., telephone (508) 856-1205, the principal investigator. If at any time during or after the study, you would like to discuss the study or your research rights with someone who is not associated with the research study, you may contact the
Administrative Coordinator for the Committee for the Protection of Human Subjects in Research at UMMC, telephone (508) 856-4261.

CONSENT TO PARTICIPATE IN THE RESEARCH PROJECT, H-3648, ENTITLED: Dietary therapy supported by mindfulness-based stress reduction in the secondary prevention of prostate cancer.

Subject's name:_____

P.I. Name: James Carmody Ph.D.

The purpose and procedures of this research project and the predictable discomfort, risks, and benefits that might result have been explained to me. I have been told that unforeseen events may occur. I have had an opportunity to discuss this with the investigator and all of my questions have been answered. I agree to participate as a volunteer in this research project. I understand that it will be necessary for my medical and billing records to be reviewed. I understand that I may end my participation at any time. I have been given a copy of this consent form.

_____ DATE:_____
Subject's signature

_____
Subject's Permanent Address

_____

_____

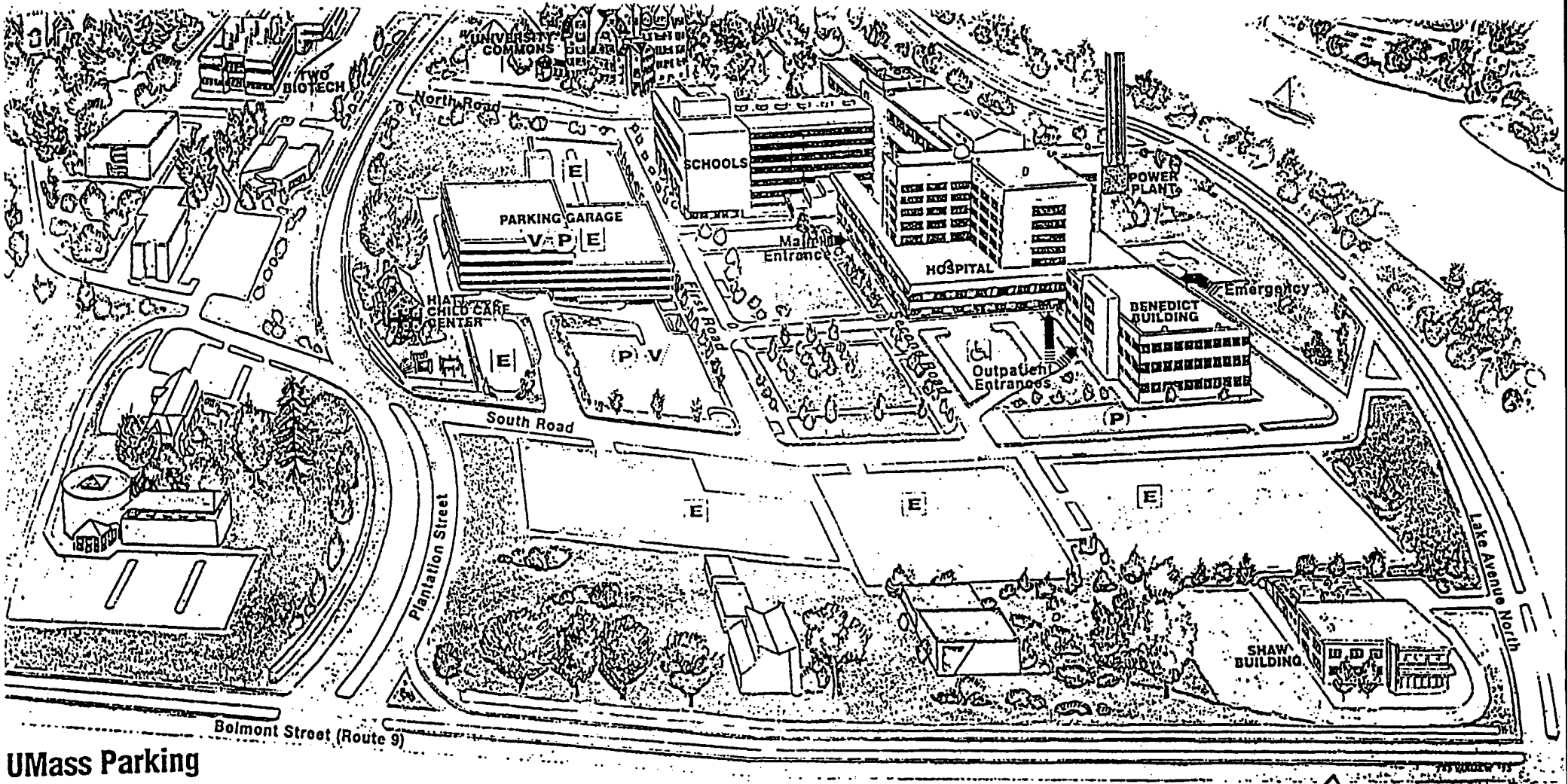
INVESTIGATOR'S DECLARATION

I have explained to the above-named subject the nature and purpose of the procedures described above and the foreseeable risks, discomforts, and benefits that may result. I have asked the subject if any questions have arisen regarding the procedures and have answered these questions to the best of my ability. I have considered and rejected alternative procedures for obtaining this information.

I have communicated with Dr._____(patient's attending physician) on (date)_____ and in his/her opinion it is acceptable for this patient to participate in this study.

_____ DATE:_____
Principal Investigator

HUMAN SUBJECTS COMMITTEE
APPROVED
STUDY APPROVAL EXPIRES 12·28·04
REVISION # 7
REVISION APPROVAL DATE 11·12·03
DOCKET # H- 3648



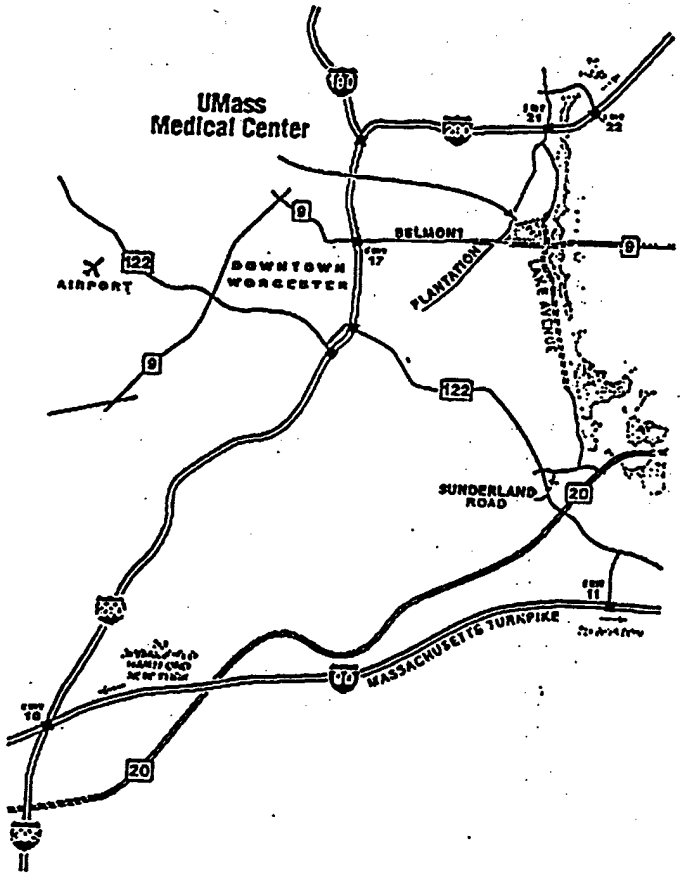
UMass Parking

- (P) Patient parking
- Handicapped parking
- (V) Visitor parking
- [E] Employee/student parking

UMASS.

Located on the corner of Belmont Street (Route 9) and Lake Avenue North, on the west side of the Lake Quinsigamond Bridge. Enter parking lot from Lake Avenue North, proceed straight back and park near the glass door entrance.

Prostate Health Study classes & appointments are in the
Shaw Building
55 Lake Ave. North
Worcester MA
ph: (508) 856-7509



By Automobile

From I-90 (the Mass Pike):

At exit 10, take I-290 east to exit 21, turn right at end of ramp and follow Plantation Street South.

At exit 11, turn left onto Route 122 north for one mile, turn right at third light onto Sunderland Road, left at first light onto Lake Avenue for 2.5 miles and cross Route 9. Make U-turn at second break in divider, then turn right into campus.

From I-495:

At exit 23, take Route 9 west. After crossing the Lake Quinsigamond bridge, take first right onto Lake Avenue.

At exit 25, take I-290 west to exit 22, turn right at end of ramp, at second traffic light turn left onto Plantation Street and proceed south.

From I-190:

At Shrewsbury exit (watch for exit ramp on left), take I-290 east to exit 21, turn right at end of ramp and follow Plantation Street south.

From I-290 East:

Take exit 21, turn right at end of ramp and follow Plantation Street south. At traffic light, turn left onto main campus. Take your first left to access the public parking garage.

From I-290 West:

Take exit 22, turn right at end of ramp. Continue straight until second traffic light. Turn left at that intersection onto Plantation Street and proceed south. Continue under I-290 and stay on Plantation Street until next traffic light. Turn left onto main campus. Take your first left to access public parking garage.

By Other Transportation

Worcester is served by rail; by the Greyhound, Fox Travel and Peter Pan bus companies; and by Continental Airlines. Locally, the Worcester Regional Transit Authority's #24 bus (Belmont Street/Lake Avenue) provides service to the UMass campus. Please call the WRTA at (508)791-9782 for the route and schedule.

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Patient Information

Name: _____ Date of Birth: ____/____/____

Address: _____ City _____ State _____ Zip _____

Title of Project: **Prostate Health Study** IRB Project Number: **3648**

Dates of Service/Reason: _____

This is to authorize that medical information regarding the above identified person be released:

Consent:

I hereby give my consent for:

_____

Name of Doctor

_____

Address

_____

City State zip

To:

UMASS/Prostate Health Study
55 Lake Avenue North
Worcester, MA 01655
Attn: Dr. James Carmody

Phone (508) 856-1205; Fax (508) 856-2022

Copies of Records Requested
Include dates & procedures

- ☐ All Pathology Reports
- ☐ All Radiology Reports
- ☐ PSA Pre & Post Treatment
- ☐ Office/Clinic Notes
- ☐ Cancer Staging Form (TNM)
- ☐ Gleason Score
- ☐ Laboratory Reports
- ☐ Other: _____

Purpose, Restrictions and Redisclosure:

The health information that is released will be used only for **research purposes** by the Prostate Health Study staff. The representatives of the funding agency, USAMRMC (US Army Medical Research & Material Command) and/or the Food and Drug Administration may be allowed to examine your study records for safety reasons. **All information released WILL NOT be redisclosed**. I place no limitations on history of illness or diagnostic and therapeutic information, including any treatment for alcohol, drug abuse, psychiatric disorders, or HIV/AIDS diagnosis and treatment. The Prostate Health Study staff will also be working with the primary care provider and the urologist in the best interest of the participant

Revocation Statement, Expiration and Signatures:

I understand that I may revoke this authorization at any time by requesting such in writing to the UMASS/Prostate Health Study 55 Lake Ave. North, Worcester MA 01655, except to the extent that action has already been taken in accord with this consent.
This consent is effective upon signing and shall remain valid for the duration of the Prostate Health Study (2003 -2004).
A photocopy of this document is as valid as the original.

Signed: _____ **Date:** _____
Prostate Health Study participant

Witness: _____ **Date:** _____

Subject Name (print) _____ MR# _____

UMass Memorial Medical Center
AUTHORIZATION TO DISCLOSE
PROTECTED HEALTH INFORMATION FOR RESEARCH PURPOSES

The privacy law, Health Insurance Portability & Accountability Act (HIPAA), protects my individually identifiable health information (protected health information). The privacy law requires me to sign an authorization (or agreement) in order for researchers to be able to use or disclose my protected health information for research purposes in the study entitled: **Dietary therapy supported by mindfulness-based stress reduction in the secondary prevention of prostate cancer [IRB Docket #: H-3648]**

I authorize UMass Memorial Medical Center to disclose my protected health information to:

- UMass Medical School including the researcher James Carmody Ph.D. and his research staff
- Federal and State authorities that oversee research

Protected health information that may be disclosed includes:

General Records	
☐ Cardiac Studies (Heart)	X Laboratory Reports
☐ Consultations	X Office/Clinic Notes
☐ Discharge Summaries	☐ Operative/Procedure Reports
☐ EEG/EMG/Sleep Studies	X Pathology Reports
☐ Emergency Service Records	☐ Problem List
☐ Home Health Records	☐ Pulmonary Studies (Lung/Respiratory)
☐ Hospice Records	☐ Radiology (X-ray/CAT/MRI/Ultrasound/Nuclear)
☐ Immunization Records	☐ Rehabilitation Notes (PT/OT/Speech)
Other (specify): Gleason Score	
Statutorily Protected Records	
☐ Abortion	☐ Domestic Violence Counseling
☐ Alcohol / Drug Abuse	☐ HIV / AIDS Test Results / Treatment
☐ Psychiatric Health	☐ Sexually Transmitted Diseases
☐ Sexual Assault Counseling	
Other (specify):	

My protected health information will be disclosed as listed above for the following reasons:

The aim of this study is to examine the effects of a dietary and mindfulness intervention on prostate-specific antigen (PSA) levels and of certain hormones, intake of specific dietary nutrients, and quality of life. The study is an extension of a pilot study that was already successfully completed by 21 men and their support persons. The information that you provide will enable us to carry out the research, another reason to provide the information is to ensure that the research meets legal and institutional requirements.

I do not have to sign this Authorization. If I decide not to sign the Authorization:

- It will not affect my treatment, payment or enrollment in any health plans, or affect my eligibility for benefits.
- I will not be allowed to participate in the research study.

If I sign the Authorization, I understand that:

- I have the right to withdraw, or revoke, the Authorization.
- If I revoke the Authorization, I will send a **written** letter to: Dr. James Carmody, UMass Medical School, Shaw Building, Division of Preventive & Behavioral Medicine, 55Lake Avenue North Worcester MA 01655 to inform him of my decision.
- If I revoke this Authorization, researchers may only use the protected health information **already** collected for this research study.
- If I revoke this Authorization my protected health information may still be used and disclosed should I have an adverse event (a bad effect).
- If I change my mind and withdraw the authorization, I will not be allowed to continue to participate in the study.
- Any disclosure carries the potential for re-disclosure. Once UMass Memorial Medical Center releases my protected health information, it may no longer be protected by the HIPAA privacy rule.
- The entities receiving my protected health information will use it as described in the Consent Document for this study.
- I may not be allowed to review some of the research-related information in my medical record until after the study is completed. When the study is over, I will have the right to access the information again.
- I will receive a signed copy of this authorization for my personal records.

This Authorization does not have an expiration date.

If I have questions about the research study, I should contact: James F. Carmody, PhD. At (508)856-1205.

If I have not already received a copy of the Privacy Notice, I may request one. If I have any questions or concerns about my privacy rights, I should contact the UMass Memorial Medical Center Privacy Officer at Ph: 508-334-5551.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND AUTHORIZE THE DISCLOSURE OF THE INFORMATION REQUESTED ABOVE.

Signature of Subject	Date	
Subjects Name Printed	DOB	SS#

Use boxes below if parent or legal representative is signing for research subject

Subject's Legal Representative Signature	Relationship	Date

Print Name of Research Subject	DOB	SS#

Subject Name (print) _____ **MR#** _____

Please explain Representative's Relationship to Patient and include a description of Representative's Authority to act on behalf of Patient:

_____

_____

_____

_____

Person obtaining HIPAA authorization Date

NOTE TO PI:

Forward the original signed authorization to:

Health Information Management – Room HB 354
UMass Memorial Medical Center
55 Lake Avenue North
Worcester, MA. 01655

Give a copy of the signed authorization to the research subject, and keep a copy for your study files.

APPENDIX G

For PCS Staff Only

Date:_____ Study I.D. No:_____

mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass

ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

Participant Questionnaire

PAT QUES

Prostate Health Study

Please take the time to answer the following questions. All information will be kept strictly confidential and will be used for study purposes only.

1. Name:_____
   (first) (middle) (last)

2. Date of birth: _____ 3. SS#: _____-_____-_____

4. Street address: _____ 5. Apt. no: _____

6. City or town: _____ 7. State:_____8. Zip: _____

9. Phone (daytime): (____) _____ Ext._____

10. Phone (evening): (____) _____ 11. Cell: (____) _____

12. FAX: (____) _____ 13. Email Address: _____

14. Friend or relative (not living with you) to contact in case you can't be reached:

    Name:_____ Phone: (____) _____

15. Are you (please check one)

- ☐ Single
- ☐ Separated
- ☐ Married
- ☐ Divorced
- ☐ Living with a partner
- ☐ Widowed

16. Are you (please check one)

- ☐ Caucasian
- ☐ African American
- ☐ Asian American
- ☐ Hispanic/Latino American
- ☐ Other (please specify): _____

17. What was the highest grade in school you completed? (for example, for a high school graduate or GED, write "12", college grad = "16", etc.

_____

18. What is your work status (please check those that apply)?

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Work as a volunteer
- ☐ Retired
- ☐ Unemployed
- ☐ Disabled/unable to work

19. What is (or was) your occupation? _____

20. If employed, how would you classify your present work (please check one)?

- ☐ Skill or craft
- ☐ Machine operator
- ☐ Manual labor
- ☐ Scientific/technical
- ☐ Service work
- ☐ Sales
- ☐ Clerical or office
- ☐ Professional, managerial, or administrative

21. How would you classify your work in the past (please check one)?

- ☐ Skill or craft
- ☐ Machine operator
- ☐ Manual labor
- ☐ Scientific/technical
- ☐ Service work
- ☐ Sales
- ☐ Clerical or office
- ☐ Professional, managerial, or administrative

22. Have you smoked at least 100 cigarettes in your entire life?

- ☐ Yes
- ☐ No (go to #28)

23. Are you a current cigarette smoker?

- ☐ Yes
- ☐ No (go to #25)

24. How many cigarettes do you currently smoke, on average, each day? _____

25. How many cigarettes have you smoked each day, on average, since you began smoking (or, if you quit, during the period when you were smoking)?

_____

26. How old were you when you began smoking? _____

27. If you are no longer smoking, at what age did you quit? _____

28. Do you have a family history of any of the following illnesses in a first degree relative? (i.e., mother, father, sister, brother, son, or daughter; please check all that apply)

- ☐ Prostate cancer
- ☐ Brain cancer
- ☐ Breast cancer
- ☐ Ovarian cancer
- ☐ Other cancer (please specify site): _____

29. At what age did you enter puberty? _____

30. Do you have any of the following medical conditions?
If "yes" are you taking medications for it?

- ☐ Elevated cholesterol
- ☐ High blood pressure
- ☐ Diabetes

Medications for the above conditions (please specify): _____

_____

31. Please list all other medications, including over the counter medications, dietary supplements and any herbs you are taking:

_____

_____

_____

32. Do you have any other medical condition or dietary restriction that we should know about?

_____

_____

_____

_____

33. How many hours, on average, do you sleep each night? _____

34. Are you usually awake more than one hour between midnight and 5:00 a.m.?
- ☐ Yes
- ☐ No

35. Do you regularly attend religious services?
- ☐ Yes
- ☐ No

36. How would you describe your religion (please check one)?
- ☐ Catholic
- ☐ Protestant
- ☐ Jewish
- ☐ Muslim
- ☐ Other: _____

37. How often do you feel in tune with people around you (please check one)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

38. How often do you feel that no one really knows you well (please check one)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

39. How often do you feel that you can find companionship when you want it (please check one)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

40. How often do you feel that people are around you but not with you (please check one)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

41. How much sense does this dietary approach make (please check one)?
- ☐ No sense at all
- ☐ A little
- ☐ Some sense
- ☐ Reasonable amount
- ☐ Quite a lot of sense

42. How helpful do you expect that this approach will be for you (please check one)?
- ☐ Not likely to help
- ☐ Only of a little help
- ☐ Moderately helpful
- ☐ Very helpful
- ☐ Extremely helpful

43. How confident would you be in recommending this approach to a friend in a similar situation (please check one)?
- ☐ Not at all confident
- ☐ Only a little
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

44. How much support do you expect to receive from the other people in your classes?
- ☐ None at all
- ☐ A little
- ☐ Some support
- ☐ A reasonable amount
- ☐ A lot of support

45. What prior experience have you had with mindfulness practice?
- ☐ None at all, never heard of it
- ☐ Heard of it, but no experience
- ☐ Little bit of experience, not a regular practice
- ☐ Have a regular mindfulness practice

46. Do you have any prior experience with meditation or yoga exercises?
- ☐ No experience
- ☐ Yes (If yes, please describe briefly)

_____

_____

_____

Any comments or questions?

_____

_____

_____

_____

Thank you for taking the time to complete this questionnaire!

For PCS Staff Only

Date:_____ Study I.D. No: _____
mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass

ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

Life Quality Questionnaire #1

POMS

PROFILE OF MOOD STATES (POMS)

NAME _____ DATE _____

SEX: Male (M) Female (F)

Below is a list of words that describe feelings people have. Please read each one carefully. Then fill in ONE circle under the answer to the right which best describes HOW YOU HAVE BEEN FEELING DURING THE PAST WEEK INCLUDING TODAY.

The numbers refer to these phrases.
0 = Not at all
1 = A little
2 = Moderately
3 = Quite a bit
4 = Extremely

Col (C) O.P. (O)

T
D
A
V
F
C

	Not at all	A little	Moderately	Quite a bit	Extremely
1. Friendly	0	1	2	3	4
2. Tense	0	1	2	3	4
3. Angry	0	1	2	3	4
4. Worn out	0	1	2	3	4
5. Unhappy	0	1	2	3	4
6. Clear-headed	0	1	2	3	4
7. Lively	0	1	2	3	4
8. Confused	0	1	2	3	4
9. Sorry for things done	0	1	2	3	4
10. Shaky	0	1	2	3	4
11. Listless	0	1	2	3	4
12. Peeved	0	1	2	3	4
13. Considerate	0	1	2	3	4
14. Sad	0	1	2	3	4
15. Active	0	1	2	3	4
16. On edge	0	1	2	3	4
17. Grouchy	0	1	2	3	4
18. Blue	0	1	2	3	4
19. Energetic	0	1	2	3	4
20. Panicky	0	1	2	3	4
21. Hopeless	0	1	2	3	4
22. Relaxed	0	1	2	3	4
23. Unworthy	0	1	2	3	4
24. Spiteful	0	1	2	3	4
25. Sympathetic	0	1	2	3	4
26. Uneasy	0	1	2	3	4
27. Restless	0	1	2	3	4
28. Unable to concentrate	0	1	2	3	4
29. Fatigued	0	1	2	3	4
30. Helpful	0	1	2	3	4
31. Annoyed	0	1	2	3	4
32. Discouraged	0	1	2	3	4
33. Resentful	0	1	2	3	4
34. Nervous	0	1	2	3	4
35. Lonely	0	1	2	3	4
36. Miserable	0	1	2	3	4
37. Muddled	0	1	2	3	4
38. Cheerful	0	1	2	3	4
39. Bitter	0	1	2	3	4
40. Exhausted	0	1	2	3	4
41. Anxious	0	1	2	3	4
42. Ready to fight	0	1	2	3	4
43. Good natured	0	1	2	3	4
44. Gloomy	0	1	2	3	4
45. Desperate	0	1	2	3	4
46. Sluggish	0	1	2	3	4
47. Rebellious	0	1	2	3	4
48. Helpless	0	1	2	3	4
49. Weary	0	1	2	3	4
50. Bewildered	0	1	2	3	4
51. Alert	0	1	2	3	4
52. Deceived	0	1	2	3	4
53. Furious	0	1	2	3	4
54. Efficient	0	1	2	3	4
55. Trusting	0	1	2	3	4
56. Full of pep	0	1	2	3	4
57. Bad-tempered	0	1	2	3	4
58. Worthless	0	1	2	3	4
59. Forgetful	0	1	2	3	4
60. Carefree	0	1	2	3	4
61. Terrified	0	1	2	3	4
62. Guilty	0	1	2	3	4
63. Vigorous	0	1	2	3	4
64. Uncertain about things	0	1	2	3	4
65. Bushed	0	1	2	3	4

MAKE SURE YOU HAVE ANSWERED EVERY ITEM

POM 021

POMS COPYRIGHT © 1971 **EdITS**/Educational and industrial Testing Service, San Diego, CA 92107. Reproduction of this form by any means strictly prohibited

For PCS Staff Only

Date:_____ Study I.D. No: _____
mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass

ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

Life Quality Questionnaire #2

SF-36

DIRECTIONS: This survey asks for your views about your physical and emotional health. This information will help keep track of how your feel and how well you are able to do your usual activities. Please circle the best answer for you for each question.

I - In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

2. Compared to one year ago, how would you rate your health in general now?

Much better than one year ago	Somewhat better than one year ago	About the same as one year ago	Somewhat worse than one year ago	Much worse than one year ago
1	2	3	4	5

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing several flights of stairs	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking more than a mile	1	2	3
h. Walking several blocks	1	2	3
i. Walking one block	1	2	3
j. Bathing or dressing yourself	1	2	3

4. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
a. Cut down the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Were limited in the kind of work or other activities	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort) as a result of your physical health)	1	2

5. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
a. Cut down the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Didn't do work or other activities as carefully as usual	1	2

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	Slightly	moderately	Quite a bit	Extremely
1	2	3	4	5

7. How much bodily pain have you had during the past 4 weeks?

None	Very Mild	Mild	Moderate	Severe	Very Severe
1	2	3	4	5	6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	Slightly	Moderately	Quite a bit	Extremely
1	2	3	4	5

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the -past four weeks.

	All of th time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f, Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

1 0. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

For PCS Staff Only

Date:_____ Study I.D. No:_____

mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass

ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

Life Quality Questionnaire #3

FACT - P

Directions: Below is a list of statements that other people with your illness have said are important, By circling one number per line, please indicate how true each statement has been for during the past 7 days.

PHYSICAL WELL-BEING

	Not At All	A Little Bit	Some What	Quite A Bit	Very Much
1. I have a lack of energy	0	1	3	4	5
2. I have nausea	0	1	3	4	5
3. Because of my physical condition I have trouble meeting the needs of my family	0	1	3	4	5
4. I have pain	0	1	3	4	5
5. I am bothered by side effects of treatment	0	1	3	4	5
6. I feel sick	0	1	3	4	5
7. I am forced to spend time in bed	0	1	3	4	5

8. Looking at the above seven questions, how would you say your PHYSICAL WELL-BEING affects your quality of life? (circle one number):

0	1	2	3	4	5	6	7	8	9	10
No At All										Very Much So

Please indicate how true each statement has been during the **past 7 days.**

SOCIAL / FAMILY WELL-BEING

	Not At All	A Little Bit	Some What	Quite A Bit	Very Much
9. I feel distant from my friends	0	1	3	4	5
I 0. I get emotional support from my family	0	1	3	4	5
11. I get support from my friends and neighbors	0	1	3	4	5
12. My family has accepted my illness	0	1	3	4	5
13. Family communication about my illness is poor	0	1	3	4	5
14. 1 feel close to my partner (or the person who is my main support)	0	1	3	4	5
15. Have you been sexually active during the past year? (check one) Yes _____ No _____ If yes: I am satisfied with my sex life	0	1	3	4	5

16. Looking at the above 7 questions, how much would you say your SOCIAL / FAMILY WELL-BEING affects your quality of life? (circle one number)

0	1	2	3	4	5	6	7	8	9	10

No At All

Very Much So

Please indicate how true each statement has been during the past 7 days.

RELATIONSHIP WITH DOCTOR

	Not At All	A Little Bit	Some What	Quite A Bit	Very Much
17. I have confidence in my doctor(s)	0	1	3	4	5
18. My doctor is available to answer my questions	0	1	3	4	5

19. Looking at the above 2 questions, how much would you say your RELATIONSHIP WITH THE DOCTOR affects your quality of life? (circle one number)

0	1	2	3	4	5	6	7	8	9	10

No At All

Very Much So

Please indicate how true each statement has been during the past 7 days.

EMOTIONAL WELL-BEING

	Not At All	A Little Bit	Some What	Quite A Bit	Very Much
20. I feel sad	0	1	3	4	5
21. I am proud of how I'm coping with my illness	0	1	3	4	5
22. I am losing in the fight against my illness	0	1	3	4	5
23. I feel nervous	0	1	3	4	5
24. I worry about dying	0	1	3	4	5
25. I worry that my condition will get worse	0	1	3	4	5

26. Looking at the above 6 questions, how much would you say your EMOTIONAL WELL-BEING affects your quality of life? (circle one number)

0	1	2	3	4	5	6	7	8	9	10

No At All

Very Much So

Please indicate how true each statement has been during the past 7 days.

FUNCTIONAL WELL-BEING

	Not At All	A Little Bit	Some What	Quite A Bit	Very Much
27. 1 am able to work (include work in home)	0	1	3	4	5
28. My work (include work in home) is fulfilling	0	1	3	4	5
29. 1 am able to enjoy life	0	1	3	4	5
30. 1 have accepted my illness	0	1	3	4	5
3 1. I am sleeping well	0	1	3	4	5
32. 1 am enjoying the things I usually do for fun	0	1	3	4	5
33. 1 am content with the quality of my life right now	0	1	3	4	5

34. Looking at the above 7 questions, how much would you say your FUNCTIONAL WELL-BEING affects your quality of life? (circle one number)

0	1	2	3	4	5	6	7	8	9	10

No At All

Very Much So

Please indicate how true each statement has been during the past 7 days.

ADDITIONAL CONCERNS

	Not At All	A Little Bit	Some What	Quite A Bit	Very Much
35. I am losing weight	0	1	3	4	5
36. 1 have a good appetite	0	1	3	4	5
37. 1 have aches and pains that bother me	0	1	3	4	5
38. 1 have certain areas of my body where I experience significant pain	0	1	3	4	5
39. My pain keeps me from doing things I want to do	0	1	3	4	5
40. 1 am satisfied with my present comfort level	0	1	3	4	5
41. 1 am able to feel like a man	0	1	3	4	5
42. I have trouble moving my bowels	0	1	3	4	5
43. 1 have difficulty urinating	0	1	3	4	5
44. 1 urinate more frequently than usual	0	1	3	4	5
45. My problems with urinating limit my activities	0	1	3	4	5
46. 1 am able to have and keep an erection	0	1	3	4	5

47. Looking at the above 12 questions, how much would you say these ADDITIONAL CONCERNS affect your quality of life? (circle one number)

0	1	2	3	4	5	6	7	8	9	10

No At All

Very Much So

FACT-SP-EX Study ID# _____

Please indicate how true each statement has been for you during the past 7 days.

	Not at All	A little bit	Some what	Quite a bit	Very much
1. I feel peaceful	0	1	2	3	4
2. I have a reason for living	0	1	2	3	4
3. My life has been productive	0	1	2	3	4
4. I have trouble feeling peace of mind	0	1	2	3	4
5. I feel a sense of purpose of my life	0	1	2	3	4
6. I am able to reach down deep into myself for comfort	0	1	2	3	4
7. I feel a sense of harmony within myself...	0	1	2	3	4
8. My life lacks meaning of purpose	0	1	2	3	4
9. I find comfort in my faith or spiritual beliefs	0	1	2	3	4
10. I find strength in my faith or spiritual beliefs	0	1	2	3	4
11. My illness has strengthened my faith or spiritual beliefs	0	1	2	3	4
12. I know that whatever happens with my illness, things will be okay	0	1	2	3	4
13. I feel connected to a higher power (or God)	0	1	2	3	4
14. I feel connected to other people	0	1	2	3	4
15. I feel loved	0	1	2	3	4
16. I feel love for others	0	1	2	3	4

17. I am able to forgive others for any harm they have ever caused me.	0	1	2	3	4
18. I feel forgiven for any harm I may have ever caused.	0	1	2	3	4
19. Throughout the course of my day, I feel a sense of thankfulness for my life	0	1	2	3	4
20. Throughout the course of my day, I feel a sense of thankfulness for what others bring to my life	0	1	2	3	4
21. I feel hopeful	0	1	2	3	4
22. I feel a sense of appreciation for the beauty of nature	0	1	2	3	4
23. I feel compassion for others in the difficulties they are facing	0	1	2	3	4

For PCS Staff Only

Date:_____ Study I.D. No: _____

mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass

ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

Life Quality Questionnaire #3

FACT-SPS

FACT-SP-EX-General Study ID# _____

Please indicate how true each statement has been for you during the past 7 days.

	Not at All	A little bit	Some what	Quite a bit	Very much
1. I feel peaceful	0	1	2	3	4
2. I have a reason for living	0	1	2	3	4
3. My life has been productive	0	1	2	3	4
4. I have trouble feeling peace of mind	0	1	2	3	4
5. I feel a sense of purpose of my life	0	1	2	3	4
6. I am able to reach down deep into myself for comfort	0	1	2	3	4
7. I feel a sense of harmony within myself...	0	1	2	3	4
8. My life lacks meaning of purpose	0	1	2	3	4
9. I find comfort in my faith or spiritual beliefs	0	1	2	3	4
10. I find strength in my faith or spiritual beliefs	0	1	2	3	4
11. Difficult times have strengthened my faith or spiritual beliefs	0	1	2	3	4
12. Even during difficult times, I know that things will be okay	0	1	2	3	4
13. I feel connected to a higher power (or God)	0	1	2	3	4
14. I feel connected to other people	0	1	2	3	4
15. I feel loved	0	1	2	3	4
16. I feel love for others	0	1	2	3	4

17. I am able to forgive others for any harm they have ever caused me.	0	1	2	3	4
18. I feel forgiven for any harm I may have ever caused.	0	1	2	3	4
19. Throughout the course of my day, I feel a sense of thankfulness for my life	0	1	2	3	4
20. Throughout the course of my day, I feel a sense of thankfulness for what others bring to my life	0	1	2	3	4
21. I feel hopeful	0	1	2	3	4
22. I feel a sense of appreciation for the beauty of nature	0	1	2	3	4
23. I feel compassion for others in the difficulties they are facing	0	1	2	3	4

For PCS Staff Only

Date:_____ Study I.D. No:_____

mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass

ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

Life Quality Questionnaire #4

PERC STRS

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate *how often you* felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

	Never	Almost Never	Some-times	Fairly Often	Very Often
L In the last week, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last week, how often have you felt you were unable to control the important things in your life?	0	1	2	3	4
3. In the last week, how often have you felt nervous and "stressed"?	0	1	2	3	4
4. In the last week, how often have you dealt successfully with irritating life hassles?	0	1	2	3	4
5. In the last week, how often have you felt that you were effectively coping with important changes that were occurring in your life?	0	1	2	3	4
4. In the last week, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
7. In the last week, how often have you felt that things were going your way?	0	1	2	3	4
8. In the last week, how often have you felt that you could not cope with all the things that you had to do?	0	1	2	3	4
9. In the last week, how often have you been able to control irritations in your life?	0	1	2	3	4
10. In the last week, how often have you felt that you were on top of things?	0	1	2	3	4
11. In the last week, how often have you been angered because of things that happened that were outside of your control?	0	1	2	3	4
12. In the last week, how often have you found yourself thinking about things that you have to accomplish?	0	1	2	3	4
13. In the last week, how often have you been able to control your time?	0	1	2	3	4
14. In the last week, how often have you felt difficulties piling up so high that you could not overcome them?	0	1	2	3	4

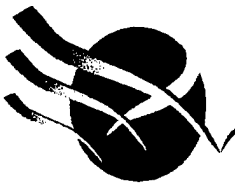
For PCS Staff Only

Date:_____ Study I.D. No: _____

mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass



ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

Dietary Questionnaire

Brassica

Vegetable and Fruit Questionnaire

Please tell us how often you have eaten the specified food item, and your typical portion size, in the last seven days, excluding today. All portion sizes refer to cooked size unless otherwise noted. Please write in the number of times that you have consumed the food and check off your usual portion size as compared to the Comparison Portion Size. For example, if you ate broccoli three times (one cup at one sitting, and a 1/4 cup the other two times),

No.	*Vegetable or Fruit*	*No. of Times Eaten*	*Comparison Portion Size*	*Your Average*		
				Half This Size	*Equal to this Size*	*Twice this Size*
1.	*Broccoli*	*3*	*1/2 Cup*		*X*	

No.	Vegetable or Fruit	Number of Times Eaten	Comparison Portion Size	*Your Average*		
				Half This Size	Equal to This Size	Twice This Size
1.	Broccoli		½ cup			
2.	Brussels Sprouts		4 sprouts			
3.	Cabbage		½ cup			
4.	Cauliflower		½ cup			
5.	Chinese Cabbage		½ cup			
6.	Collard Greens/Swiss Chard/Kohlrabi		½ cup			
7.	Mustard Greens or Turnip Greens		½ cup			
8.	Rutabaga/Turnips		½ cup			
9.	Kale		½ cup			
10.	Spinach		½ cup			
11.	Onions		½ cup			
12.	Carrots		½ cup			
13.	Sweet Potatoes		½ cup			
14.	Soybeans- Whole		¾ cup			
15.	Soy Milk		8 oz glass			
16.	Tofu		¾ cup			
17.	Tempeh		½ cup			
18.	Broccoli Sprouts		½ cup			
19.	Alfalfa/Clover/Mung Bean/Soy Sprouts (Raw)		½ cup			
20.	Pinto Beans/Round Split Pea Pods		½ cup			
21.	Fresh Green or Mung Beans		½ cup			
22.	Garbanzo, Kidney, or Black-Eyed Beans/Yellow, Split, or Chinese Peas		½ cup			
23.	Peas		½ cup			
24.	Lentils/Dal		½ cup			
25.	Seaweeds eaten dry (e.g., Dulse, Purple Laver, Nori)		¼ cup			
26.	Seaweeds eaten cooked or soaked (e.g., Arame, Kombu, Kelp)		1 T			
27.	Apples		1 medium			
28.	Bananas		1 medium			
29.	Apricots		2 medium			
30.	Nectarines		1 medium			
31.	Peaches		1 medium			
32.	Strawberries		½ cup			
33.	Grapefruit		½ grapefruit			
34.	Lemons Squeezed		¼ cup			
35.	Orange		1 medium			
36.	100% Fruit Juice (any type)		8 oz glass			
37.	Other Soy Products Not Listed Above: Please Specify		Your portion size:			

7DDR Seven Day Dietary Recall

This is a questionnaire that asks you to remember the foods you ate for the last seven days. In addition, it asks questions about your physical activity.

PLEASE **PRINT:**

Name: _____

Your Address: _____

_____

If Clinical

Referring Provider: _____

Division: _____

If Research

Study Name: _____

Today's Date: _____

Your Height: _____ ft. _____ in.

Your Weight: _____ lbs.

Date of Birth: _____
month day year

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the bubble completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT MARK ●

INCORRECT MARKS ✓ ✗ ◒ ⊙

Look through the food items listed to help "jog" your memory before filling out the questionnaire. You may use the worksheet provided on page 2. It may help to think through what you were doing on each of the days. If there are days or parts of days that you cannot remember, mark what would be typical meals and snacks for that day. It is helpful to **refer to package labels, and measuring cups and spoons** as you are doing this.

In recalling what you have eaten, please try to remember **ALL** seven days of the week ENDING YESTERDAY AT MIDNIGHT. Include **all** foods and beverages such as:

- **All between-meal and late-night snacks**
- **Foods eaten in the car**
- **Foods eaten at restaurants**
- **Foods eaten at parties, gatherings, or meetings**
- **Juices or other beverages taken with medicine**

When you come to a food you have eaten, darken a bubble in the column "Your Typical Portion" comparing it to the "Comparison Portion" given. In the last column, darken the bubble for the "number of times you ate this food in the past week." If you have not eaten the food in the last 7 days, leave that line blank altogether.

If you cannot find some foods on the list, please write them on PAGE 8 under "Additional Items." Be sure to include your portion size and how many times you had it during the week.

EXAMPLE:

You've consumed coffee 14 times in the last week. Your response would look like this. **PLEASE NOTE:** Sometimes you may consume different portion sizes than are listed. You may round to the nearest size and make a note of it on PAGE 8 under "Additional Items."

Food Item	Comparison Portion	Your Typical Portion: half the size	Your Typical Portion: equal to comparison	Your Typical Portion: twice the size	Number of times you ate this food in the past week:
Coffee, tea	**1 cup**	○	●	○	● 20 30 40 50 60 70 80 90 / 0 1 2 3 ● 5 6 7 8 9

Mark Reflex® by NCS EM-155921-2:654321 ED99 Printed in U.S.A.

PLEASE DO NOT WRITE IN THIS AREA

15908

WORKSHEET (Please feel free to use this as a memory aid - we will NOT enter or analyze this information, but will use it to compare with what you have marked, for accuracy.)

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
BREAKFAST							
SNACKS							
LUNCH							
SNACKS							
DINNER							
SNACKS							

Food Item **CATEGORY ONE**	Comparison Portion	Your Typical Portion half the size	 equal to comparison	 twice the size	Number of times you ate this food in the past week:
Hamburger/ground beef (regular)	4 oz or 1/4 lb	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Hamburger/ground beef (lean)	4 oz or 1/4 lb	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cheese on hamburger	1 slice	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Hot Dog (regular)	1 hot dog	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Hot Dog (low-fat)	1 hot dog	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Regular lunch meats (bologna, pastrami)	1 slice	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Low-fat lunch meats (ham, turkey)	1 slice	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Beef steaks, roasts (regular)	4 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Beef steaks, roasts (lean) including round, flank, sirloin, tenderloin, eye of round, chuck	4 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Tuna fish (plain—all types)	1/2 of 7 oz can	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Casseroles/salads including ham, seafood, tuna, chicken	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Fish (broiled, baked, stir-fried, poached)	4 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Fish (fried)	4 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Shellfish (steamed, boiled, etc.)	2 oz, 8 lg shrimp or 12 small clams	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Shellfish (fried)	2 oz, 8 lg shrimp or 12 small clams	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Chicken, turkey (baked or broiled, eaten w/o skin) (See Sauces page 4)	3 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Chicken, turkey (baked or broiled, eaten w/skin)	3 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Chicken, fried	3 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Egg (scrambled, omelet, boiled, etc.)	1 egg	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Egg substitutes (as above)	1/4 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Pork (regular)/smoked shoulder	4 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Pork (lean), including loin, leg, rump, tenderloin/baked ham	4 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Lamb (regular)	4 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Lamb (lean), including loin, or blade or shoulder chops and leg or sirloin roast	4 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Bacon	2 slices	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Bacon substitute	2 slices	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Sausage, breakfast	2 links, 1 patty	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Sausage, including kielbasa, Italian	2 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9

15908

Food Item **CATEGORY ONE, *cont.***	Comparison Portion	Your Typical Portion: half the size	Your Typical Portion: equal to comparison	Your Typical Portion: twice the size	Number of times you ate this food in the past week:
Sauces: meat, cheese, or cream-based	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Tomato sauce, vegetable-based sauce	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Chili with beef	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Chili with beans (no beef)	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Main dishes with regular cheese (e.g., enchiladas, lasagna, manicotti, macaroni & cheese, quiche)	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Main dishes using low-fat cheeses or cottage cheese	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Stews, pot pies, with beef/poultry	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Pizza plain or vegetables only	1 slice (lg pc)	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Pizza with meat (large pizza)	1 slice	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Tofu	4 oz (1/4 of 1lb block)	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9

CATEGORY TWO

Whole milk (including beverages made with whole milk, such as chocolate milk or hot chocolate, and including milk on cereal but **excluding** milk in coffee)	8 oz glass	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
2% milk/milk beverages	8 oz glass	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
1% milk/milk beverages	8 oz glass	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Skim milk/milk beverages	8 oz glass	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Cheeses (regular)	1 slice or 1 oz	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Cheeses (reduced fat)	1 slice or 1 oz	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Cottage cheese, 2% or 4%	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Cottage cheese, non-fat or 1%	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Sour cream	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Light sour cream	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
No-fat sour cream	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Cream, half and half, **excluding** use in coffee or tea	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Non-dairy creamer, **excluding** use in coffee or tea	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Non-dairy topping	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Yogurt (regular) (not frozen)	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Yogurt (low-fat)	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9
Yogurt (non-fat)	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9

Food Item **CATEGORY THREE**	Comparison Portion	Your Typical Portion: half the size	Your Typical Portion: equal to comparison	Your Typical Portion: twice the size	Number of times you ate this food in the past week:
Oil (olive, peanut, canola)	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Oil (corn, safflower, and others)	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Mayonnaise (regular), including on sandwiches	1 tablespoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Mayonnaise (low-fat)	1 tablespoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Mayonnaise (non-fat)	1 tablespoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Salad dressing (regular), all kinds	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Salad dressing (low-fat), all kinds	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Salad dressing (non-fat), all kinds	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Regular margarine (all sources, including cooking)	1 teaspoon (1 pat)	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Light margarine	1 teaspoon (1 pat)	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Butter	1 teaspoon (1 pat)	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9

CATEGORY FOUR

Bread, any type (including sandwiches, bagels, rolls, pita)	1 slice or 1/2 bagel or roll	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Saltine crackers, pretzels (med. size), grahams, rice cakes	4 Saltines, 3 med. pretzels, 2 graham squares, 1 rice cake	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Flavored crackers (Ritz, Townhouse, cheese flavored)	4 crackers, 8 Wheat Thins, 16 Cheez-Its	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Potato chips, corn chips	10–15 or 1 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Popcorn, cooked in oil—added butter/margarine (including microwaved)	2 cups	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Popcorn, cooked in oil—no added butter/margarine (including microwaved)	2 cups	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Popcorn (air popped—no added butter/margarine)	2 cups	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Peanut butter and "other nut butters"	2 tablespoons	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Peanuts and other nuts	1/2 cup, 2.5 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Rice (cooked)	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Stuffing	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cornbread	1 piece (3" sq)	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Corn tortillas	1 each 6" diameter	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Flour tortillas	1 each 9" diameter	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Grits (cooked)	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cold cereals, excluding granola	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9

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Food Item **CATEGORY FOUR, *cont.***	Comparison Portion	Your Typical Portion: half the size	Your Typical Portion: equal to comparison	Your Typical Portion: twice the size	Number of times you ate this food in the past week:
Granola cereals	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Plain pasta (see sauces, page 4)	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Hot cereals	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Pancakes, waffles, French toast	4", 1 slice	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9

CATEGORY FIVE *FOR PIES (Below) 1 SLICE = 1/7 of 9" PIE

Donuts, danish	1 each	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Muffins, quick breads (e.g., banana, zucchini, etc.)	1 regular muffin (2–3/4" x 2")	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cakes (regular)	1 slice (see food model pictures)	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cakes (reduced fat) Angel Food Cake (plain)	1 slice (see food model pictures)	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cookies (regular)	2 cookies	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cookies (reduced fat) including fig bars, vanilla wafers	2 cookies	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Ice cream, frozen desserts (regular, full-fat)	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Ice cream, frozen desserts (low-fat) including frozen yogurt	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Ice cream, frozen desserts (non-fat) including frozen yogurt, sherbet	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
*Pies, fruit	1 slice	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
*Cream Pies, using cream or whole milk (including cream, custard, pecan, and cheesecake)	1 slice	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
*Cream Pies, using low-fat (1%) or skim milk	1 slice	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Chocolate candy (e.g., M&M's)	1 small bar or 1 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Other candy	4 pieces	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Puddings using whole or 2% milk	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Puddings using low-fat (1%) or skim milk	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Jellies, jams, honey, maple syrup	1 teaspoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9

CATEGORY SIX

French fries, fried potatoes	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Oven baked "french fries"	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Starchy vegetables (including corn, potatoes not fried, peas, winter squash, sweet potato)	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Other vegetables, cooked or raw (e.g., carrots, green beans, green salads, tomato, etc.)	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Vegetables with cheese sauce	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cream soups using cream or whole milk (including cream of tomato, New England Clam Chowder)	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9

Food Item **CATEGORY SIX, *cont.***	Comparison Portion	Your Typical Portion half the size	 equal to comparison	 twice the size	Number of times you ate this food in the past week:
Cream soups using low-fat or skim milk (or water)	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Broth-based soups—vegetable, minestrone, chicken	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Lentil, split pea soups	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Beans, such as baked beans, pintos, kidney, limas, and lentils	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Olives, green	4 each	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Olives, black	4 each	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Avocado, guacamole	1/2 avocado, 1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
CATEGORY SEVEN					
Fruit juices (100% juice only)	1/2 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Banana	1 medium (7")	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Other fruits fresh, frozen, canned, dried	1 medium or 1/2 cup pieces or 1/4 cup dried	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
CATEGORY EIGHT					
Regular soft drinks, flavored seltzer	12 oz can	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Diet soft drinks, plain seltzer	12 oz can	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Beer	12 oz can	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Wine	6 oz glass	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Liquor (spirits)	1 shot/1.5 oz	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Fruit drinks (excluding fruit juices)	4 oz glass	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Coffee, tea	1 cup	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Whole milk in coffee or tea	1 tablespoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
2% milk in coffee or tea	1 tablespoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
1% or skim milk in coffee or tea	1 tablespoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Cream, half and half in coffee or tea	1 tablespoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Non-dairy creamers in coffee or tea	1 tablespoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Sugar (in coffee, tea or on cereals)	1 teaspoon	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
CATEGORY NINE					
Aspirin, regular	2	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9
Aspirin, extra strength	2	○	○	○	10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9

ADDITIONAL FOOD ITEMS - **PLEASE BE SPECIFIC.** Also include brand names and preparation methods if known:

FOOD ITEM(S)	SIZE OF PORTION	HOW MANY TIMES DID YOU EAT THIS IN THE PAST WEEK?
EXAMPLES:		
"Heat-N-Eat" Baked Lasagne frozen dinner	10 oz SINGLE SVG	2
Pork Fried Rice (at a restaurant)	about 1 cup	1
Pork Lo Mein with vegetables (at a restaurant)	about 2 cups	1
Fortune cookie		1

During the past week would you say your dietary intake was "typical"? ◯ **Yes** ◯ **No**

How difficult was it to fill out this Seven Day Dietary Recall? **Easy** ① ② ③ ④ ⑤ **Very Difficult**

Now We Will Ask About Your Physical Activity

This section asks about the **three recreational and/or exercise activities that you spent the most amount of time doing during the last 28 days.**

- Space is available to report on up to 3 separate activities.
- If you did a recreational and/or exercise activity that was not listed, please write it in the available space (e.g., "Other").
- Please choose only one answer per question.
- We will ask about your occupational and household activities in the sections following Recreational and Exercise Activities.

Please continue to the next page . . .

Recreational and Exercise Activities

1. **During the last 28 days**, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?
   - ○ Yes
   - ○ No (Go to Occupational Activities on page 10)

A. What type of physical activity did you spend the **most amount of time doing during the last 28 days?**

- ○ Walking for exercise
- ○ Jogging or running
- ○ Swimming for exercise
- ○ Gardening or yard work
- ○ Aerobic dance
- ○ Lifting weights
- ○ Calisthenics or stretching
- ○ Cycling (incl. stationary)
- ○ Stair climbing machine
- ○ Ski machine
- ○ Rowing machine
- ○ Golf (riding)
- ○ Golf (walking)
- ○ Other _____

B. If you walked, ran, or swam, how far did you usually go?

Helpful "Math" Guide	
1/2 mile = 5 tenths	25 yard pool, 5 laps = 1 tenth
1/4 mile = 3 tenths	50 meter pool, 3 laps = 1 tenth

Miles	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Tenths	⑴ ⑵ ⑶ ⑷ ⑸ ⑹ ⑺ ⑻ ⑼
Don't know	○
Didn't walk, run, or swim for exercise	○

C. How many times per week did you take part in this activity **during the last 28 days?**

- ○ Less than once/week
- ○ 1 time/week
- ○ 2 times/week
- ○ 3 times/week
- ○ 4 times/week
- ○ 5 times/week
- ○ 6 times/week
- ○ 7 times/week

D. When you took part in this activity, for how many minutes (per day) did you usually keep at it?

- ○ Less than 10 minutes/day
- ○ 10–20 minutes/day
- ○ 21–30 minutes/day
- ○ 31–40 minutes/day
- ○ 41–60 minutes/day
- ○ 61–90 minutes/day
- ○ 91–120 minutes/day
- ○ 121+ minutes/day

2A. What type of physical activity did you spend the **second most amount of time doing during the last 28 days?** (If you did not do a second activity, please go to the Occupational Activities section, on page 10.)

- ○ Walking for exercise
- ○ Jogging or running
- ○ Swimming for exercise
- ○ Gardening or yard work
- ○ Aerobic dance
- ○ Lifting weights
- ○ Calisthenics or stretching
- ○ Cycling (incl. stationary)
- ○ Stair climbing machine
- ○ Ski machine
- ○ Rowing machine
- ○ Golf (riding)
- ○ Golf (walking)
- ○ Other _____

B. If you walked, ran, or swam, how far did you usually go?

Helpful "Math" Guide	
1/2 mile = 5 tenths	25 yard pool, 5 laps = 1 tenth
1/4 mile = 3 tenths	50 meter pool, 3 laps = 1 tenth

Miles	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Tenths	⑴ ⑵ ⑶ ⑷ ⑸ ⑹ ⑺ ⑻ ⑼
Don't know	○
Didn't walk, run, or swim for exercise	○

C. How many times per week did you take part in this activity **during the last 28 days?**

- ○ Less than once/week
- ○ 1 time/week
- ○ 2 times/week
- ○ 3 times/week
- ○ 4 times/week
- ○ 5 times/week
- ○ 6 times/week
- ○ 7 times/week

D. When you took part in this activity, for how many minutes (per day) did you usually keep at it?

- ○ Less than 10 minutes/day
- ○ 10–20 minutes/day
- ○ 21–30 minutes/day
- ○ 31–40 minutes/day
- ○ 41–60 minutes/day
- ○ 61–90 minutes/day
- ○ 91–120 minutes/day
- ○ 121+ minutes/day

Recreational and Exercise Activities, Continued

3A. What type of physical activity did you spend the **third most amount of time doing during the last 28 days?** (If you did not do a third activity please go to the Occupational Activities section.)

- ○ Walking for exercise
- ○ Jogging or running
- ○ Swimming for exercise
- ○ Gardening or yard work
- ○ Aerobic dance
- ○ Lifting weights
- ○ Calisthenics or stretching
- ○ Cycling (incl. stationary)
- ○ Stair climbing machine
- ○ Ski machine
- ○ Rowing machine
- ○ Golf (riding)
- ○ Golf (walking)
- ○ Other _____

B. If you walked, ran, or swam, how far did you usually go?

Helpful "Math" Guide	
1/2 mile = 5 tenths	25 yard pool, 5 laps = 1 tenth
1/4 mile = 3 tenths	50 meter pool, 3 laps = 1 tenth

Miles	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Tenths	.1 .2 .3 .4 .5 .6 .7 .8 .9
Don't know	○
Didn't walk, run, or swim for exercise	○

C. How many times per week did you take part in this activity **during the last 28 days?**

- ○ Less than once/week
- ○ 1 time/week
- ○ 2 times/week
- ○ 3 times/week
- ○ 4 times/week
- ○ 5 times/week
- ○ 6 times/week
- ○ 7 times/week

D. When you took part in this activity, for how many minutes (per day) did you usually keep at it?

- ○ Less than 10 minutes/day
- ○ 10–20 minutes/day
- ○ 21–30 minutes/day
- ○ 31–40 minutes/day
- ○ 41–60 minutes/day
- ○ 61–90 minutes/day
- ○ 91–120 minutes/day
- ○ 121+ minutes/day

Occupational Activities

The following questions ask about the physical demands of your occupation or volunteer work. If you currently work AND volunteer, please answer the questions for the work you spend the most time doing.

4A. **During the last 28 days (4 weeks)**, did you work for pay or as a volunteer?

- ○ Yes - continue with Question 4B.
- ○ No (Go to Household and Childcare Activities on page 11)

B. How many hours per week did you work for pay or as a volunteer?

- ○ Less than 2 hours/week
- ○ 2–8 hours/week
- ○ 9–16 hours/week
- ○ 17–24 hours/week
- ○ 25-32 hours/week
- ○ 33–40 hours/week
- ○ 41–60 hours/week
- ○ More than 60 hours/week

C. Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

- ○ **Mainly sitting with slight arm movements.**
  (Examples: office worker, watchmaker, seated assembly line worker, bus driver)
- ○ **Sitting or standing with some walking**
  (Examples: cashier, general office worker, light tool and machinery worker)
- ○ **Walking with some handling of materials generally weighing less than 50 lbs.**
  (Examples: mail carrier, wait staff, construction worker, heavy tool and machinery worker)
- ○ **Walking and heavy manual work often requiring handling of materials weighing over 50 lbs.**
  (Examples: lumberjack, stone mason, farm or general laborer)

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Household and Childcare Activities

The following questions ask about the household and childcare activities that you may have participated in during the last 28 days.

5. In a typical week, **in the last 28 days**, on how many days did you participate in the following types of activities for at least 30 minutes in a day?

		Number of Days
A.	**Moderate household activities** (e.g., vacuuming, scrubbing floors, washing windows, sweeping garage)	0 1 2 3 4 5 6 7
B.	**Childcare activities** [(e.g., carrying children, playing with children (walking/running)]	0 1 2 3 4 5 6 7
C.	**Other vigorous household activities** (please list below)	
	_____	0 1 2 3 4 5 6 7
	_____	0 1 2 3 4 5 6 7

STOP HERE! THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

THIS SECTION IS FOR OFFICE USE ONLY

TODAY'S DATE

month	day	year
○ Jan		
○ Feb		
○ Mar	0 0	0 0 0
○ Apr	1 1	1 1 1
○ May	2 2	2 2 2
○ June	3 3	3 3 3
○ July	4	4 4 4
○ Aug	5	5 5 5
○ Sep	6	6 6 6
○ Oct	7	7 7 7
○ Nov	8	8 8 8
○ Dec	9	9 9 9

STUDY ID

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8

DATE OF BIRTH

month	day	year
○ Jan		
○ Feb		
○ Mar	0 0	0 0 0
○ Apr	1 1	1 1 1
○ May	2 2	2 2 2
○ June	3 3	3 3 3
○ July	4	4 4 4
○ Aug	5	5 5 5
○ Sep	6	6 6 6
○ Oct	7	7 7 7
○ Nov	8	8 8 8
○ Dec	9	9 9 9

HEIGHT

ft	inches
0	0 0
1	1 1
2	2
3	3
4	4
5	5
6	6
	7
	8
	9

WEIGHT

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2 2 2
3 3 3
4 4 4
5 5 5
6 6 6
7 7
8 8
9 9

PROJ ID #

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3 3 3
4 4 4
5 5 5
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7 7 7
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9 9 9

Activity 1

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3 3 3
4 4 4
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6 6 6
7 7 7
8 8 8
9 9 9

Activity 2

0 0 0
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2 2 2
3 3 3
4 4 4
5 5 5
6 6 6
7 7 7
8 8 8
9 9 9

Activity 3

0 0 0
1 1 1
2 2 2
3 3 3
4 4 4
5 5 5
6 6 6
7 7 7
8 8 8
9 9 9

Other 1

0 0 0
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2 2 2
3 3 3
4 4 4
5 5 5
6 6 6
7 7 7
8 8 8
9 9 9

Other 2

0 0 0
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2 2 2
3 3 3
4 4 4
5 5 5
6 6 6
7 7 7
8 8 8
9 9 9

Other 3

0 0 0
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8 8 8
9 9 9

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

THANK YOU

PLEASE DO NOT WRITE IN THIS AREA

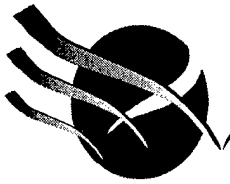
15908

For PCS Staff Only

Date:_____ Study I.D. No:_____
mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass



ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

3-Month Follow Up Mindfulness Questionnaire Intervention Group

Mindfulness
Intervention Group
3-Month Followup

Mindfulness Practice Follow-up Questionnaire

Please answer the following questions about your practice of mindfulness in the three months **since the last class at UMass**.

You will be asked about **formal** mindfulness practice and **informal** mindfulness practice. **Formal** mindfulness practice is setting aside time to practice the sitting meditation, body scan meditation, mindful stretching/yoga, or mindful walking. **Informal** mindfulness practice is defined as making intentional shifts in attention during everyday situations. An example of such a shift would be becoming aware of your breath or your bodily sensations.

1) Have you done **any** kind of **formal** mindfulness practice (such as either the body scan meditation, sitting meditation, mindful stretching/yoga, or mindful walking) since the last class?

___ yes ___ no

2) If yes, which form of mindfulness practice have you been using the most? (Feel free to check more than one)

___ Body Scan Meditation
___ Sitting Meditation
___ Mindful Stretching/Yoga
___ Mindful Walking

3) If yes, how regularly have you been doing this/these practice(s)?

___ every day (almost)
___ 3 times per week or more
___ between I and 3 times per week
___ less than once per week

3) If yes, for how long did you usually practice at each time?

___30 minutes or longer
___between 15 and 30 minutes
___less than 15 minutes
___between 5 and 15 minutes
___ 5 minutes or less

5) Have you used the mindful stretching/yoga you learned in the Prostate Health Study at any time since the last class?

___ yes ___ no

6) If yes, how regularly have you practiced the mindful stretching/yoga?

___ every day (almost)
___ 3 times per week or more
___ between 1 and 3 times per week
___ less than once per week

7) If yes, for how long did you usually practice the mindful stretching/yoga at each time?

___ thirty minutes or longer at a time
___ between 15 or 30 minutes at a time
___ less than 15 minutes at a time

8) Have you at any time used mindfulness **informally** since the last class, such as becoming aware of your breath or your bodily sensations in everyday situations?

___ yes ___ no

9) If yes, how regularly have you used the informal practice?

___several times a day
___a couple of times a day
___once a day (about)
___3 times per week or more
___between 1 and 3 times per week
___less than once per week

10) How useful did you feel mindfulness practice and awareness of breathing has been to you in making the dietary and lifestyle changes in the Prostate Health Study?

____ very useful
____ somewhat useful
____ not very useful
____ of no use

11) How useful did you feel mindfulness and awareness of breathing has been to you in coping successfully with stressful situations in your life?

____ very useful
____ somewhat useful
____ not very useful
____ of no use

12) As a result of a greater awareness developed through meditation, is your relationship to your thoughts and feelings and your reaction to them changing?

____yes ____ no

If yes, please briefly state how:

13) Please feel free to add any remarks or observations that you consider relevant to your replies to the above questions.

_____
_____
_____
_____
_____

For PCS Staff Only

Date:_____ Study I.D. No: _____

mm dd yy

TIMEPOINT:____1 = BSLINE 2 = FLLOWUP 3 = POST

The UMass

ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

Division of Preventive and Behavioral Medicine
Department of Medicine
University of Massachusetts Medical School

Support Participant Questionnaire

PAT QUES

Prostate Health Study

Please take the time to answer the following questions. All information will be kept strictly confidential and will be used for study purposes only.

1. Name:_____
(first) (middle) (last)

2. Date of birth: _____ 3. SS#: ___-___-___

4. Street address: _____ 5. Apt. no: _____

6. City or town: _____ 7. State:_____8. Zip: _____

9. Phone (daytime): (___) _____ Ext._____

10. Phone (evening): (___) _____ 11. Cell: (___) _____

12. FAX: (___) _____ 13. Email Address: _____

14. Friend or relative (not living with you) to contact in case you can't be reached:

Name:_____ Phone: (___) _____

15. Are you (please check one)

- ☐ Single
- ☐ Separated
- ☐ Married
- ☐ Divorced
- ☐ Living with a partner
- ☐ Widowed

16. Are you (please check one)

- ☐ Caucasian
- ☐ African American
- ☐ Asian American
- ☐ Hispanic/Latino American
- ☐ Other (please specify): _____

17. What was the highest grade in school you completed? (for example, for a high school graduate or GED, write "12", college grad = "16", etc.

_____

18. What is your work status (please check those that apply)?

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Work as a volunteer
- ☐ Retired
- ☐ Unemployed
- ☐ Disabled/unable to work

19. What is (or was) your occupation? _____

20. If employed, how would you classify your present work (please check one)?

- ☐ Skill or craft
- ☐ Machine operator
- ☐ Manual labor
- ☐ Scientific/technical
- ☐ Service work
- ☐ Sales
- ☐ Clerical or office
- ☐ Professional, managerial, or administrative

21. How would you classify your work in the past (please check one)?

- ☐ Skill or craft
- ☐ Machine operator
- ☐ Manual labor
- ☐ Scientific/technical
- ☐ Service work
- ☐ Sales
- ☐ Clerical or office
- ☐ Professional, managerial, or administrative

22. Have you smoked at least 100 cigarettes in your entire life?

- ☐ Yes
- ☐ No (go to #28)

23. Are you a current cigarette smoker?

- ☐ Yes
- ☐ No (go to #25)

24. How many cigarettes do you currently smoke, on average, each day? _____

25. How many cigarettes have you smoked each day, on average, since you began smoking (or, if you quit, during the period when you were smoking)?

_____

26. How old were you when you began smoking? _____

27. If you are no longer smoking, at what age did you quit? _____

28. Do you have a family history of any of the following illnesses in a first degree relative? (i.e., mother, father, sister, brother, son, or daughter; please check all that apply)

- ☐ Prostate cancer
- ☐ Brain cancer
- ☐ Breast cancer
- ☐ Ovarian cancer
- ☐ Other cancer (please specify site): _____

29. At what age did you enter puberty? _____

30. Do you have any of the following medical conditions? If "yes" are you taking medications for it?

- ☐ Elevated cholesterol
- ☐ High blood pressure
- ☐ Diabetes

Medications for the above conditions (please specify): _____

_____

31. Please list all other medications, including over the counter medications, dietary supplements and any herbs you are taking:

_____

_____

_____

32. Do you have any other medical condition or dietary restriction that we should know about?

_____

_____

_____

_____

33. How many hours, on average, do you sleep each night? _____

34. Are you usually awake more than one hour between midnight and 5:00 a.m.?
- ☐ Yes
- ☐ No

35. Do you regularly attend religious services?
- ☐ Yes
- ☐ No

36. How would you describe your religion (please check one)?
- ☐ Catholic
- ☐ Protestant
- ☐ Jewish
- ☐ Muslim
- ☐ Other: _____

37. How often do you feel in tune with people around you (please check one)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

38. How often do you feel that no one really knows you well (please check one)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

39. How often do you feel that you can find companionship when you want it (please check one)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

40. How often do you feel that people are around you but not with you (please check one)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

41. How much sense does this dietary approach make (please check one)?
- ☐ No sense at all
- ☐ A little
- ☐ Some sense
- ☐ Reasonable amount
- ☐ Quite a lot of sense

42. How helpful do you expect that this approach will be for you (please check one)?
- ☐ Not likely to help
- ☐ Only of a little help
- ☐ Moderately helpful
- ☐ Very helpful
- ☐ Extremely helpful

43. How confident would you be in recommending this approach to a friend in a similar situation (please check one)?
- ☐ Not at all confident
- ☐ Only a little
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

44. How much support do you expect to receive from the other people in your classes?
- ☐ None at all
- ☐ A little
- ☐ Some support
- ☐ A reasonable amount
- ☐ A lot of support

45. What prior experience have you had with mindfulness practice?
- ☐ None at all, never heard of it
- ☐ Heard of it, but no experience
- ☐ Little bit of experience, not a regular practice
- ☐ Have a regular mindfulness practice

46. Do you have any prior experience with meditation or yoga exercises?
- ☐ No experience
- ☐ Yes (If yes, please describe briefly)

_____

_____

_____

Any comments or questions?

_____

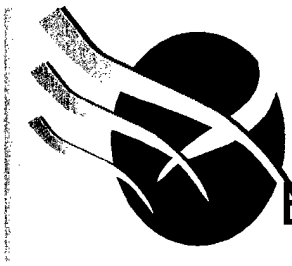
_____

_____

_____

Thank you for taking the time to complete this questionnaire!

APPENDIX H



ProStAte Health Study

Education & Nutrition Program

Participant Information Sheet

Welcome to the UMass Medical School Prostate Health Study! Your participation will help us to answer important questions about prostate cancer and learn best how to treat this disease. An important feature is inviting partners to participate in the study. Below are next steps you should expect:

- **Diet Recalls -** You will receive 3 calls from a nutritionist over the next few weeks. She will guide you to recall what you ate the day before. This will happen at 2 other time points, 3 months from now and 6 months from now.

- **Week of February 16th** - <u>You will be randomly placed by computer into one of two groups, the intervention or comparison group.</u>

    - **Intervention Group -** Those in the intervention group will participate in a series of nutrition, cooking and stress reduction classes. Participants are asked to come to the classes with their partners or a support person – preferably someone with whom they share their meals. Classes will begin Friday, February 13th starting at 4:00 PM and will continue for 11 consecutive Fridays. All classes will be held in Worcester, in the Shaw Building at the UMass Medical School.

    - **Comparison Group -** Those in the comparison group will maintain their current lifestyle during that period. At the end of your involvement, you will receive a kit containing all the recipes, nutrition and stress reduction information discussed in the 11 weeks of classes. You also have the opportunity to take the class at the conclusion of the study.

- At 3 different times in the study (now, 3 months from now and 6 months from now), ALL participants will fill out questionnaires, have their heights and weights recorded plus the men will have some blood drawn.

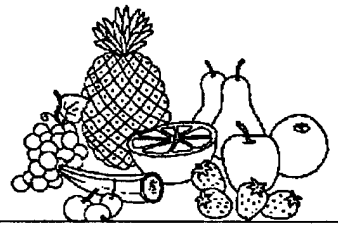
- Information including blood analysis, diet recalls and questionnaires will be analyzed at the conclusion of the study. Once analyzed you will receive the results from your individual blood draws and a summary of conclusions drawn from all 3 cycles.

- There is no charge to participants.

- Participants will remain under their doctor's care.

- For further information please contact the Prostate Health Study Project Manager:
  Victoria Andersen, MS RD
  Division of Preventive & Behavioral Medicine
  University of Massachusetts Medical School
  508 856 7509

APPENDIX I



Food Diary & Mindfulness Practice Log

Name:_____

I am: ☐ Participant ☐ Support person

Monday Date:	**Tuesday Date:**	**Wednesday Date:**	**Thursday Date:**
Breakfast	Breakfast	Breakfast	Breakfast
Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch
Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner
Other	Other	Other	Other

Food Diary & Mindfulness Practice Log (continued)

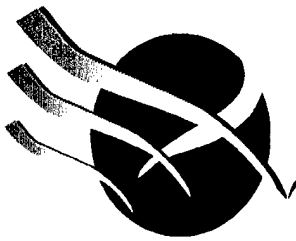
Friday Date:	**Saturday Date:**	**Sunday Date:**
Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch	Lunch	Lunch
Snack	Snack	Snack
Dinner	Dinner	Dinner
Other	Other	Other

Mindfulness Practice Log

How regularly did you use the body scan tape this week?

___every day (almost)
___**3 times or more**
___less than 3 times
___less than once

APPENDIX J



ProStAte Health Study

Nutrition & Stress Reduction for Prostate Health

University of Massachusetts Medical School

UMASS

July 2003

Prostate Health Manual

The University of Massachusetts Medical School Guide to Nutrition and Stress Reduction for Prostate Health

Penny Rosenzweig, MS, RD

with James Carmody, Ph.D.

Graphic Design by Laura Robidoux

Prostate Health Manual
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For information write to:

The Prostate Health Study
University of Massachusetts Medical School
Division of Preventive and Behavioral Medicine
419 Belmont St., Worcester, MA 01655

Introduction

Congratulations and thank you for your willingness to participate in the Prostate Health Study. It is through the effort and commitment of people such as yourself that we will be able to better understand prostate cancer and find a cure.

Medical research has increasingly pointed to the importance of environmental factors in the development and progression of prostate cancer. Studies have repeatedly shown that diet is a very important influence and levels of personal stress and social support also appear to be related to PSA levels.

Illness is a stressful time for people – it challenges our capacity for self-care and communication and can evoke anxiety and feelings of helplessness and frustration. Prostate cancer has its own challenges that impinge upon relationships. The stress reduction components of the program are ones that have been shown over many years of research and experience to be beneficial for people's health and well being no matter what their circumstances.

Changing to a prostate healthy diet is also a challenging transition for most men and their partners. The way we eat is connected to many other areas of our lives. For these reasons we have designed a series of classes to support you in making this lifestyle change by integrating experience in cooking prostate healthy foods with elements of stress reduction that have been shown to be supportive for people undertaking life challenges.

This manual contains information about the topics we cover in class in each of the twelve weeks as well as the weekly evaluation sheets and homework assignments. It also contains the recipes for the prostate healthy meals that we prepare in class each week.

In a preliminary study that was done here at UMass Medical School, we found that the men's PSA rate of increase was significantly reduced after the twelve weeks of these classes and their partners also reported many beneficial changes to their own health.

This program has been made possible through a grant from the US Army Congressionally Funded Medical Research Program and we would like to thank them for their support. We would like also to acknowledge and thank those who have worked so hard to bring the study to fruition including Mr. David Jarzobski, Ms. Victoria Andersen, Ms. Leigh Emery, Ms. Barbara Olendzki, Ms. Laura Robidoux, Dr. George Reed, Mr. Bob Magner, and Dr. Robert Blute.

We hope you will find the program an adventure in exploration and change. Following the program represents an opportunity to do something powerful for your own health and well being.

James Carmody, Ph.D.
Penny Rosenzweig, MS, RD

Prostate Health Study
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508 856-7509

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Session 1

Study Rationale

Introduction and Study Rationale

Session 1: Objectives

Following this class you will:

- ✓ Begin to know each other and staff members.
- ✓ Understand the basic connection between an animal food-based diet and prostate cancer risk as well as a plant-food based diet and prostate cancer protection.
- ✓ Understand the role that mindfulness will play both in helping you to change your diet and lifestyle and also in improving your health.

Class Agenda

- Participate in ice breaker and staff and participant personal introductions.
- Review important research in support of link between diet and prostate cancer.
- Discuss concept of mindfulness and how it will facilitate the lifestyle changes involved in this study.
- Participate in a mindful eating exercise.
- Practice an introductory formal guided mindfulness exercise (body scan).
- Meal (prepared by staff ahead of time) will be shared by all.

Home Activity

- Keep a food diary and mindfulness practice diary for every day this week.
- Practice the guided body scan meditation each day using **Track 1 of the CD.**
- Do the 9-Dots exercise
- Do one activity this week with full attention and aware of using the five senses

Rationale for the Prostate Health Study

(Why are we asking you to change your diet and practice stress reduction?)

RATES OF PROSTATE CANCER IN THE WORLD

Who Gets Prostate Cancer in the US?

- Prostate cancer is the most commonly occurring cancer (other than skin) among males in the US.
- In the US, one man in six will develop invasive prostate cancer in his lifetime.

Rates of Prostate Cancer in the US Compared to Other Countries

- 102 per 100,000 people in US
- 55 per 100,00 people in Sweden
- 0.5 per 100,000 in China

WHY DIET IS PROBABLY RESPONSIBLE FOR HIGH RATES OF PROSTATE CANCER IN WESTERN COUNTRIES:

It's Not Genetics

- When people from Japan and China (where prostate cancer rates are low) migrate to the US, their rates of prostate cancer increase 4-9-fold within one generation and are equal to US rates by the second generation.

Research Linking Diet and Prostate Cancer

- Following a diet rich in fat, and rich in meat and dairy foods is strongly linked to risk of prostate cancer.
- Following a diet low in animal foods and rich in plant foods such as vegetables, fruits, soy, legumes, nuts and seeds is protective against prostate cancer.
- The typical American diet (and that of people living in other Western countries) tends to be rich in fat and animal foods and low in plant foods.
- The typical Asian diet tends to be low in animal foods and rich in plant foods.

HOW COULD A DIET RICH IN ANIMAL FOODS LEAD TO PROSTATE CANCER?

Obesity

- A diet rich in animal foods tends to be rich in fat and calories and will increase the chance of becoming overweight. Being overweight is a risk factor for prostate cancer.

Hormones

- High testosterone levels in the body promote the growth of prostate cancer.
- Being overweight can increases testosterone levels in the body.
- A diet rich in animal fat increases testosterone levels in the body.

Calcium and Vitamin D

- Some forms of vitamin D can make cancer cells into healthy cells.
- Eating a lot of calcium from dairy foods (or supplements) was shown to promote the growth of prostate cancer (perhaps because too much calcium prevents the body from taking in enough vitamin D.)

HOW COULD A DIET RICH IN PLANT FOODS PROTECT AGAINST PROSTATE CANCER?

Fiber

- A diet rich in plant foods is likely to be high in fiber.
- Fiber helps to reduce testosterone levels in the body.
- Men who ate a diet rich in fiber from plant foods were shown to have significantly lower testosterone levels than men eating a typical American diet.

Antioxidants and Phytochemicals

- Antioxidants (e.g., vitamin C, vitamin A, and vitamin E), and phytochemicals (e.g., lycopene and isoflavones) are compounds that are important in protecting the body against cancer.
- Plant foods are very rich in antioxidants and phytochemicals.
- Making a dietary change is a challenging process. The way we eat impacts upon many area of our lives and relationships.
- Coping with cancer is also a challenging process. PSA levels have been shown to be related to levels of personal stress.

What is Mindfulness-Based Stress Reduction (MBSR)?

- MBSR was developed at Umass Medical School to support patients in coping with their illness and in making lifestyle changes related to their health.
- MBSR has been used continually in the Stress Reduction Clinic here at Umass for over twenty years. In that time over 15,000 patients have completed the course. It is also now used as a model in clinic in many other countries around the world.
- A great deal of research has been done here and in other medical facilities on how people change as a result of taking the course. Those studies have shown that people become better able to:
    - Deal with stress and distress in their lives
    - Become aware of their habitual reactions to stressful situations
    - To care for themselves
    - Respond more creatively and with greater ease to stressful situations

What is Mindfulness?

- Mindfulness is not something mysterious, it is learning to pay attention to our experience – both inner and outer - in a curious and non-judgmental way. It is very simple but has far-reaching effects.

How can Mindfulness Support my Health?

- When something stresses us there is a whole array of hormonal and physiological changes that occur in our bodies, including our brains. These changes have been shown to effect our mental and physical health if they occur too often.
- Research into mindfulness has shown that it mitigates these harmful effects and thus promoting health.
- But life is stressful at times and this is not about never again becoming stressed. It's about developing greater balance of mind so that we are not thrown off balance so easily and recovering more quickly when we do.
- Mindfulness requires practice and in the classes we will be learning some formal ways to practice mindfulness and also how to integrate it into our everyday lives, including our cooking and eating, and all the other everyday activities.

Major Food Groups for Cancer Prevention Diet and Possible Protective Mechanisms

(Adapted from UC Berkeley Wellness Letter April 1999)

Foods	Protective Nutrients	Possible Benefits
BERRIES *Blueberries, strawberries, raspberries, blackberries, currants, etc.*	Anthocyanidins, ellagic acid	Both act as antioxidants, thus as anti-cancer substances they may help protect cells. Ellagic acid has more than one anti-cancer activity.
CITRUS FRUITS *Oranges, grapefruit, lemons, limes, etc.*	Hesperitin; coumarins; D-limonene; carotenoids; flavonoids; vitamin C	D-limonene, in citrus skin, can leach into juice and may detoxify cancer promoters. Carotenoids also fight cancer. Flavonoids and vitamin C are powerful antioxidants.
CRUCIFEROUS VEGETABLES *Broccoli, Brussels sprouts, kale, cabbage, cauliflower, etc.*	Indoles; sulphoraphane; carotenoids ; folic acid; vitamin C	Indoles act to make testosterone less potent. Sulphoraphane may neutralize cancer-causing chemicals that damage cells. Carotenoids, folic acid, and vitamin C are all cancer fighters.
FISH *Herring, salmon, sardines, bluefish, trout, halibut, haddock, scrod, flounder, red snapper, Albacore tuna, mussels, sea bass, scallops, shrimp, clams, lobster, crab*	Omega-3 fats	Omega-3 fats strengthen the body's immune system helping it to fight off cancer.
FLAX *Milled seeds, oil (containing lignans)*	Lignans; omega-3 fats	Lignans are converted to a form of estrogen in the body and are thought to protect against cancer. Omega-3-fats strengthen the body's immune system helping it to fight off many diseases, including cancer.
GARLIC FAMILY *Garlic, onions,m shallots, leeks, chives, scallions*	Allylic sulfides; other sulfur compounds; quercetin	Adds flavor and zest to other good foods. May work against carcinogens and tumors in many ways.
HERBS AND SPICES *Rosemary, sage, thyme, oregano, ginger, cumin, etc.*	Carnasol; phenols; curcumin; gingerols; terpenoids	Adds flavor and zest to other foods. May act as antioxidants and anti-cancer agents, even in small amounts.
LEGUMES *Lima, kidney, navy, garbanzo, other beans and lentils*	Isoflavonoids; phytic acid; saponins; phytosterols	Anticancer activity.
MUSHROOMS *Shitake; maitake, reishi.*	Variety of anticancer agents including Lentinan, and beta glucan	Do NOT eat mushrooms raw! They contain toxins that are neutralized in the cooking process. Oral extract of maitake has eliminated cancerous tumors in animals. Beta glucan is also an immune strengthener; lentinan has antiviral activity.
NUTS AND SEEDS *Cashews, almonds, walnuts, Brazil nuts, pumpkin seeds*	Ellagic acid; saponins; omega-3 fats; selenium; zinc	Selenium is an antioxidant and zinc may specifically help prevent prostate cancer.

Best Available Copy

Major Food Groups for Cancer Prevention Diet and Possible Protective Mechanisms

Foods	Protective Nutrients	Possible Benefits
ORANGE AND YELLOW FRUITS AND VEGETABLES; LEAFY GREENS *Apricots, papaya, sweet potatoes, mangoes, carrots, spinach, corn, pumpkin, sweet peppers, etc.*	Carotenoids such as beta carotene, lutein, zeaxanthan; vitamin C	Many anticancer functions; strengthen the immune system.
RED GRAPES, RED WINE	Flavonols such as quercetin; resveratrol; anthocyanidins; ellagic acid	Resveratrol may prevent damage to cells and curb tumor growth. Anthocyanidins and ellagic acid are antioxidants.
SEA VEGETABLES *Kombu (kelp), hijiki, arame, wakame, agar agar*	Rich sources of trace minerals and anti-cancer compounds	Sea vegetables have been known to eliminate nuclear radiation from the body, and regress malignant tumors
SOY (also a legume) *Tofu, tempeh, soybeans, edamame, soy protein, soy milk; miso*	Isoflavonoids such as daidzein and genistein; lignans; saponins; phytosterols	Isoflavonoids and lignans are converted to a kind of estrogen in the body and protect against cancer. Saponins and phytosterols also have anti-cancer activity
TEA *Green, black, oolong, not herb tea*	Flavonols such as catechins and EGCG, plus other flavonoids	Tea, particularly green tea, may reduce the risk of many cancers. Flavonols and other flavonoids in tea may combat cancer on several fronts. EGCG is a more powerful antioxidant than vitamin E; both neutralize cell-damaging free radicals.
TOMATOES	Vitamin C, carotenoids, chiefly lycopene (also found in much smaller amounts in red peppers, pink grapefruit, guava, and watermelon)	High intake, especially of cooked or processed tomatoes reduces the risk of prostate cancer. It does in many ways, including lowering the potency of testosterone.
WHOLE GRAINS *Whole wheat, oats, barley, brown rice, quinoa, millet, spelt, kamut, rye, buckwheat, teff, amaranth, etc.*	Saponins; terpenoids; phytic acid; ellagic acid; phytoestrogens	Saponins neutralize cancer-causing substances in intestines. Beneficial elements concentrated in bran and germ; refined grains have little fiber and greatly reduced amounts of beneficial plant chemicals.

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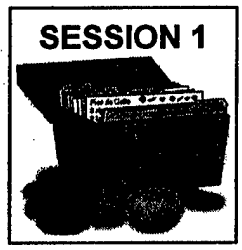
Menu

Pasta Primavera

Rainbow Salad with Balsamic Vinaigrette

Chocolate Tofu Pie

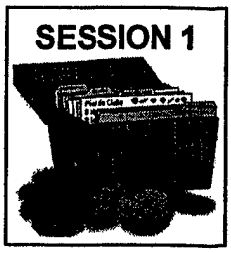


Pasta Primavera

Serves 4-6

1 tbs	Olive oil
1 lb	Whole wheat rotini
1 package	Veggie Ground Round
2-3 (16 oz)	Cans diced tomatoes
1 cup	Shitake mushrooms (soaked in water, drained and chopped)
2 large	Onions, chopped
1 large	Zucchini, diced
3 cloves	Garlic, minced
2	Red bell peppers, chopped
5 leaves	Swiss chard or kale, chopped
1 tsp	Salt
	Soy parmesan cheese
	Italian herbs and spices: oregano, basil, rosemary, sage, fennel, thyme, to taste

1. Boil pasta and drain, set aside.
2. Heat large skillet with a small amount of olive oil. Add garlic and onions, and sauté until soft and translucent.
3. Add Veggie Ground Round (break up into small chunks) and mix well with garlic and onions to flavor. Add in mushrooms, zucchini, and peppers, tomatoes, herbs and spices. Sauté to your liking.
4. Add in chopped Swiss chard plus 1 tsp. Salt. Mix until wilted.
5. Add vegetable sauté to pasta and mix thoroughly. Mix in grated cheese and herbs/spices.
6. Top with grated Parmesan cheese and enjoy!



Rainbow Salad with Balsamic Vinaigrette

Serves 4-6

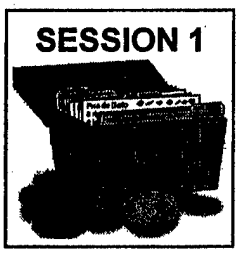
Toss Together

1 head	Romaine lettuce, washed and chopped
1-2	Carrots, shredded
½ cup	Purple cabbage, shredded
1-2	Tomatoes, cut into wedges
1	Red bell pepper, chopped
2 tbs	Sunflower seeds, unsalted, unhulled
3 tbs	Walnuts, chopped
3 tbs	Pumpkin seeds, toasted pumpkin seeds
1 dozen	Kalamata olives, pitted and sliced

Dressing

1/8 c	Olive Oil
1/3 c	Balsamic Vinegar
2 tbs	Nutritional Yeast
1/8 c	Soy sauce, low sodium
6 cloves	Garlic, minced

Shake well, toss with salad



Chocolate Tofu Pie

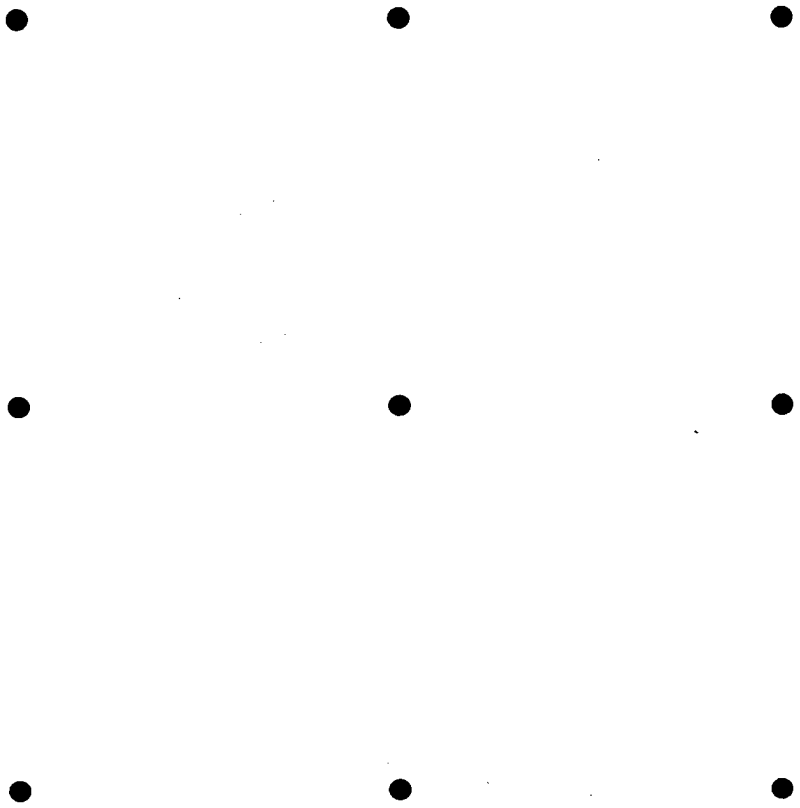
Serves 8-10

1	Graham cracker crust, low fat, unbaked
2 cups	Chocolate chips
15-oz.	Tofu, silken (calcium fortified)
¼ cup	Flaxseed, ground
½ tsp	Vanilla extract

1. Melt chocolate chips in saucepan over medium-low heat.
2. Blend tofu with flaxseed in food processor.
3. Add melted chocolate to tofu-flax mix and blend thoroughly.
4. Pour into pie shell and refrigerate for several hours, until firm.
5. Serve cold.

This pie can be frozen and thawed for later use.

Home Activity
Ways of Seeing
Session 1



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Session 2

Getting Started

Getting Started

Session 2: Objectives

Following this class you will:

- ✓ Be familiar with which foods are excluded from the study diet.
- ✓ Be familiar with the variety of foods and amounts that are recommended in the study diet.
- ✓ Have some basic tips for starting to prepare simple plant-based meals and snacks.
- ✓ Understand how your current diet differs from the study diet.
- ✓ Set 3 goals for the upcoming week to help your diet meet the study guidelines.
- ✓ Gain some understanding of the challenges we face in making time for our own health.
- ✓ Begin to recognize the challenges in being present during the body scan.

Class Agenda

- Discuss the specific foods not allowed during the study (the "Please Do Not Eat Food List")
- Discuss the wide variety of foods we encourage you to eat during the study (the "Good Food List")
- Learn tips to prepare simple meals and snacks from the foods on the "Good Food List"
- Compare your current diet to the study diet guidelines and set some goals for adding any "missing" foods into your diet.
- Take part in a body scan exercise.
- Become aware of where your mind is while working in the kitchen (bells will ring to remind you to be aware)
- Review home activity from Week 1 – the 9 Dots Exericse

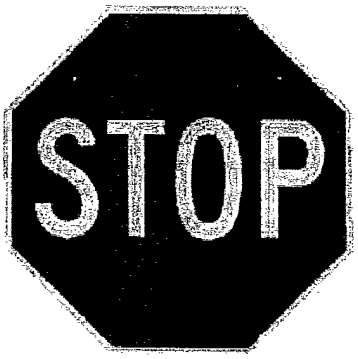
Home Activity

- Using a food diary work sheet you will keep track of your diet for the upcoming week, making note of when you meet the goals you set during class.
- Do the body scan once each day this week using **Track 1 of the CD**
- Practice using the awareness of breathing as a way of "recentering" yourself during the day. Especially at stressful moments.

The

PLEASE DO NOT EAT

Food List



Poultry

Meat from any animal (except fish)

Milk or milk products from any animal

Eggs

Butter

Lard

Food containing partially hydrogenated vegetable oils

The GOOD FOOD LIST
for Cancer Prevention

Healthy Protein Choices

Beans, Legumes

Anasazi
Black
Black-eyed peas,
Garbanzo or chickpeas
Lentils
Lima
Mung
Pinto
Red (kidney, aduki, etc.)
White (navy, etc.)

Soy and Dairy Alternatives

Eat 2 soy foods per day
Servings = 1 cup 'milk', 1 Tbs Miso, ½ cup tofu
Soybeans
Tofu
Tempeh
Edamame
Miso (See soup recipes)
Milk made from rice, hemp, almond, oat, etc.
Soy yogurt, Cheese made from soy, rice, hemp, almond, oat, etc.
Quality frozen desserts made from soy or rice (no hydrogenated vegetable oil)

Fish (4oz 2x per week from 'Best' list)

All are a source of Omega-3 Fatty Acids

herring, salmon, sardines, bluefish, trout, mackerel

halibut, flounder, red snapper, sea bass, mussels

tuna, cod, haddock, scallops, shrimp, clams, lobster, crab

Meat substitutes – Eat Sparingly

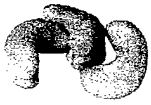
Veggie burgers, veggie hotdogs, veggie ground beef, TVP

Be careful of high sodium content!

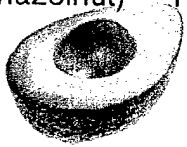
Healthy Fat Choices

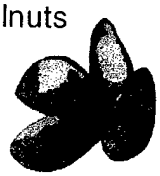
Nuts & Seeds

Eat as snacks and sprinkle on cereals, yogurt salads and vegetables



Almond
Avocado
Brazil Nut
Cashew
Filbert (hazelnut)
Flaxseeds
Hemp seeds
Peanuts
Pistachio
Pumpkin Seeds
Sesame Seeds (unhulled)
Soynuts
Walnuts





Cooking Oils

Canola
Olive

Oil Flavor Additions

Flax
Rice bran
Sesame
Walnut

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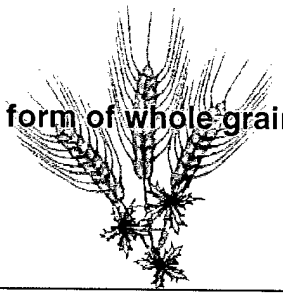
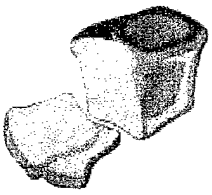
Whole Grains



These grains can be eaten alone, in salads, soups or in the form of whole grain breads, pastas and crackers.

Amaranth
Barley, hulled not pearled
Brown rice
Buckweat (Kasha)
Cereal, whole grain cold
Kamut
Millet



Oats
Quinoa
Spelt
Teff
Wheat berries
Wild rice

Limit white pasta, rice, bread, sugar, and brown sugar!

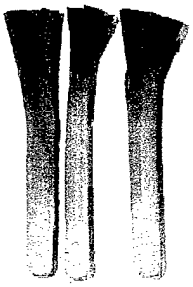
Add-ins
Sprinkle on cereals, soy yogurt, smoothies

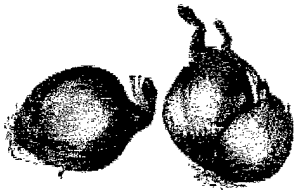
Oatbran	wheat bran
rice bran	wheat germ

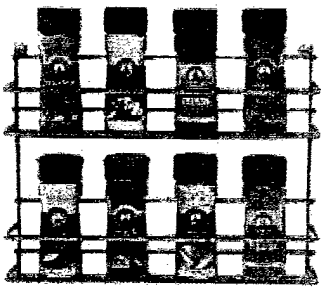
Flavor Enhancers

Use liberally to flavor other foods!

Herbs
Spices
Chives
Garlic
Leeks
Onions
Shallots







Best Condiments

Mayonnaise: Canola or soy-based (no egg)
Mustard & Ketchup: Watch sodium content!
Sauces: Soy, vinegar, BBQ, teriyaki – Watch Sodium!
Sweeteners: Maple syrup, fruit sweeteners, date sugar, barley malt, brown rice syrup, stevia, succanant
Margarine: Trans fat-free ONLY! (example: Earth Balance)

Best Beverages

WATER (sparkling, plain, mineral)

100% fruit juices. Dilute with seltzer or water to limit calories and sugar content.

Coffee or coffee substitutes

Teas – especially green tea

AVOID ARTIFICIALLY SWEETENED DRINKS

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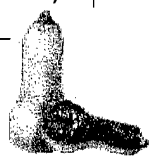
Eating a RAINBOW Assortment of Vegetables and Fruits

A key dietary recommendation for you to reduce your risk of cancer is to consume lots of cancer fighting fruits and vegetables. We will be helping you learn how to prepare and use these foods in your meals and snacks every day. Choose at least 1 food from every color group each day.

RED	GREEN		ORANGE/YELLOW	PURPLE/BLUE	WHITE
Apples (red)	**Apples** (green)	**Fennel**	**Apples** (yellow)	**Asparagus** (purple)	**Bananas**
Bell peppers (red)	**Artichoke**	**Grapes** (green)	**Apricots**	**Blackberries**	**Cauliflower**
Blood Oranges	**Arugala**	**Green beans**	**Bananas**	**Blueberries**	**Pears** (brown)
Cherries	**Asparagus**	**Honeydew melons**	**Bell peppers** (orange and yellow)	**Cabbage** (purple)	**Garlic**
Cranberries	**Avocado**	**Kale**	**Butternut squash**	**Cherries**	**Ginger**
Grapefruit (pink/red)	**Bell peppers** (green)	**Kiwi fruit**	**Cantaloupe**	**Currants**	**Jicama**
Grapes (red)	**Bok choy**	**Kohlrabi**	**Carrots**	**Dates**	**Mushrooms**
Onions (red)	**Broccoli**	**Leeks**	**Corn, Sweet**	**Eggplant**	**Onions**
Pears (red)	**Brussels sprouts**	**Lettuce**	**Grapefruit**	**Figs**	**Parsnips**
Pomogranates	**Cabbage (green)**	**Limes**	**Guava**	**Grapes** (purple)	**Potatoes** (white)
Potatoes (red)	**Celery**	**Mustard greens**	**Kiwi, golden**	**Peppers** (purple)	**Shallots**
Radicchio	**Chard**	**Okra**	**Lemons**	**Plums** (purple)	**Turnip**
Radishes	**Chayote Squash**	**Pears** (green)	**Mangoes**	**Radishes**	
Raspberries	**Collard greens**	**Peas**	**Nectarines**	**Raisins**	
Rhubarb	**Cucumber**	**Spinach**	**Oranges**		
Strawberries	**Endive**	**Turnip greens**	**Papaya**		
Tomato		**Zucchini**	**Peaches**		
Juice			**Persimmons**		
Juice cocktail			**Pineapple**		
Marinara			**Pumpkin**		
Paste			**Rutabagas**		
Puree			**Squash** (yellow)		
Raw			**Sweet Potatoes**		
Watermelon			**Tangerines**		
			Tomatoes (yellow)		
			Watermelon (yellow)		
			Yams		



KEY: Cruciferous vegetables Rich in Lycopene

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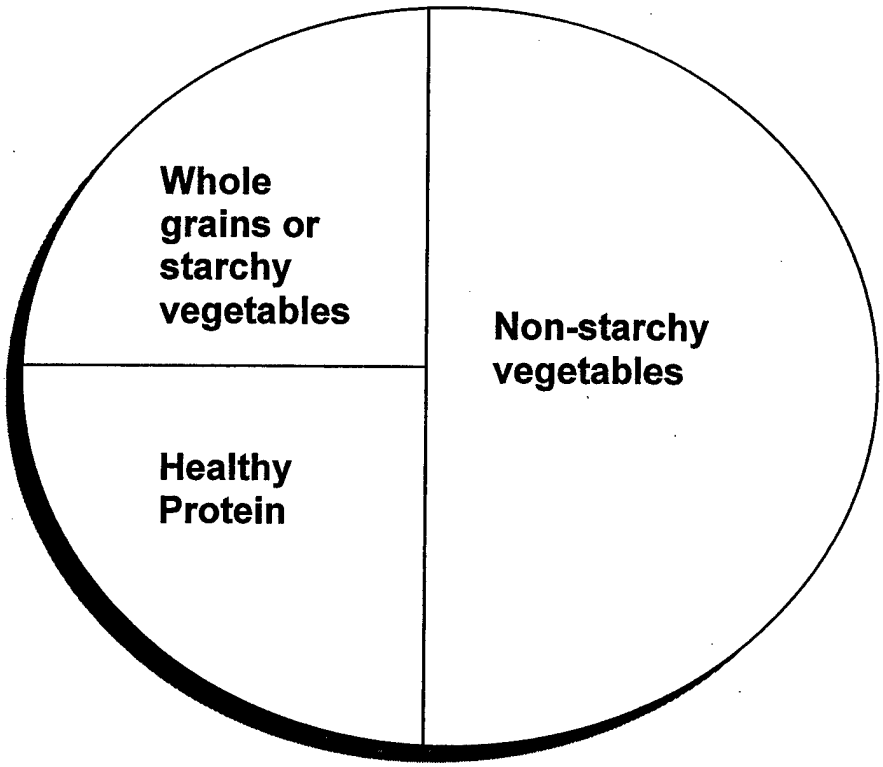
Sizing Up Your Portions

This plate diagram will help you to put together complete, healthful and filling meals in the best portions, for lunch and dinner. For breakfasts you may want to replace the vegetable portion of the plate with the fruit (please reduce the fruit portion to ¼ plate if you choose to do this). This plan is for everyone, whether you have heart disease, diabetes, high cholesterol, want to reduce your weight, or just simply eat well.



Reminders

- **Eat fruit (for or in addition to other food) at snack time.**
- **Prepare these foods with healthful fats!**

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Simple Ways to Start Eating Healthfully

If the thought of changing to a plant-based diet is overwhelming to you and you don't know where to begin-you are not alone! These are huge changes we are asking you to make. Even though we know you are up to the challenge, we don't expect you to become gourmet vegetarian cooks overnight.

So, start with what you know! Take your tried and true favorite meals and substitute meat and dairy ingredients with vegetarian ones. Feel free to use pre-made, store-bought meat and dairy alternatives like veggie burgers and soy milk. It will make your job easier as you make this challenging transition.

In the upcoming weeks your knowledge and skills will develop and you will become more creative in your cooking and less dependent on pre-made food. After three months of cooking experience, taste testing, and nutrition education you will be well on your way to expertly creating simple, beautiful, and delicious, healthy meals!

Breakfast:

INSTEAD OF	TRY THIS
Cow's milk over cereal	Soy or rice milk over cereal
Scrambled eggs	Scrambled tofu (sauté with salsa, onion, and peppers)
Sausage	Soy sausage links
Bacon	"Fakin Bakon" smoked tempeh
Low-fiber cold cereals	High fiber cereals (at least 5 g per serving) topped with fresh fruit
Cream of Wheat	Wheatena or Old-Fashioned oatmeal made with soy milk instead of water and topped with maple syrup, cinnamon, raisins and chopped walnuts
"Eggo" Waffles	"Flax Plus" Whole Grain (dairy free) waffles topped with jam or maple syrup
Instant pancake or waffle mix	Make your own! It's easy (see recipe section)
Yogurt	"Silk", or "Whole Soy" yogurt topped with fresh fruit and granola
Buttered toast	Whole grain toast and nut butter

Lunch/Dinner:

INSTEAD OF	TRY THIS
Cold-cuts, chicken, tuna, or seafood salad sandwich	Other sandwich ideas: avocado and fresh tomato; soy cheese and tomato; raw veggie and hummus roll-up; sautéed vegetables with melted soy cheese; almond butter and strawberry jam; smoked tofu, lettuce and tomato; all on whole grain bread
Mayonnaise	"Nayonaise"
Canned soups	"Imagine" soups (dairy free and lower sodium) or Shari Ann's canned soups
Chef, grilled chicken salad, Caesar salad	Top green salad with tomatoes, avocado, chickpeas, kidney beans, smoked tempeh, nuts and seeds
Cheese and meat pizza	Order pizza without cheese, add extra vegetables or make your own with whole wheat crust (available in most grocery stores); top with sautéed vegetables and "Soya Kaas" soy cheese
Hamburgers	Boca Burgers (dairy free) or Bread and Circus homemade veggie burgers sold at deli counter, dress it up on a whole grain bun with lettuce, tomato, ketchup and mustard; serve with green salad and fresh fruit
Hot dogs	"Tofu Pups"-dress em' up and serve with vegetarian baked beans and a green salad
Spaghetti and meatballs	Whole wheat spaghetti, tomato sauce sautéed with onions, garlic zucchini and veggie crumbles (Yves Veggie Ground Round)
Steak or chicken	Fish is a better choice to start, until you are able to put together plant-based meals featuring lots of vegetables, beans, and or tofu (see recipe section for ideas)

Lunch/Dinner cont..

INSTEAD OF	TRY THIS
ench fries	Commercial french fries are fried in hydrogenated vegetable oil which should be avoided. Make your own by cutting up a Yukon gold or sweet potato into wedges, lightly coat with olive oil and salt and bake at 350'F until crispy.
Ground beef	Veggie Ground Round (Yves) or TVP
Chicken cutlets or nuggets	Cutlets or nuggets made from soy protein or Quorn
White rice	Brown, brown basmati, or wild rice
Pork and beans	Vegetarian baked beans (Heinz or Shari Ann's)
Pasta (white flour)	Whole wheat pasta
White bread	Whole grain bread
Soda, fruit drinks, lemonade, sweetened iced tea	Water, 100% fruit juice, unsweetened brewed tea
Canned vegetables	Fresh or frozen vegetables (organic if possible)
Canned fruit	Fresh fruit (organic if possible)

cks/Desserts:

INSTEAD OF	TRY THIS
Butter, margarine, or Crisco in recipes	Canola oil (baking), olive oil (cooking)
White sugar	Sucanat or maple syrup
Ice Cream	"It's Soy Delicious", "Soy Dream", or "Rice Dream"
Doritos, Fritos, potato chips, tortilla chips	Go easy on all of these foods, but if you want them skip the Doritos and Fritos and buy "Terra" potato chips and tortilla chips made with canola oil **(avoid Wow chips, and any chip made with hydrogenated vegetable oil)**
Traditional store-bought cookies and crackers	"Healthier" versions from natural food store made without hydrogenated oil and with whole grain flours. Better yet, make your own (see recipe section).

Got the Munchies?
Try These Tasty Snacks

- Veggies! Keep a colorful variety of cut raw veggies in a plastic container in your refrigerator (sweet red peppers, cucumbers, carrot and celery sticks, cherry tomatoes, broccoli and cauliflower). They're delicious dipped in hummus or baba ganoush or guacamole!

- Fruit! Grab a peach, plum, or a juicy orange. Cut up some melon, top with berries and a banana for a fruit salad. Cut a crispy apple into wedges and dip into some nut butter.

- Trail Mix! In a plastic container mix together whole grain cereal, raisins, dried fruits, and raw unsalted nuts. Seal container, shake to mix and enjoy!

- Crackers! Spread some whole grain crackers (Rye Vita or Finn Krisps) lightly with nut butters, or a soy cheese. These crackers are also delicious dipped in hummus or guacamole.

- Tortilla chips made with non-hydrogenated oils and salsa or guacamole!

- Air-popped corn (or stove popped with small amount of peanut oil – avoid microwave popcorn). Flavor popcorn with melted Earth Balance, Olive Oil and/or soy parmesan cheese.

- Smoothie! In a blender or food processor combine 1 cup of soy milk, 1 ripe banana, ½ cup berries (or whatever fruit suits your fancy) ½ tsp vanilla extract, and 1-2 tbs. ground flaxseeds.

- Sorbet or soy ice cream.

Best Brands

Food	Grocery Stores	Natural Food Stores	Trader Joe's
Beverages			
Fruit 2O	X		
Celestial Seasonings Green Tea	X	X	
Breads – *made with whole grains without hydrogenated oils At least 2g fiber/serving*			
Baldwin Hill		X	
Ezekiel 4:9, Food for Life		X	
Joseph's Lite, whole wheat Pita bread	X		
Pepperidge Farm Naturals (all varieties)	X		
Shaw's - 100% Stone Ground Wheat	X		
Shiloh Sprouted 7-grain bread		X	
Vermont Bread Co. – whole wheat	X	X	
Vermont Bread Co. – sprouted wheat	X	X	
Trader Joe's Sunflower Sesame Seed			X
Trader Joe's Sprouted Wheat			X
Cereals - *made with whole grains, high in fiber and low in sugar*			
Quaker Old Fashioned Oats	X		
Hodgson Mill Oatbran	X		
Kashi Good Friends	X	X	X
Kashi GoLEAN	X	X	X
Fiber One	X		
High Fiber Cereal, Trader Joe's			X
Oat Bran, Quaker	X		
Shredded Oats, Barbara's		X	X
Organic Grain Shop, Barbara's		X	X
Optimum Cereal, Heritage		X	X
Wheat Chex, General Mills	X		
Uncle Sam Cereal	X	X	
100% Bran, Post	X		
Shredded wheat n' bran, Post	X		
Cheese Substitutes			
Veggie Slices	X	X	X
Veggie Cream Cheese		X	
Soya Kaas		X	
Veggie Topping Parmesan Flavor		X	X
Chips/Snacks – *made without hydrogenated oils & lower in fat and sodium*			
Baked Tostitos	X		
Snyder's Pretzels (NOT seasoned)		X	X
Veggie Booty		X	X
Pirate Booty	X	X	
Guiltless Gourmet Baked Chips	X		X
Trader Joe's Rice Cracker Mix			X
Trader Joe's baked corn chips			X

Grocery Stores Include: SHAWS, STOP & SHOP, BIG Y & PRICE CHOPPER

Natural Food Stores in the Worcester Area Include: THE LIVING EARTH & WILD HARVEST AT SHAWS IN WHITE CITY

FOOD	GROCERY STORES	NATURAL FOOD STORES	TRADER JOE'S
Newman's Own Pretzels	X	X	
Chocolate			
Sunspire Grain Sweetened Chocolate Chips		X	
Ghiradelli Chocolate Chips	X	X	X
Cookies – *made without hydrogenated oils*			
Fig Newman's FF fruit-filled cookies	X	X	
Mi-Del Snaps		X	
Mi-Del Graham Crackers		X	
New Morning Graham Crackers		X	
Crackers – *made without hydrogenated oils*			
Ak-mak 100% whole wheat	X	X	X
Finn Crisp	X	X	
Health Valley Low-Fat & Stoned Wheat Crackers	X	X	
Rye Vita		X	
Fat Free Rye Krisp (Not seasoned)	X		
Wasa Crisp Breads	X	X	
Kavli Crisp Breads	X		
Old London Melba toasts	X		
Lundberg Farms Rice Cakes	X	X	
Dressings – *no saturated fat, lower in sodium*			
Annie's Naturals FF/LF	X	X	
Spectrum Natural's LF/FF		X	
Maple Grove Farms FF	X		
Spectrum Naturals Lite Canola Mayo		X	

FOOD	GROCERY STORES	NATURAL FOOD STORES	TRADER JOE'S
Nasoya Nayonaise	X	X	
Egg Substitutes – *cholesterol free*			
Flaxseed			
Whole Flaxseed, Bulk		X	
Bob's Red Mill flaxseed meal		X	X
Health from the Sun, ground		X	
Frozen Treats – *less than 3g saturated fat per serving*			
Soy Delicious	X	X	X
Tropicana Fruit Bars – all fruit	X		
Cascadian Farm Sorbet		X	
Grains			
Barley – Not pearled		X	
Quinoa (currently ONLY at The Living Earth)		X	
Brown Rice, variety of brands	X	X	X
Meat Substitutes – *selections may vary from store to store*			
Boca Burgers	X	X	
Garden Burgers	X	X	
Morningstar Farms Grillers, Veggie Crumbles	X		
Harvest Burger, Green Giant	X	X	
Gimmelean sausage, Light Life	X	X	X
Yves (has a variety of products)	X	X	X
Smart Dogs, Lightlife	X	X	X
Tofu Pups	X	X	
Milks-Rice & Soy – *enriched with calcium & vitamin D*			
White Wave Silk Soymilk	X	X	X

Grocery Stores Include: SHAWS, STOP & SHOP, BIG Y & PRICE CHOPPER

Natural Food Stores in the Worcester Area Include: THE LIVING EARTH, WILD HARVEST AT SHAWS IN WHITE CITY

Food	Grocery Stores	Natural Food Stores	Trader Joe's
Rice Dream Enriched Rice Milk		X	
Nut Butters – *all natural with no added sugars and oils*			
Teddy Peanut Butter	X		
Marantha Peanut Butter		X	
Smucker's Natural Peanut Butter	X	X	
Trader Joe's Organic Peanut Butter			X
Marantha Almond Butter		X	X
OILS			
Canola – *cold or expeller pressed, source of Omega 3 fats*			
Spectrum Pure Pressed		X	
Hain	X		
Loriva		X	
Flax Oil – *source of Omega 3 fats*			
Spectrum flax oil		X	
Barlean's flax oil		X	

Olive Oil – *cold pressed, source of monounsaturated fats. Look for glass bottles*			
Bertoli	X		
Spectrum – Naturals		X	
Carapelli	X		
Rienzi	X		
Trader Joe's Cold Pressed Olive Oil			X
Arrowhead Mills multi-grain Pancake & Waffle mix		X	
Pasta – *whole wheat*			
Bionaturae Whole Wheat		X	

Food	Grocery Stores	Natural Food Stores	Trader Joe's
Westbrae Whole Wheat		X	
Hodgson Mills Whole Wheat	X		
Trader Joe's Whole Wheat			X
Soups – *no saturated fat and < 75mg sodium/serving*			
Imagine Soups	X	X	X
Health Valley, No Salt Added		X	
Soy Products			
Nasoya Tofu	X	X	X
Smoke & Fire Smoked Tofu		X	X
Tempeh, Light Life		X	
Miso, Westbrae Natural		X	
Trader Joe's Edamame			X
Cascadian Farms Edamame		X	
Spreads – *no more than 1g saturated fat & < .5g hydrogenated oil per serving*			
Earth Balance	X	X	X
Sweeteners			
Succanat	X	X	X
Maple Syrup	X	X	X
Eden Organic Barley Malt (a polysaccharide)		X	
"Yogurt" – *fat free or low fat with no artificial sweeteners*			
Silk Soy Yogurt		X	
Whole Soy Yogurt		X	

Grocery Stores Include: SHAWS, STOP & SHOP, BIG Y & PRICE CHOPPER

Natural Food Stores in the Worcester Area Include: THE LIVING EARTH & WILD HARVEST AT SHAWS IN WHITE CITY

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The Voluptuous Vegan
by: Myra Kornfeld & George Minot – Crown Publishing Group, 2000.
More than 200 sinfully delicious recipes for meatless, eggless and dairy-free meals. Also includes menu planning tips.

Magazines & Newsletters
Found in bookstores, grocery stores, many libraries and by subscription.

Cooking Light
Magazine devoted to food and fitness with wonderful, healthful recipes.
To subscribe: PO Box 830549 Birmingham, AL 35282-9810
Online: http://www.cookinglight.com

Environmental Nutrition
A monthly newsletter with timely food and nutrition information. Practical advice on best and worst food choices.
Address: P.O. Box 420449, Palm Coast, FL 32142-9729

Nutrition Action Health Letter
An informative newsletter on nutrition, diet and food safety published by the Center for Science in the Public Interest. Ten issues per year.
Address: 1875 Connecticut Ave., NW, Washington, DC 20009
Online: www.cispinet.org

Tufts University Health & Nutrition Letter
A newsletter delivered monthly that contains information on nutrition, dietary supplements and health.
Address: PO Box 420235, Palm Coast, FL 32142-9821
On-line: www.healthletter.tufts.edu

Vegetarian Times
A colorful magazine with flavorful vegetarian recipes and nutrition-related articles.
Subscription: (877) 328-7048
On line: www.vegetariantimes.com

Websites to Explore

Consumer Laboratories http://www.consumerlab.com
Provides independent test results and information to help consumers evaluate health, wellness, and nutrition products. Test results are published on-line.

Cooking Light Magazine http://www.cookinglight.com
This interesting website contains recipe finder, menu ideas, chat room with other cooks and a cooking class page (examples include how to cook Mexican, Italian and Cooking 101).

Christina Cooks http://www.christinacooks.com
This website has an extensive library of whole-foods recipes and selective health tips.

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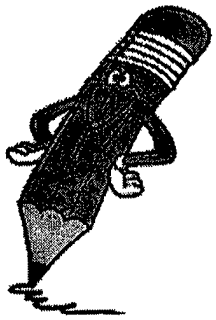

Class Activity
How Does Your Diet Compare to the Study Diet?
Session 2

1. List everything you ate or drank in the past 24 hours (or what you "typically" eat in a day).

Breakfast:

Lunch:

Dinner:

Snacks:

2. Trade your food recall with a partner. Compare your partner's food recall with the categories below (from the Good Food List). Use the checklist provided to discover what foods categories might be missing from your partner's diet. Don't worry about how MUCH they ate- just note if they did or did NOT eat something from each category.

Category	Yes	No
Beans		
Soy		
Nuts/Seeds		
Whole Grains		
Fruit & Veg - Red		
Fruit & Veg – Green		
Fruit & Veg – White		
Fruit & Veg – Orange/Yellow		
Fruit & Veg – Purple/Blue		
Fish		
Oil Choice		

3. List three things you are willing to do in the next week to help bring in these "missing foods" from your diet. Be specific (i.e., "I will make my sandwich with whole wheat instead of white bread.").

To add some of these missing foods to my diet in the next week I will:

1._____
2._____
3._____

List three of your everyday activities that you will be more mindful of during the coming week. They can be very simple things such as brushing your teeth, taking out the garbage.

1._____
2._____
3._____

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Healthy-Eating Cookbooks & Resources

Books Available Through Large Bookstores and Online

Vegetarian

Moosewood Restaurant Low-Fat Favorites
by: Moosewood Collective - Random House, Inc 1996.
Flavorful recipes for healthful meals. There is a nutritional description of each recipe. A vegetarian cooking glossary is also included.

Mollie Katzen's Vegetable Heaven
by: Mollie Katzen – Hyperion Press, 2000.
A broad range of fairly simple and often imaginative vegetarian dishes. This is a nice edition on the bookshelf of any cook.

Cooking the Whole Foods Way
by: Christina Pirello – Berkley Publishing Group, 1997.
Your complete, everyday guide to healthful delicious eating. With 500 recipes, menus, cooking techniques, meal planning, food purchasing tips.

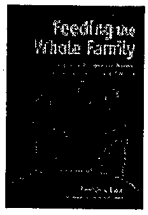
Soy of Cooking
by: Marie Oser– Wiley, John & Sons, Inc., 1996.
Easy-to-make vegetarian, low-fat, fat free & antioxidant rich gourmet recipes

Vegetarian Times Complete Cookbook
by: The editors of Vegetarian Times magazine – Hungry Minds, Inc., 1995.
More than 600 delicious and healthful meatless dishes. Also included are tips to plan a vegetarian diet, cooking techniques, menus and more.

Healthy Cooking

The New American Heart Association Cookbook
by: The American Heart Association – Crown Publishing, 2001.
This volume has recipes that prove you can eat deliciously for a healthier heart. Includes a complete nutritional analysis for each recipe, including saturated fat, cholesterol, sodium, calories, fiber, and more.

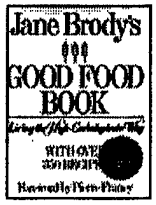
Eater's Choice
by: Dr. Ron Goor & Nancy Goor – Houghton Miffin Co., 1999.
This fourth edition features 200 revised recipes, detailed analysis of the new food labels and their claims, and expanded food tables listing fat and calorie contents of more than 3,000 commercial foods.



Feeding the Whole Family: Whole Foods Recipes for babies, young children and their families by: Cynthia Lair – Moon Smile Press, 1997.
Do not let the title sway you, this is a great cookbook for everyone. This cookbook has simple, whole-foods recipes with tips on how to adapt dishes for children. Index, glossary and nutritional analysis of recipes included as well.
Available on-line at: http://www.feedingfamily.com/

Healthy Life Kitchen
by: Marilu Henner – Harper Collins Publishers, Inc., 2000
Favorite recipes collected from cookbooks, friends and family. Easy and imaginative recipes made from fresh fruits, vegetables, grains, soy, seafood, poultry and seasonings. Also, includes tips on ways to convert your favorite recipes to healthier ones.

Jane Brody's Good Food Book
by: Jane Brody – Doubleday Dell Publishing, 1986.
Jane Brody is famous for her sensible, well-researched analyses of health issues for The New York Times. Her cookbook is a good source for how to stock the kitchen with the right foods, plan menus wisely and pick up healthier habits in cooking and eating.

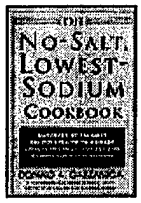


The New American Diet
by: Sonja L. Connor, MS, RD & William E Connor, MD – Simen & Schuster Trade, 1988.
The 350 recipes provide appealing ideas and menu suggestions for everything from appetizers to dessert.

No Red Meat
by: Brenda Shriver & Ann Tinsley – Fisher Books, 1989.
Over 300 delicious, low fat and low cholesterol poultry, seafood and meatless recipes.

Totally Dairy-Free Cooking Delicious Recipes for People Who Are Lactose-Intolerant, & for a Healthier Way of Eating by: Louis Lanza & Laura Morton Morrow – Morrow, William & Co., 1999. *The authors present delicious and imaginative recipes that taste great, you'd never know the dairy is missing. Cookbook utilizes brand-name and easily available products. Look for recipes like chicken fajitas with cilantro-walnut pesto. Nutritional information accompanies each recipe.*

Low Sodium Cooking



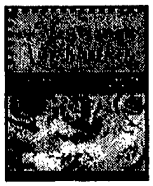
The No Salt, Lowest-Sodium Cookbook
by: David A. Gazzaniga – St. Martin's Press, 2000.
100's of favorite recipes adapted to fit a low sodium diet.

At the Living Earth (232-24 Chandler St. Worcester, MA - ph:508-753-1896) http://www.lefoods.com

Healthy Cooking for Kids, Building blocks for a life time of good nutrition
by: Shelly Null - St. Martin's Press, 1999.
Nutritious meals with flavor and fun!

Book photo not available

Natural Meals in Minutes
by: Rita Bingham – Natural Meals Publishing, 2000.
High-fiber, low fat meatless meals in 30-minutes or less.



Vegetarian Lunchbasket
by: Linda Haynes – New World Library, 1999.
Over 225 low fat, nutritious breads, spread, soups, sandwiches, main dishes and don't forget desserts!

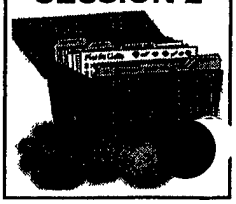
Menu

Quinoa Chili

Sesame Broccoli

Spinach, Beet, and Walnut Salad

Pumpkin Pie



Quinoa Chili

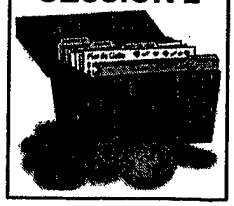
Serves 6-8

1 cup	canned kidney beans, drained and rinsed
2 cup	Tomato sauce
2 tsp	Extra-virgin olive oil
1 med	Onion, chopped
2 tsp	Salt
1 large	Red bell pepper, chopped
2 cloves	Garlic, minced
3-4 tsp	Cumin
2 tsp	Dried oregano
¼ tsp	Cinnamon
1/8 tsp	Cayenne
2/3 cup	Quinoa, rinsed in warm water and drained
1 cup	Fresh or frozen corn
1 cup	Water

Heat oil in skillet on medium heat. Add onion, salt, garlic, pepper, and spices; sauté for 5-10 minutes. Add rinsed Quinoa and stir in. Add corn, tomato sauce, and water to onion/Quinoa mixture. Simmer together 20 minutes. Add beans, to other ingredients; simmer another 10 minutes.

Adapted from Feeding the Whole Family by Cynthia Lair

SESSION 2

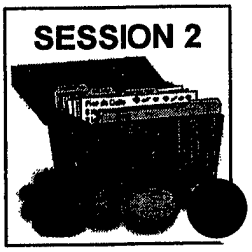


Sesame Broccoli

Serves 4

1-½ lbs	Fresh broccoli
1 tsp	Expeller pressed Canola oil
1 tbs	Sesame seeds
1 tbs	Lemon juice
1 tbs	Reduced-sodium soy sauce
1 tbs	Sugar

Trim off leaves of broccoli and ends of stalks. Wash under cold running water; separate into spears, and place in vegetable steamer over boiling water. Cover and steam 7 minutes or until crisp-tender. Drain; place in serving bowl. Heat oil in small saucepan over medium heat. Add sesame seeds; sauté until lightly browned. Add lemon juice, soy sauce, and sugar; bring to boil. Drizzle over broccoli, tossing gently to coat.



Spinach, Beet, and Walnut Salad

Serves 4

The Walnut Dressing

1/8 cup	Walnut oil
3 tbs	Sherry vinegar
3 tbs	Shallot, mined

The Salad

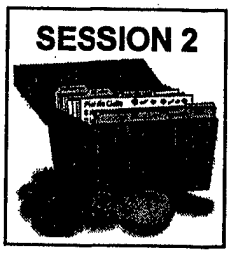
4 small	Beets, unpeeled and washed well
6 oz	Baby spinach leaves, washed and stemmed
2 each	Belgian endives, thinly sliced
¾ plus ½ cup	Walnuts, toasted
	Salt and freshly ground pepper, to taste

TO PREPARE THE WALNUT DRESSING whisk the walnut oil, sherry wine vinegar, and shallot together in a small bowl.

TO PREPARE THE SALAD scrub the beets; remove the stems and root ends. Steam or boil the beets for approximately 20 minutes, until tender when pierced with a knife; chill completely. When the beets are chilled, gently remove the outer peel and cut the beets into thin wedges. Dress the beet wedges with a small amount of dressing.

In a medium bowl, combine the spinach, Belgian endives, the ¾ cup walnuts, and the remaining dressing. Mix well. Season the greens with the salt and pepper. Divide the salad mixture onto 4 salad plates. Arrange the beets on the salad plates. Sprinkle the top of each salad with the remaining ½ cup toasted walnuts.

From: The Whole Foods Market Cookbook, by Steve Petusevsky



Pumpkin Pie

Makes 1 9" pie

1	Unbaked 9" low fat pie shell
¾ lb	Silken tofu (squeeze all the liquid out)
1 (16oz)	Can pumpkin puree
1 cup	Brown sugar
2 tbs	Canola oil
2 tbs	Molasses
1 ½ tsp	Cinnamon
1 tsp	Salt
¾ tsp	Ginger powder
½ tsp	Nutmeg

Preheat Oven to 350° F. Blend all ingredients in a food processor until very well mixed. Pour into the pie shell and bake for 1 hour or until cracks start to appear in the filling. Chill for at least 2-3 hours before serving.

Serve with Whipped Tofu Topping for a decadent finish.

From: Tofu Cookery by Louise Hagler

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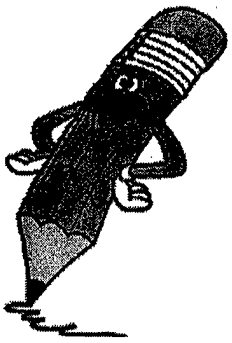
Home Activity
Adding "Missing" Foods to Your Diet
Session 2



1. Record everything you eat and drink each day this week on the chart provided.
2. Highlight foods or meals that meet the food goals you made for yourself in class.
3. Record below any thoughts or feelings that come up for you as you become more mindful of what you are eating.

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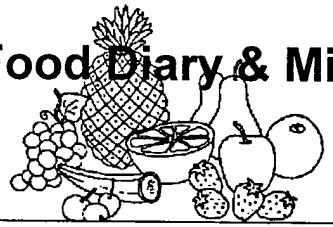
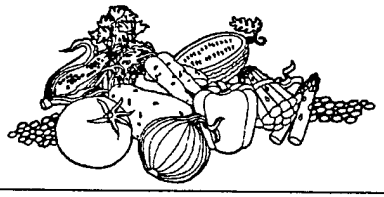
Food Diary & Mindfulness Practice Log



Name:_____

I am: ☐ Participant ☐ Support person



Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:
Breakfast	Breakfast	Breakfast	Breakfast
Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch
Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner
Other	Other	Other	Other

Food Diary & Mindfulness Practice Log (continued)

Friday Date:	Saturday Date:	**Sunday Date:**
Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch	Lunch	Lunch
Snack	Snack	Snack
Dinner	Dinner	Dinner
Other	Other	Other

Mindfulness Practice Log

How regularly did you use the body scan tape this week?

___3 times or more

___ less than 3 times

___ less than once

How regularly did you do the mindful stretching exercises this week?

__3 times or more

__ less than 3 times

__ less than once

Session 3

The Making of a Prostate-Healthy Kitchen/

Expanding Mindfulness into Movement

The Making of a Prostate Healthy Kitchen
Expanding Mindfulness into Movement

Session 3: Objectives

Following this class you will:

- ✓ Understand the steps to take to clean out and restock your kitchen so that is "friendly" for easily preparing and eating the foods recommended in the study.
- ✓ Know about the most important cooking equipment and food staples with which to stock your kitchen, to make meal preparation quick and easy.
- ✓ Have experience in a formal practice that supports bringing mindfulness to the moving body.

Class Agenda

- Review the steps needed to clean out your kitchen properly.
- Use the worksheets to help prepare you to take action to reinvent your kitchen.
- Review the equipment and staple foods to use to re-stock your kitchen.
- Introduce gentle mindful stretching exercises
- Prepare and share a meal together with mindful awareness.

Home Activity

- Keep the food and mindfulness practice diaries for the week.
- Set a date and use the worksheets to help you clean and restock your kitchen!
- Alternate the body scan with the mindful stretching exercises each day this week.
- Remember to do the stretching exercises as a way of exploring your experience of sensation and noticing how you are responding to what you find. The stretching is also a meditation – it's another doorway into mindfulness and a good way to bring awareness into movement. Bring a very tender attention to those parts that are painful, stiff or numb; you don't have to force them to be different, remember that they want to let go, you just have to bring a quality of attention that makes them feel safe enough to do that. Adapt the postures to your own physical circumstances.
- Fill out the pleasant events calendar.

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Getting Ready to Create a Healthy Kitchen
Class Activity
Session 3

Your commitment to your health can be powerfully initiated by eliminating certain foods and substituting them with foods that have been shown to be health-promoting.

The act of removing foods from your kitchen which do not support your health and restocking it with healthy foods initiates your commitment to your health. For many people it takes a great deal of courage. Once your "old standbys" are no longer in your kitchen and you've invested both time and money into restocking it with healthier foods, you are initiating a lifestyle change that is accompanied by challenges.

Below are some questions to ask yourself and to discuss with your partner to help you reach the point where you are ready to initiate this commitment.

What scares or worries me about it?	How will it benefit me and my family?
What stands in my way of doing this?	What do I need to feel ready to do this?

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Home Activity: Revisiting the Foods in Your Kitchen

Session 3

To make it as easy as possible for you to adopt a healthy way of eating, a clean, organized, well-stocked kitchen, free from any tempting, unhealthy foods is what's in order. With a little knowledge and planning any kitchen can be transformed into one that is health-promoting.

TAKING OUT THE OLD

You'll need:

- A solid block of time (several hours)
- A friend to help you
- Cleaning supplies: sponges, rags, non-toxic kitchen cleaner (7th Generation brand)
- A couple of big garbage bags
- Bins for recycling glass, plastic, and cardboard
- Several paper bags and/or boxes for holding food to donate

Once you have all the supplies listed above you are ready to begin:

1. Go through your refrigerator, freezer, cupboards, and pantry and take out any food that is old, spoiled, or on the unwanted lists below.
2. If it's old or spoiled throw it out! Recycle containers whenever possible! If it's unopened consider donating the food to a local shelter or food bank. If the container is still fresh, but opened, give it to a friend or relative. Psychologically it's easier for most people to let go of "unwanted" food if they know it's not going to waste.
3. Once all the unwanted food is cleared out, use your cleaning supplies to make your kitchen squeaky clean in preparation for bringing in healthy new food!

The Unwanted Food List

Refrigerator	Freezer	Cupboard/Pantry
Anything past its expiration date	Anything that's been frozen more than 6 months	Crackers, breads, cookies, or any snack food containing partially hydrogenated vegetable oil and/or butter
Soda (regular or diet)	Ice cream, frozen yogurt	Bread, crackers, cookies which contain ONLY white flour (missing WHOLE grain flour)
Crystal Light or any beverage containing NutraSweet, Fruit drinks (if 100% juice it's okay)	Meats or poultry of any kind	White rice (including instant rice, "Rice Pilaf," and "Rice a' Roni")
Milk, yogurt, cream, cheese (made from cow's milk)	Frozen dinners, pizzas, snacks, containing meat, poultry, dairy, eggs, or partially hydrogenated vegetable oil	Instant/canned soups made with cream and/or with more than 400 mg sodium per serving
Butter	Frozen vegetables (including french fries or tater tots) made with butter or partially hydrogenated vegetable oil	Macaroni and Cheese, Hamburger Helper, Tuna Helper and other "instant" foods that are loaded with sodium and artificial preservatives
Non-dairy creamer or Cool Whip made with partially hydrogenated vegetable oil		Fritos, Doritos, Cheese Puffs, WOW potato chips, pretzels, etc. which contain partially hydrogenated vegetable oil, olestra, and or cheese
Margarine (made with partially hydrogenated vegetable oil)		Hot and cold cereals containing more than 10 g sugar and less than 5 g fiber per serving
Eggs		White sugar
Deli meats (cold cuts)		Crisco shortening
Any other meats or poultry		Baking powder containing aluminum
		Instant cake and pancake/waffle mix
		Candy
		Instant pudding and gelatin

Stocking a Healthful Pantry

important way to ease the way toward healthful eating it to have a variety of basic, commonly ed ingredients on hand at all times. Then on a weekly basis all you have to do is supplement these basics with fresh vegetables, and fruits to make delicious, beautiful and healthful meals and snack. Below are some suggestions for starting your own healthy pantry.

Storing Foods Properly:

- Keep foods cool, dry, and in a dark place to prevent insect infestation, mold growth, rancidity and loss of flavor, color, and nutrients
- Keep containers of food tightly sealed to reduce exposure to air and subsequent loss of flavor and nutrients
- Choose reusable containers with covers rather than storing food in aluminum foil or plastic wrap. Mason jars or recycled glass bottles are ideal for storing nuts, seeds, beans and grains (avoid freezing). Use plastic bags only in refrigerator or freezer. At room temperature, plastic leaches into food. Avoid paper bags for long storage as they allow air to penetrate.

WHOLE GRAINS

Brown rice	Whole grain bread	Oats
Quinoa	Bulgur	Barley
Whole grain crackers	Whole grain cold cereal	

rage: freeze (preferably) or refrigerate in well-sealed, labeled container for up to 4 months.

NOODLES (made from whole wheat, kamut, brown rice, spelt, quinoa)

Whole grain fettuccine and spirals or other small pasta

Storage: keep at room temperature in well-sealed container for a year or more

FLOURS

Whole wheat pastry	Unbleached, unbromated white with germ added back
Whole wheat bread flour	Soy flour

Storage: freeze (preferably) or refrigerate in well-sealed container for up to 4 months.

BEANS and LEGUMES

Chick-peas	Black beans	Canned white beans
Kidney beans	Lentils	

Storage: at room temperature in a cool, dry, dark place in well-sealed container for a year or longer.

DRIED FRUITS

aisins Currants Craisins Dates Other dried fruit

Storage: refrigerate (preferably) or keep in cool place in well-sealed container for up to 6 months.

NUTS and SEEDS

☐ Sunflower seeds ☐ Sesame seeds (unhulled) ☐ Walnuts ☐ Almonds ☐ Pumpkin seeds

Storage: freeze (preferably, or refrigerate for up to 4 months)

NUT BUTTERS

☐ Almond ☐ Sesame tahini ☐ Peanut (if desired)

Storage: keep in cool place; refrigerate (after opening) for up to 4 months

BEVERAGES

☐ Herbal teas ☐ Green teas ☐ 100% Fruit juice

Storage: room temperature

OILS

☐ Canola ☐ Olive

CONDIMENTS

☐ Sea salt ☐ Miso ☐ Reduced sodium soy sauce ☐ Brown rice vinegar

☐ Balsamic vinegar ☐ Hummus ☐ Nayonaise

DRIED HERBS and SPICES

Oregano, basil, thyme, rosemary, marjoram, bay leaves, dillweed, mint, black pepper, chili powder, curry powder, cumin, coriander, cinnamon, cloves, nutmeg, ginger, cayenne, cardamom, turmeric, paprika

Storage: cool, dark place in tightly sealed containers for up to 1 year.

SWEETENERS

☐ Maple syrup ☐ Barley malt ☐ Brown rice syrup ☐ Stevia

☐ Succanat

Storage: room temperature (refrigerate maple syrup after opening).

FRUITS and VEGETABLES

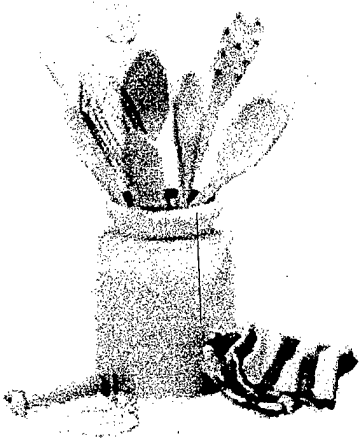
A few selections of fruits and vegetables from each color group fresh and/or frozen

☐ Red ☐ Green ☐ White ☐ Purple/Blue ☐ Yellow/Orange

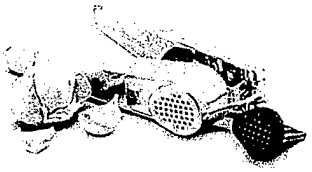
Storage: at room temperature in a cool, dry, dark place in well-sealed container for a year or longer

Tools of the Trade

Having the right tools to prepare foods will help you create easy and delicious meals. Below is a list of some basic items to have in your toolbox. If you find that you do not have many of these items and don't want to buy them new, check with friends and relatives who may have extras, and look at yard sales and discount stores like WalMart and Spag's 19.



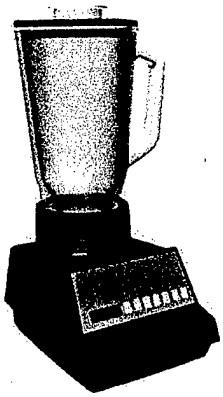
Mason jars of a variety of sizes to store nuts, seeds, grains, and beans
Wooden cutting board
Plastic cutting board
Several wooden spoons
Spatula
Several mixing bowls of varying sizes
A set of good knives (at a minimum you'll need a chef's knife, utility knife, paring knife and a serrated slicing knife (usually cheaper to buy as a set than individually).
Measuring spoons
Measuring cups (dry and liquid)
Spice rack (empty jars to which you can add loose herbs and spices)
Garlic press



Hand-held can opener
Colander (large and small hand-held)
Funnel
Several pots and pans of varying sizes (preferably NOT non-stick)-covers for pots and pans (sauté pan, sauce pots, wok-style pan, steamer pan set)
Baking pans 9"X11" and 8"X8"

Loaf pan
Cookies sheets with raised sides
Cooling rack
Pizza cutter

Electric blender



Food processor
Pot holders
Vegetable peeler (make sure to get one that works really well)
Kitchen tongs

Grater
Rolling pin

Kitchen timer

MINDFUL STRETCHING

Many of us are reluctant to exercise because it involves discomfort or strain, or requires special equipment or others to work out with, or going to a special place to do it. If this has been the case for you, then mindful stretching – sometimes known as hatha yoga - may be just the practice you have been waiting for.

The word "Yoga" means "yoke" in Sanskrit, and implies a harnessing together and a unifying of body and mind. Yoga is a form of meditation, and when done regularly, is an excellent mind/body discipline for people who wish to move towards greater levels of health.

Hatha yoga consists of postures done mindfully and with awareness of breathing. They are easily learned and have dramatic effects if practiced regularly. The ones we are doing are extremely gentle. Regular practice will increase your musculoskeletal flexibility, strength, and balance, as well as help you to enter states of deep relaxation and awareness. Many people experience a greater serenity about life in general, improved circulation, a firmer, trimmer figure, and less illness as a result.

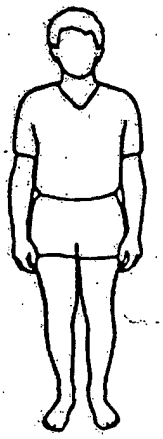
In practicing yoga, you are advised to practice in the same way that you do when meditating, namely maintaining moment to moment awareness, and not striving to get somewhere, just allowing yourself to be as you are, and letting go of any judging of yourself. Move slowly and consciously. Mindful yoga involves exploring your limits but not pushing beyond them. Instead, you play with dwelling at the boundary and breathe. This requires honoring your body and the "messages" it gives you about when to stop and when to avoid doing a posture because of your particular condition.

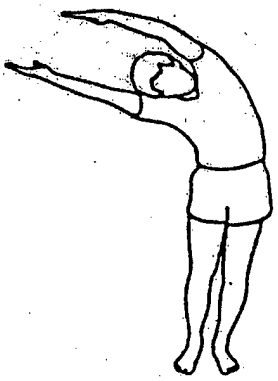
Yoga requires no special equipment and can be done almost anywhere. You can learn it from the CD (track 2) and class manual diagrams and then go on to invent your own postures, and get other ideas from yoga books or from classes. It is fun to do it to slow music! Experiment mindfully.

In Class 5 you will receive a second CD and diagrams that describe some other postures that you can try for variation.

Jon Kabat-Zinn Ph.D.
UMass Medical School

Sequence of Stretching Postures
CD #1





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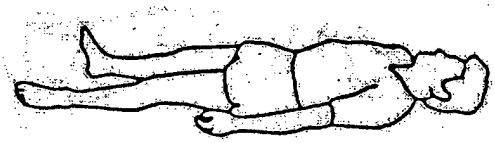
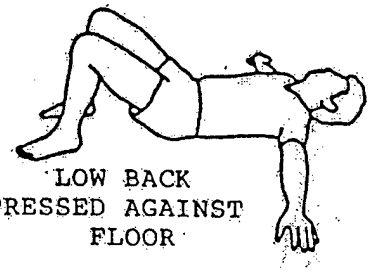
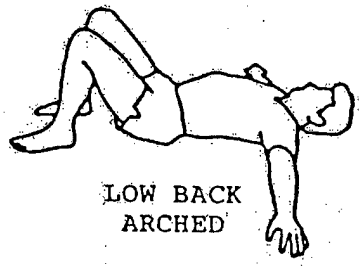




LOW BACK
PRESSED AGAINST
FLOOR



LOW BACK
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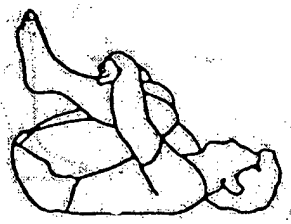
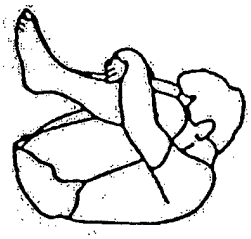
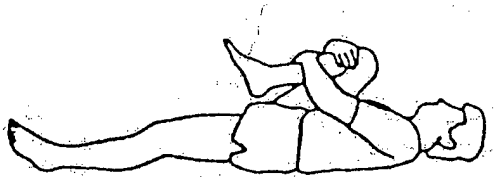


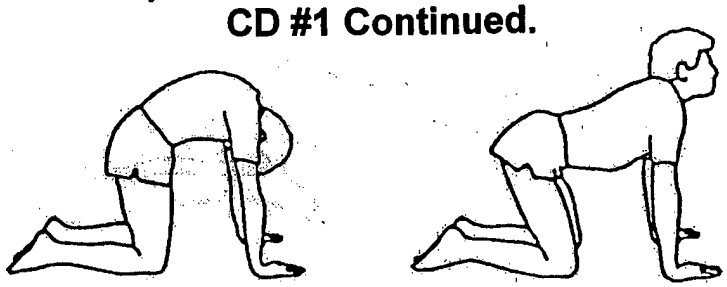


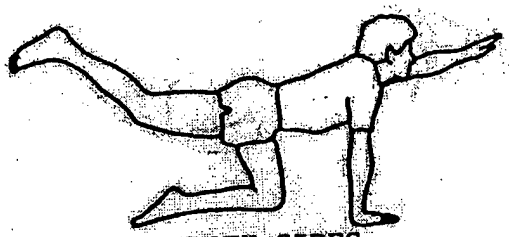


BOTH SIDES

BOTH SIDES

Sequence of Stretching Postures
CD #1 Continued.





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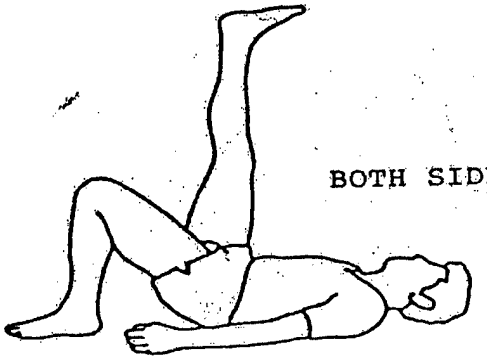

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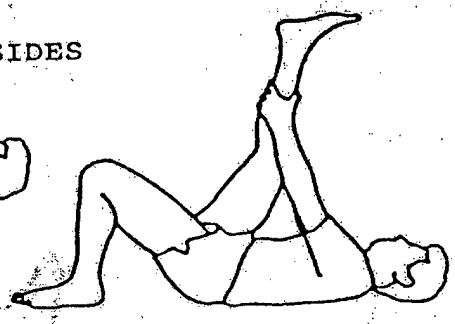

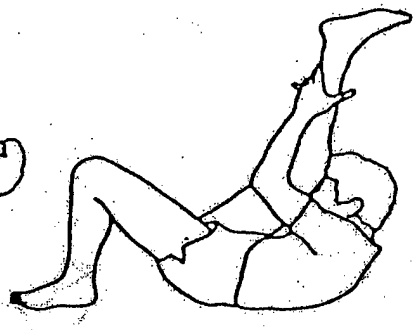

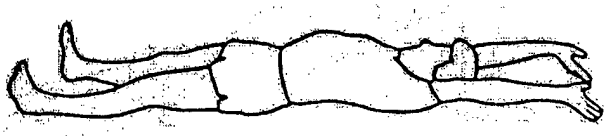

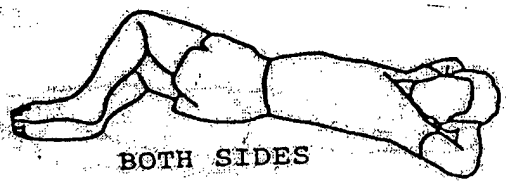

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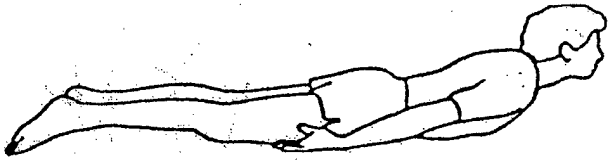
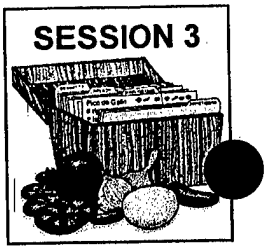


Menu

Miso Soup

Stir-Fry Vegetables with Tofu

Strawberry Banana Sorbet



Miso Soup

Serves 4-6

½ cup	Wakame or kombu, soaked
2-3 tbs	Miso (light)
1 ½ cups	Vegetables (chopped)
4 cups	Water
1 tsp	Sesame oil

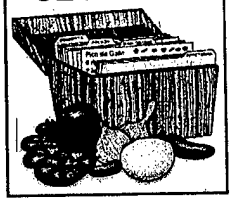
1. In large, deep saucepan sauté-seaweed and vegetables.
2. Add water and bring to a scald.
3. Reduce heat to low and simmer covered for 15 minutes.
4. Dissolve miso in a little broth, return to soup.
5. Bring soup back to scald and remove from heat.

Garnish with chopped scallions and or lemon.

Vegetable Ideas
Daikon, leeks, onion, burdock root, mushrooms, turnips, carrots, cabbage, greens, sweet potatoes, bean sprouts, tofu, sea weeds

From: Healing with Whole Foods
by Paul Pitchford

SESSION 3



Stir-Fry Vegetables with Tofu

Serves 4

1 pkg	Extra-firm tofu (preferably calcium-fortified)
8 cups	Sliced vegetables: yellow onions, carrots, peppers, mushrooms, celery, broccoli, asparagus, bamboo shoots (keep the diversity but substitute any vegetables you enjoy)
1 tbs	Canola oil

Sauce:

¼ cup	Dry sherry
¼ cup	Low sodium soy sauce
2 cloves	Garlic, minced
2-tbs	Light brown sugar
1 tsp	Ginger root, finely chopped
1 tsp	Toasted sesame seeds

Slice tofu into strips and arrange on a plate with prepared vegetables, separated by variety.

1. Stir together sauce mixture until sugar dissolves and set aside.
2. Add canola oil to a large skillet or wok, place over medium-high heat, and add vegetables. Cook sturdier vegetables first, saving tender ones for later. Stir vegetables constantly, adding a little water if necessary to keep them from sticking or burning.
3. Add tofu and flavoring mixture (stir again before adding). Continue to cook over high heat for 1 minute.

Serve over brown rice or Soba (buckwheat) noodles

Recipe and comments from Andrew Weil, MD's website www.eatingwell.net

Strawberry Banana Sorbet

Serves 4

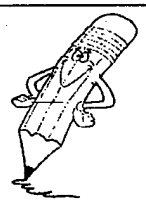
4 each	Bananas, ripe and frozen
3 cups	Frozen strawberries, cut in half
1 tsp	Vanilla extract
1 tbs	Sugar
As needed	Soymilk

1. Cut bananas into ½" slices. Break apart strawberries if they are clumped together.
2. Place half the fruit and the remaining ingredients in a food processor. Puree until smooth. Add remaining fruit a little at a time and continue to puree.

Serve immediately, garnished with a fresh strawberry and a chocolate curl.

To freeze bananas, peel them and wrap them in plastic. Place in freezer for at least 4 hours.

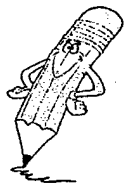
PLEASANT EVENTS

	What was the event?	Were you aware of the pleasant feelings <u>while</u> the event was happening?	How did your body feel, in detail, during this event?	What moods, feelings, and thoughts accompanied this event?	What thoughts are in your mind now as your write this event?
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					

	What was the event?	Were you aware of the pleasant feelings <u>while</u> the event was happening?	How did your body feel, in detail, during this event?	What moods, feelings, and thoughts accompanied this event?	What thoughts are in your mind now as your write this event?
FRIDAY					
SATURDAY					
SUNDAY					

PLEASANT EVENTS

	What was the event?	Were you aware of the pleasant feelings <u>while</u> the event was happening?	How did your body feel, in detail, during this event?	What moods, feelings, and thoughts accompanied this event?	What thoughts are in your mind now as your write this event?
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					

	What was the event?	Were you aware of the pleasant feelings <u>while</u> the event was happening?	How did your body feel, in detail, during this event?	What moods, feelings, and thoughts accompanied this event?	What thoughts are in your mind now as your write this event?
FRIDAY					
SATURDAY					
SUNDAY					

Session 4

Shopping and Deciphering Food Labels
Expanding Mindfulness Practice

Shopping and Deciphering Food Labels
Expanding Mindfulness Practice

Session 4: Objectives

Following this class you will:

- ✓ Be able to choose healthful foods by reading the ingredient list.
- ✓ Understand the guidelines for choosing food products based on pre-stated goals for grams of fat, sodium, fiber and sugars.
- ✓ Be better able to detect misleading claims used for advertising on food labels.
- ✓ Have a list of high quality food brands we recommend to help you with food shopping
- ✓ Have experience in sitting meditation practice
- ✓ Begin to understand how mindfulness practice can be a support in making lifestyle changes

Class Agenda

- Discuss how to read a food label to identify healthy foods.
- Practice reading food labels
- Prepare and share a meal together.
- Expand your repertoire of formal mindfulness practices
- Review the experience of alternating the stretching and body scan this week.
- Review the entries in your pleasant events calendar. Discuss the experience of the pleasant events you recorded during the week.
- As a group we will discuss the challenges that are arising in making the dietary change and making time for mindfulness practice as a self-support.
- Do a guided sitting meditation

Home Activity

- You will be given a special category of food and your job will be to seek out an item in the store that is both healthful and new to you. Bring it in to share with the class.
- Alternate the body scan and mindful stretching exercises each day this week.
- Do a sitting meditation for 20 minutes every day, being mindful of coming back to the breath when you notice the mind has wandered. It doesn't have to be a problem when you find the mind is busy – that's just the way it happens to be in that moment. Let it be as it is and just patiently and gently keep coming back to the breath. Remember that we are working with this quality of attention, noticing where it is at any given moment and developing the capacity to redirect it to an object of our choosing. Meditation is not just a calming tool, but a tool for discovery – not in an intellectual sense but in an experiential way.
- Complete the unpleasant events calendar.

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Ask the Right Questions and Choose the Right Food!

(How to Read a Food Label Like a Pro!)

1. Read the ingredient list.

Question	Buy it!	Choose something else
Are most of the ingredients real foods?	YES	NO
Does the product contain partially hydrogenated vegetable oil?	NO	YES
Is one of the first few ingredients fat (oil, butter, lard, shortening) or sugar (cane sugar, fruit juice concentrate, honey, high fructose corn syrup)?	NO	YES
If you are looking at a "grain" food (crackers, bread, cereal, cookies, pasta, cake, rice) does it contain some WHOLE grain (i.e., whole wheat flour, brown rice, etc.)?	YES	NO

2. Look at the fat grams. GOAL: Eat less than 12g **saturated fat** daily.

Question	Buy it!	Choose something else
If you are looking at a snack or dessert food, is there less than 5 g total fat per serving?	YES	NO
For any kind of food is there less than 3 g **saturated fat** per serving?	YES	NO

3. Look at the sodium milligrams. GOAL: Eat less than 2000 mg sodium daily.

Question	Buy it!	Choose something else
Is there less than 300 mg sodium per serving?	YES	NO

4. If you are buying "grain foods" such as bread, cereal, crackers, or pasta look at the dietary fiber grams. GOAL: Eat 30 g fiber daily (50 g daily of you have diabetes).

Question	Buy it!	Choose something else
Do the crackers or bread have at least 2 g fiber per serving?	YES	NO
Does the cereal have at least 5 g fiber per serving?	YES	NO
Does the pasta have at least 5 g fiber per serving (whole wheat?)	YES	NO

5. Read "sugar" grams to see how much added sugar is in the food. GOAL: Eat less than 40 g sugar daily (No more than 20-30 if you have diabetes).

Question	Buy it!	Choose something else
Is there less than 10 g sugar per serving?	YES	NO

Terms of Confusion

FAT

• Fat-free	Less than 0.5 g fat per serving
• Low-fat	3 g or less per serving
• Reduced or less fat	25% less per serving than regular product
• "Lean" meat	10% or less fat BY WEIGHT – NOT CALORIES

CHOLESTEROL

• Cholesterol free	Less than 2 mg, but can still be high fat!
• Low cholesterol	20 mg or less cholesterol per serving

CALORIES

• Calorie free	Fewer than 5 calories per serving
• Low calorie	40 calories or less per serving
• Reduced calorie	25% or less calories per serving than regular product

SUGAR

• Sugar free	Less than 0.5 g per serving
• No added sugar	No sugar added ruing processing or packing, including ingredients than contain sugars (i.e., fruit juice, applesauce).

SODIUM

• Sodium free	Less than 5 mg per serving
• Very low sodium	35 mg or less per serving
• Low sodium	140 mg or less per serving
• Reduced sodium	25% less sodium per serving than original product

FIBER

• High fiber	5 g or more per serving
• Good source of fiber	At least 2.5 g fiber per serving

MISCELLANEOUS

• Light, lite, lightly	Can refer to color, calories, sodium or fat
• Dietetic	May be lower than regular product in fat, sugar, and/or sodium

More Practice Reading Food Labels:
A Hunt for Healthful Foods
Home Activity
Session 4

When you go food shopping this week select a product that is new to you, and that you have determined to be "healthful" from reading the label. Bring it in to share with the class. Below please describe briefly why you chose this particular item.

Make an effort to be mindful of your moments during the day - become aware of when you are going on to "automatic pilot" and under what circumstance it occurs.

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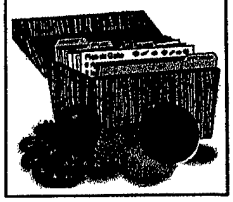
Menu

Pear, Spinach & Walnut Salad

David's Pizzazzy Pizza

Soy Delicious Topped with Berries



Pear, Spinach & Walnut Salad

Salad:

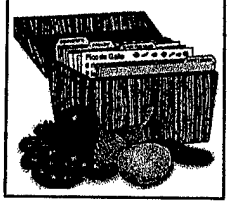
2 c	Seedless red grapes, halved
1 c	Chopped celery
4 lrg	Bartlett pears, thinly sliced*
8 c	Baby spinach, washed & dried
¼ c	Chopped walnuts

Dressing:

4 T	Cider vinegar
4 T	Water
1 T	Olive oil
¼ tsp.	Salt
¼ tsp.	Black pepper

Combine dressing ingredients in a large bowl and stir with whisk. Add grapes, celery and pears to dressing mixture and toss to coat. Place spinach in a bowl, pour grape mixture on top of spinach and toss thoroughly. Sprinkle salad with walnuts.

* If pears are not available, substitute with apples of your choice.



David's Pizzazzy Pizza

1 lb	Whole wheat pizza dough
1	Red/yellow pepper, diced
1 cup	Broccoli, chopped
1 large	Onion, chopped
1 cup	Shitake mushrooms, soaked in water, drained and diced
1 -2 tbs	Olive oil
1-2	Hot house tomatoes, diced
1 can	Tomato paste

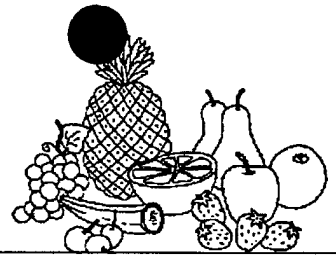
Italian Seasoning spice blend
Oregano
Rosemary
Sage
Basil
Garlic
Hot Sauce (Tabasco, McIlhenny's Green Pepper Sauce, etc.)

Prepare dough, by hand or by a bread machine. Preheat oven to 350° F. Roll dough out on well-floured cutting board and transfer to a greased baking sheet or pizza pan. Heat olive oil in large frying pan, sauté onions until caramelized. Add mushrooms and sauté until soft and well blended with onions. Set aside.

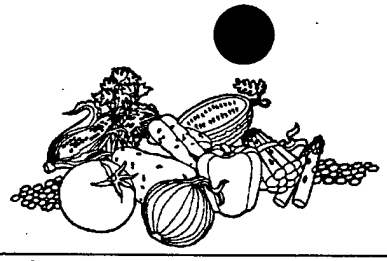
Spread tomato paste thinly over dough. Add onion/mushroom blend and herbs and spices to taste. Spread peppers and chopped tomatoes over dough. Bake pizza on top shelf of oven for about 20 minutes. Pizza is done when bottom of crust is brown. Slide pizza onto wire racks and cool for several minutes. Next slide onto cutting board and cut into pieces.

Soy Delicious Topped with Berries

1 scoop of soy delicious topped with berries



Food Diary & Mindfulness Practice Log



Name:_____

I am: ☐ Participant ☐ Support person

Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:
Breakfast	Breakfast	Breakfast	Breakfast
Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch
Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner
Other	Other	Other	Other

Food D[illegible] & Mindfulness Practice Log (continued)

Friday Date:	Saturday Date:	**Sunday Date:**
Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch	Lunch	Lunch
Snack	Snack	Snack
Dinner	Dinner	Dinner
Other	Other	Other

Mindfulness Practice Log

How regularly did you use the body scan tape this week?

___3 times or more
___ less than 3 times
___ less than once

How regularly did you do the mindful stretching exercises this week?

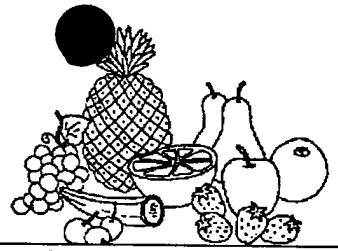
__3 times or more
__ less than 3 times
__ less than once

How many times did you do a sitting meditation this week?

___every day (almost)
___3 times or more
___less than 3 times
___less than once

For how long on average did you sit?

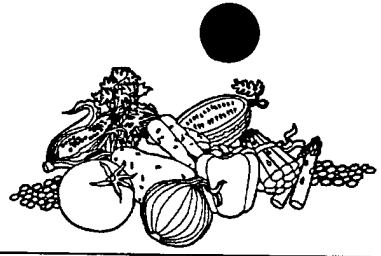
__ 20 Minutes or more
__ 10 to 20 Minutes
__ 5 to 10
__ Less than 5 Minutes



Food Diary & Mindfulness Practice Log

Name:_____

I am: ☐ Participant ☐ Support person



Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:
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Food D[illegible]y & Mindfulness Practice Log (continued)

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For how long on average did you sit?

__ 20 Minutes or more
__ 10 to 20 Minutes
__ 5 to 10
__ Less than 5 Minutes

Prostate Health Study
Feedback Form

Session Date:_____

To ensure that the sessions are meeting your needs it will be helpful if you give us the following feedback. Please place the form in the box in the kitchen. **Your responses are anonymous.**

1. Please check one answer. ❑ I am a participant.
   ❑ I am a support person.

2. How clear did you find the presentation of the **dietary information** in tonight's session? (Please circle one)

   Very clear Somewhat clear Unclear

3. How clear did you find the presentation of the **stress reduction/mindfulness information** in tonight's session? (Please circle one)

   Very clear Somewhat clear Unclear

4. How useful did you find the presentation of the **dietary information** in tonight's session? (Please circle one)

   Very useful Somewhat useful Not useful

5. How useful did you find the presentation of the **stress reduction/mindfulness information** in tonight's session? (Please circle one)

   Very useful Somewhat useful Not useful

6. What did you like **best** about tonight's session?

   _____

   _____

7. What did you like **least** about tonight's session?

   _____

   _____

8. Is there anything that you would change about tonight's session?

   _____

   _____

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   _____

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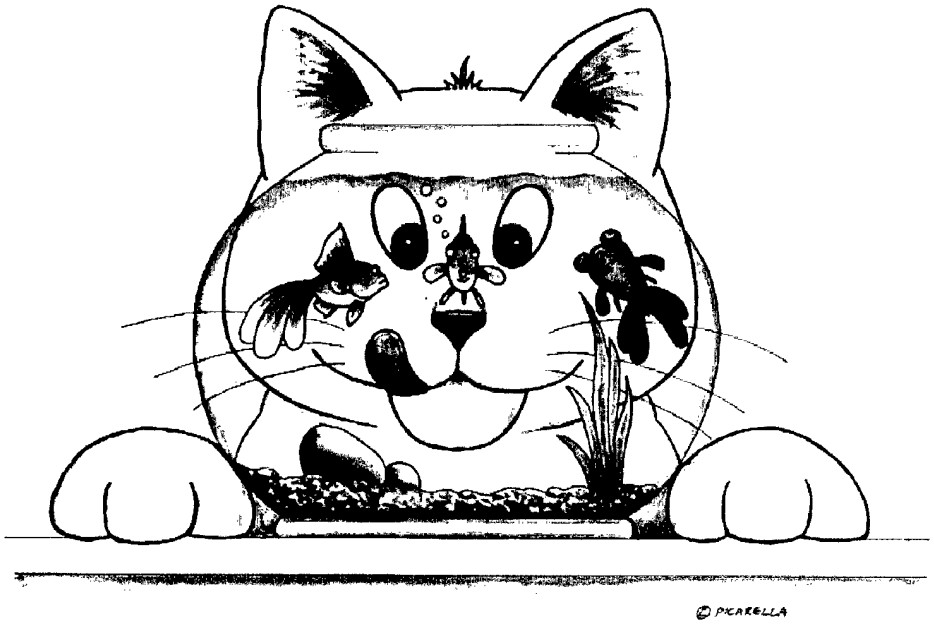
   _____

   _____

Session 5



Meal Planning/

Exploring Your Habitual Reaction Pattern

Class 5 Objectives
Meal and Menu Planning
Exploring Your Habitual Reaction Patterns

Following this class you will:

3Have the tools to begin simple meal and menu planning for you and your family based around nutritional guidelines, and your families' particular preferences and time constraints.

3Understand how to place portions of food on your plate in a healthful and balanced way.

3Have the tools to ensure that you consume an adequate amount of calcium in your new diet.

Understand your habitual reaction patterns to stressful situations.

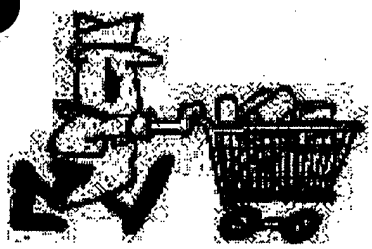
Class Agenda:

- Discuss the basics of recipe selection, and menu planning.
- Discuss a visual diagram that will help you with food portion sizes.
- Practice determining if a given menu meets the guidelines provided to you around meal and menu planning.
- Practice converting a typical "unhealthy" meal into "prostate-healthy" version of the same meal.
- Discuss your experience of completing the unpleasant events calendar during the week and what you recognized about your habitual patterns of reacting to stress.
- Do a guided sitting meditation.

Home Activity:

- Using the worksheet provided you will design one week's worth of nutritionally balanced menus.
- Alternate the guided sitting meditation with either the body scan or the mindful stretching each day this week.
- Become aware of your moments of reacting this week and explore options for responding with greater mindfulness and creativity in those moments. Also be aware of these moments in your meditation practice and how you recover (or don't).

Meal and Menu Planning



Planning a weekly menu before you food shop can save you time, money, and the aggravation of making several runs to the grocery store each week. It's especially helpful to know what you are making for a meal ahead of time, and to have the ingredients on hand if you work or lead a busy lifestyle! Below are some things to consider to plan a nutritionally balanced, beautiful, and delicious weekly menu.

Will you be eating the meal **at home, at a restaurant, or do you need to brown bag it?**

How much time will you have to prepare the meal and what will likely be your motivation to prepare it? (i.e., if you'll be getting home from work on Monday at a late hour and you'll be tired and hungry, it might be a good idea to plan a quick and easy meal for that night.)

Who will you be sharing the meal with? **Do you need to modify** any flavors or ingredients to please others?

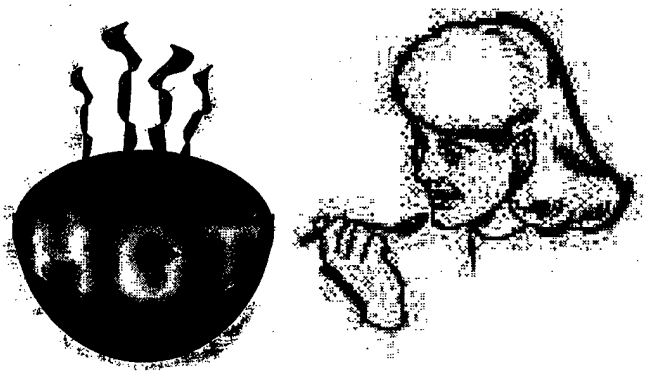
Is there **a holiday or special occasion** that requires a special dish or meal?

Color: choose contrasting colors for your plate (i.e., kale (green) and yams (orange).

Texture: include a variety of textures (i.e.., mushy (winter squash) with solid (beans).

Taste: sweet, salt, sour, bitter-include a variety of these tastes in your meal

Temperature: hot foods are soothing on a cold winter day and cold foods refreshing on a hot summer day. Temperature can also be provided by adding spices!



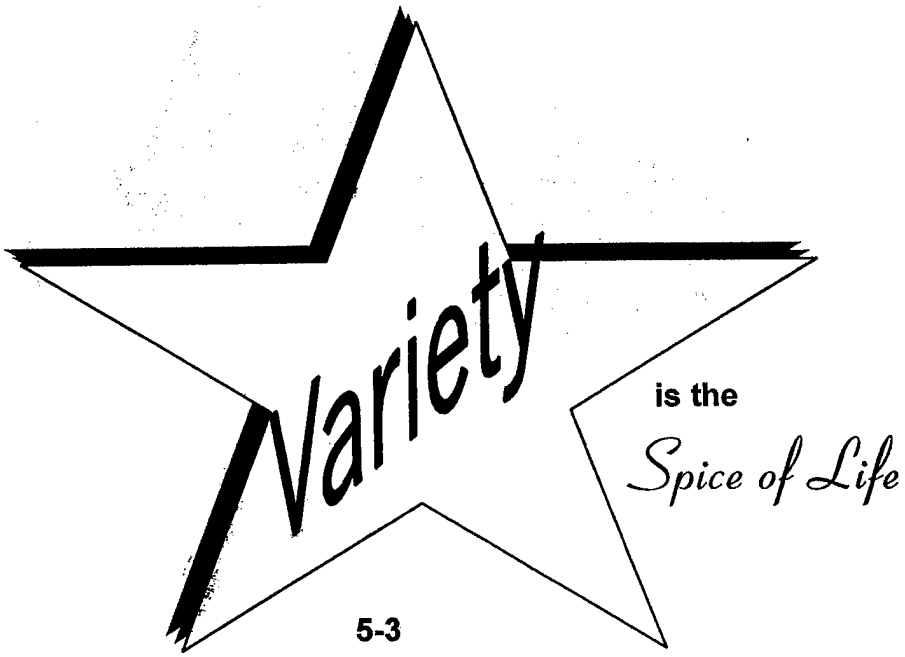
Important Parts to any Meal

To create a complete meal, be sure to include a selection from each of the following food groups in every meal. These food selections can stand alone (i.e. a side of steamed broccoli) or be incorporated into an entrée (i.e. a tofu-broccoli stir-fry).

Protein	Whole Grain	Vegetable/Fruit	Fat
Soy/meat substitutes Legumes Fish	Grain (i.e., brown rice) Bread Crackers Pasta Cereal	Red Orange/Yellow Green Purple/Blue White	Cooking oils Nuts Nut butters Avocados Spreads (trans fat- free only)

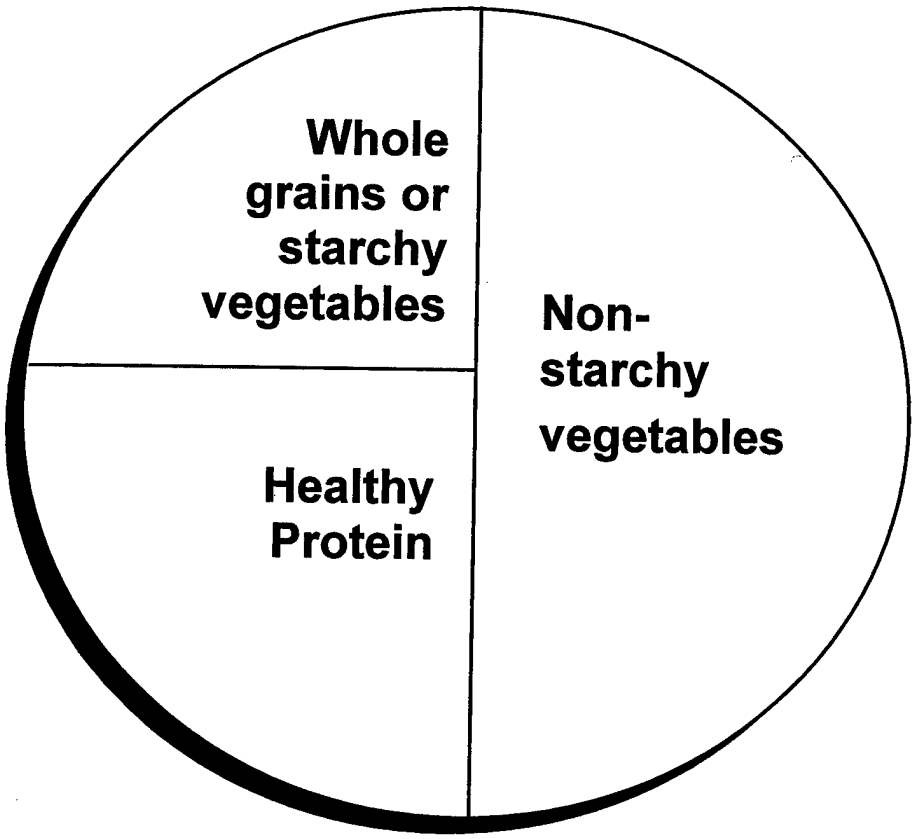
***Choose at least one leafy green and one orange/red vegetable each day.**

Think **variety** when you are choosing the parts of your meals. Vary the types of protein source, the type of legume, fish, whole grain, vegetable, and fat source on a daily and weekly basis.



Sizing Up Your Portions

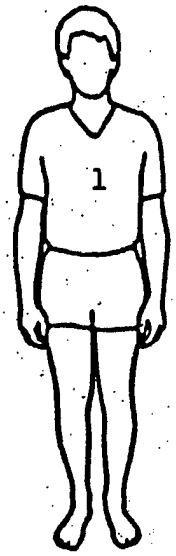
This plate diagram will help you to put together complete, healthful and filling meals in the best portions, for lunch and dinner. For breakfasts you may want to replace the vegetable portion of the plate with fruit (please reduce the fruit portion to ¼ plate if you choose to do this).

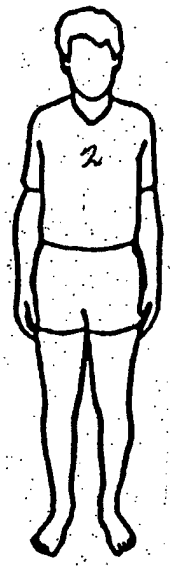


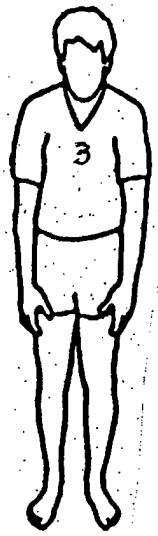
Reminders

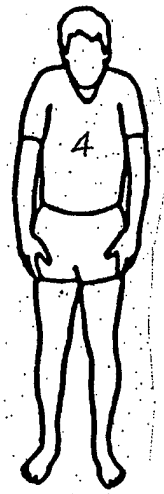
- ❑ Eat fruit (for or in addition to other food) at snack time.
- ❑ Prepare these foods with healthful fats!

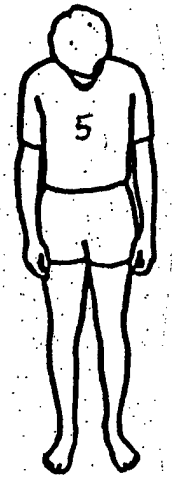
Sequence of Stretching Postures
CD #2

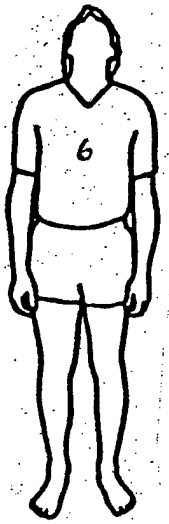


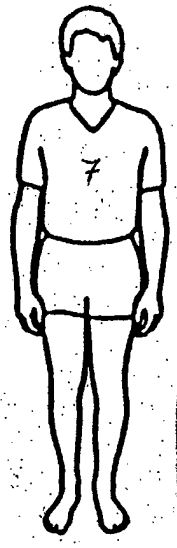


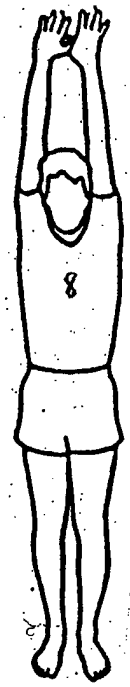


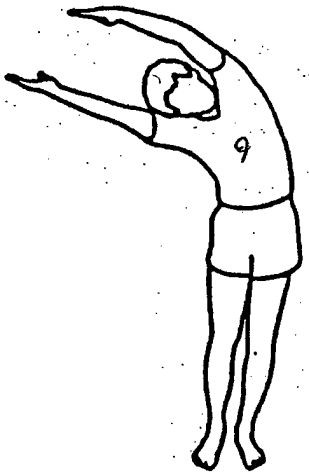


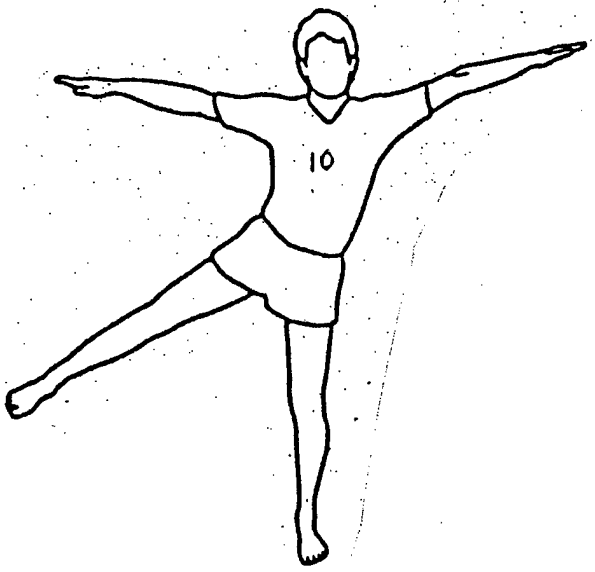






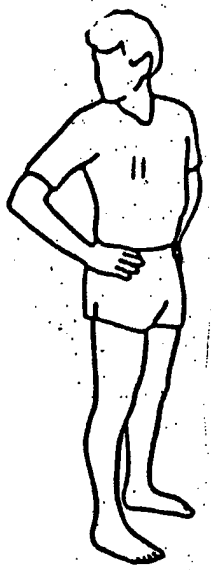


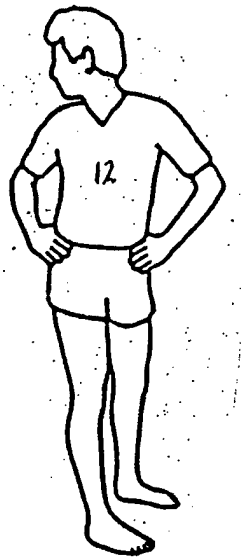


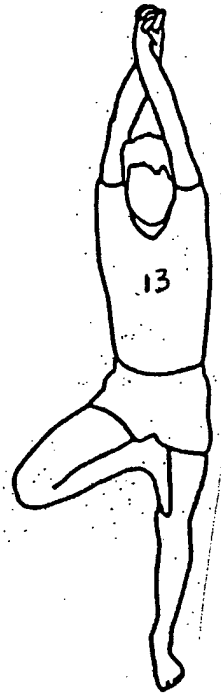


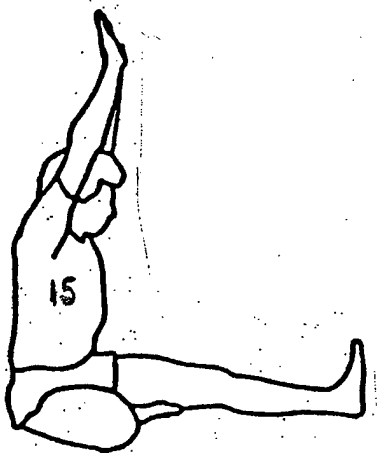
BOTH SIDES

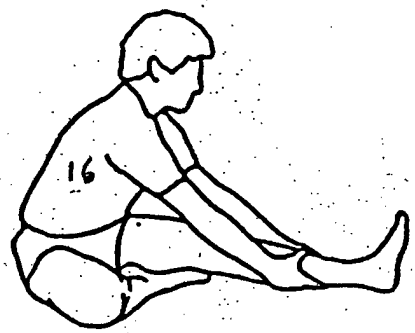
Sequence of Stretching Postures
CD #2 Continued

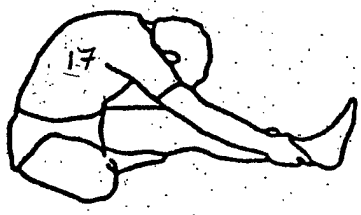


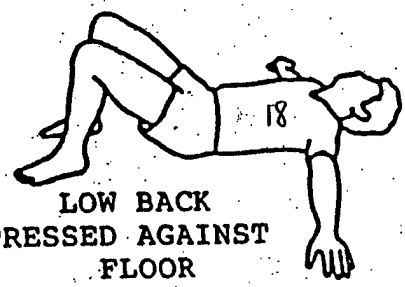




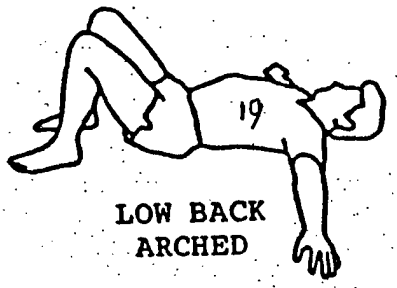




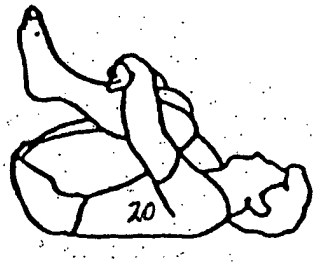


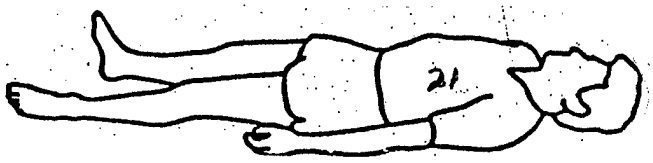


LOW BACK
PRESSED AGAINST
FLOOR



LOW BACK
ARCHED





MINDFUL STRETCHING (Continued)

Following are a further series of mindful stretching (hatha yoga) postures that you may want to explore. Most of these postures are done in a standing position. Diagrams for the postures are on the following pages and guided audio instructions are contained on Track 2 of CD 2, that you will receive in class today.

Remember to do these stretches in a way that honors your own limits. Some of the postures require paying careful attention to balance. You can adapt them to suit the circumstances of your own physical condition. It is the regular practice of these exercises that is most important to obtain their health benefits. There is no need to try to push yourself beyond your present limits. If you do the stretches with care, attention and regularity you will find that your limits will change by themselves.

As you are doing the stretches bring an open-hearted curiosity to the physical sensations that they evoke and also to the quality of the effort that you are bringing to the experience in each moment. The time that you spend doing the stretching is a time of exploration just like the body scan and the sitting meditation. Because we will probably tend to approach and react to these exercises in a way that is similar to the way we react to other things that represent some sort of a challenge they become a good opportunity for exploring our habitual patterns of reacting.

Enjoy your time with yourself.

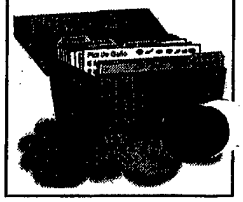
Menu

Quinoa Chili

Sesame Broccoli

Spinach, Beet, and Walnut Salad

Pumpkin Pie



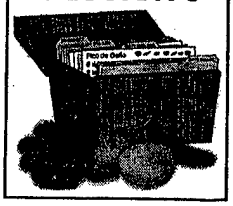
Quinoa Chili

Serves 6-8

1 cup	canned kidney beans, drained and rinsed
2 cup	Tomato sauce
2 tsp	Extra-virgin olive oil
1 med	Onion, chopped
2 tsp	Salt
1 large	Red bell pepper, chopped
2 cloves	Garlic, minced
3-4 tsp	Cumin
2 tsp	Dried oregano
¼ tsp	Cinnamon
1/8 tsp	Cayenne
2/3 cup	Quinoa, rinsed in warm water and drained
1 cup	Fresh or frozen corn
1 cup	Water

Heat oil in skillet on medium heat. Add onion, salt, garlic, pepper, and spices; sauté for 5-10 minutes. Add rinsed Quinoa and stir in. Add corn, tomato sauce, and water to onion/Quinoa mixture. Simmer together 20 minutes. Add beans, to other ingredients; simmer another 10 minutes.

Adapted from Feeding the Whole Family by Cynthia Lair



Spinach, Beet, and Walnut Salad

Serves 4

The Walnut Dressing

1/8 cup	Walnut oil
3 tbs	Sherry vinegar
3 tbs	Shallot, mined

The Salad

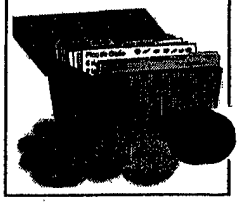
4 small	Beets, unpeeled and washed well
6 oz	Baby spinach leaves, washed and stemmed
2 each	Belgian endives, thinly sliced
¾ plus ½ cup	Walnuts, toasted
	Salt and freshly ground pepper, to taste

TO PREPARE THE WALNUT DRESSING whisk the walnut oil, sherry wine vinegar, and shallot together in a small bowl.

TO PREPARE THE SALAD scrub the beets; remove the stems and root ends. Steam or boil the beets for approximately 20 minutes, until tender when pierced with a knife; chill completely. When the beets are chilled, gently remove the outer peel and cut the beets into thin wedges. Dress the beet wedges with a small amount of dressing.

In a medium bowl, combine the spinach, Belgian endives, the ¾ cup walnuts, and the remaining dressing. Mix well. Season the greens with the salt and pepper. Divide the salad mixture onto 4 salad plates. Arrange the beets on the salad plates. Sprinkle the top of each salad with the remaining ½ cup toasted walnuts.

From: The Whole Foods Market Cookbook, by Steve Petusevsky

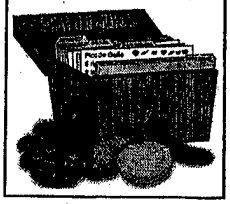


Sesame Broccoli

Serves 4

1-½ lbs	Fresh broccoli
1 tsp	Expeller pressed Canola oil
1 tbs	Sesame seeds
1 tbs	Lemon juice
1 tbs	Reduced-sodium soy sauce
1 tbs	Sugar

Trim off leaves of broccoli and ends of stalks. Wash under cold running water; separate into spears, and place in vegetable steamer over boiling water. Cover and steam 7 minutes or until crisp-tender. Drain; place in serving bowl. Heat oil in small saucepan over medium heat. Add sesame seeds; sauté until lightly browned. Add lemon juice, soy sauce, and sugar; bring to boil. Drizzle over broccoli, tossing gently to coat.



Pumpkin Pie

Makes 1 9" pie

1	Unbaked 9" low fat pie shell
¾ lb	Silken tofu (squeeze all the liquid out)
1 (16oz)	Can pumpkin puree
1 cup	Brown sugar
2 tbs	Canola oil
2 tbs	Molasses
1 ½ tsp	Cinnamon
1 tsp	Salt
¾ tsp	Ginger powder
½ tsp	Nutmeg

Preheat Oven to 350° F. Blend all ingredients in a food processor until very well mixed. Pour into the pie shell and bake for 1 hour or until cracks start to appear in the filling. Chill for at least 2-3 hours before serving.

Serve with Whipped Tofu Topping for a decadent finish.

From: Tofu Cookery by Louise Hagler

Meal Planning Practice
Home Activity
Session 5

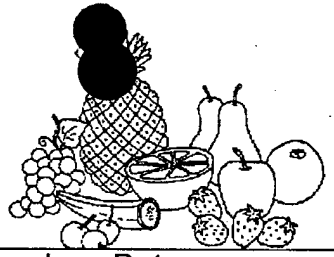
[redacted]

Use this worksheet to help you plan a week's worth of meals for your family. Try to include a food from each group at every meal. Bring this in next week for review.

	Breakfast	Lunch	Dinner
Monday	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____
Tuesday	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____
Wednesday	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____

Menu Planning continued

Thursday	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____
Friday	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____
Saturday	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____
Sunday	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____	*Menu:* Pr _____ Wg _____ V/F _____ Fat _____



Food Diary & Mindfulness Practice Log

Name:_____

I am: ☐ Participant ☐ Support person

Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:
Breakfast	Breakfast	Breakfast	Breakfast
Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch
Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner
Other	Other	Other	Other

Food Diary & Mindfulness Practice Log (continued)

Friday Date:	Saturday Date:	**Sunday Date:**
Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch	Lunch	Lunch
Snack	Snack	Snack
Dinner	Dinner	Dinner
Other	Other	Other

Mindfulness Practice Log

How often did you use the body scan tape this week?

___3 times or more
___ less than 3 times
___ less than once

How often did you do the mindful stretching exercises this week?

__3 times or more
__ less than 3 times
__ less than once

How often did you do a sitting meditation this week?

___every day (almost)
___3 times or more
___less than 3 times
___less than once

For how long on average did you sit?

__ 20 Minutes or more
__ 10 to 20 Minutes
__ 5 to 10
__ Less than 5 Minutes

Session

Prostate Health Study
Feedback Form

Session Date:_____

To ensure that the sessions are meeting your needs it will be helpful if you give us the following feedback. Please place the form in the box in the kitchen. **Your responses are anonymous.**

1. Please check one answer. ❑ I am a participant.
   ❑ I am a support person.

2. How clear did you find the presentation of the **dietary information** in tonight's session? (Please circle one)

   Very clear Somewhat clear Unclear

3. How clear did you find the presentation of the **stress reduction/mindfulness information** in tonight's session? (Please circle one)

   Very clear Somewhat clear Unclear

4. How useful did you find the presentation of the **dietary information** in tonight's session? (Please circle one)

   Very useful Somewhat useful Not useful

5. How useful did you find the presentation of the **stress reduction/mindfulness information** in tonight's session? (Please circle one)

   Very useful Somewhat useful Not useful

6. What did you like **best** about tonight's session?

   _____

   _____

7. What did you like **least** about tonight's session?

   _____

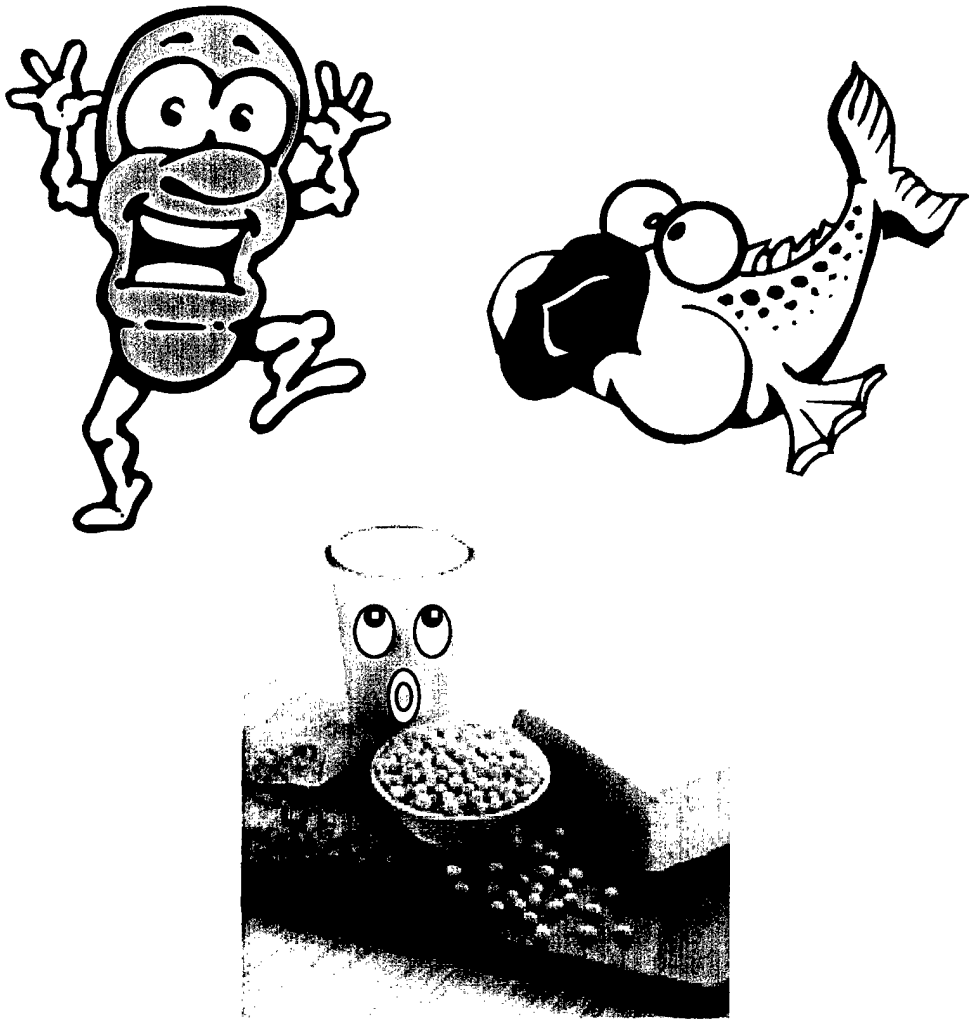
   _____

8. Is there anything that you would change about tonight's session?

   _____

   _____

Session 6



Power-Packed Proteins

Power-Packed Proteins
Exploring our Relationship with our Thoughts

Session 6: Objectives

Following this class you will:

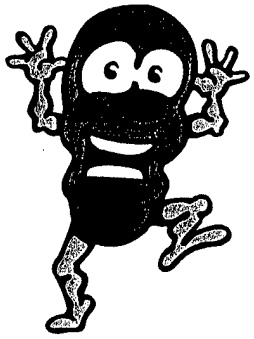
- ✓ Understand how beans protect our health and how to prepare and use them in meals.
- ✓ Understand how soy prevents cancer and other major diseases and how to use different kinds of soy foods in cooking and baking.
- ✓ Understand how the omega-3-fats in fish prevent prostate cancer.
- ✓ Have some tips for buying and cooking fresh fish.
- ✓ Know how to avoid fish contaminated by methyl mercury and PCBs.
- ✓ Learn ways to bring mindfulness to your thoughts and thinking

Class Agenda

- Discuss the major protein sources recommended in our study (beans, soy, and fish) and the rationale for including each of these in the diet on a regular basis.
- Discuss methods of preparation and use for beans, soy and fish in meal planning.
- Discuss your experience of the guided sitting meditation this week and what you are learning about your relationship with your thoughts, especially the fearful thoughts.
- Review the changes that occur in your mind and your body when you are in stressful situations and how mindfulness can be used to work with these.

Home Activity

- This week incorporate 3 new meals (1-each centered around beans, soy, and fish, respectively).
- Continue to alternate the sitting meditation with either the body scan or the mindful stretching each day this week.
- Become aware of your moments of reacting this week and explore options for responding with greater mindfulness and creativity in those moments. Also be aware of these moments in your meditation practice and how you recover (or don't).
- Be aware of how you hold feelings that come up this week – especially the intense ones.
- Continue to use the breath to slow things down.



Power-Packed Proteins
BEANS

When people eliminate meat from their diet, they often worry about getting enough protein. Never fear! Beans, soy foods and fish are all excellent sources of protein and pack a cancer-fighting punch! Beans are beautiful, delicious and versatile additions to any meal. They come in a variety of shapes, textures and colors. When paired with whole grains they serve as a healthy alternative to meat.

RECOMMENDATIONS: Eat at least ½ cup beans each day

Beans Plus Cancer Prevention

Beans contain **phytochemicals** (plant chemicals) such as isoflavonoids, phytic acid; saponins, and phytosterols which all have anticancer activity. Many of the prostate cancer protection of beans also benefits from its high **fiber** content as fiber helps to reduce testosterone levels. .

Other Health Benefits of BEANS

Fiber also helps us maintain a healthy weight by filling us up after a meal so we may eat smaller portions. Fiber protects against heart disease and diabetes by lowering LDL (bad) cholesterol and stabilizing blood sugar. Finally, the fiber in beans prevents constipation.

How to Avoid Intestinal Discomfort When Eating BEANS

- ✓ Eat small portions of beans regularly so that bean-friendly bacteria will be cultivated in your small intestine.
- ✓ Cook beans with a strip of kombu (kelp). Kombu is a sea vegetable or seaweed that is purchased dried. It has a property that tenderizes beans and helps prevent flatulence. Some brands of canned beans are cooked with kombu (Westbrae)
- ✓ Take Beano™. A product available in most supermarkets which reduces gas formation and intestinal discomfort.

Preparing BEANS

Using canned beans for quick and easy meal preparation is recommended. But if you have the time to cook your own from 'scratch', you can't beat the flavor!

Step 1: SOAK the Beans

A. **Traditional method to soak BEANS:** Place beans in a large bowl. Cover with twice as much water as beans (i.e., for 2 cups beans use 4 cups water) and let stand 8 hours or overnight. Rinse off the soaking water and cook beans according to recipe (or chart below).

B. **Quick-soak method for BEANS:** You can also quick-soak beans by bringing the same proportion of beans and water to a boil, turning heat off and letting beans soak for 2 hours. Drain off the soaking water and cook beans according to recipe (or chart below).

Step 2: COOK the Beans

2 cups dried beans, soaked
6 cups water
3-inch piece of kombu, soaked 5 minutes in cold water
1 tsp. sea salt

Drain off soaking water. Put soaked beans, fresh water and kombu in a pot; bring to boil. Lower heat and let simmer, covered, until beans are tender (55-60 minutes). Add water during cooking if needed. Salt beans at end of cooking time, if desired.
Makes 6 cups cooked beans.

Bean Cooking Times and Yield			
Bean Type (1 cup soaked in water overnight)		**Time**	**Yield**
Aduki (Azuki; adzuki)		40 minutes	3 ½ cups
Black beans		50-60 minutes	3 ½ cups
Black-eyed peas		45 minutes	3 cups
Fava beans		1 hour	2 ½ cups
Garbanzo beans (chick peas)		1 ½ hours	3 cups
Kidney beans (including cannellini)		1 ¼ hours	3 cups
Small red beans		1 hour	3 cups
Lentils (green or brown)	**(don't presoak)**	25-30 minutes	3 ½ cups
Lentils (red)	**(don't presoak)**	10 minutes	3 cups
Lentils (French)	**(don't presoak)**	20 minutes	3 cups
Peas (dried split)	**(don't presoak)**	50-60 minutes	2 ½ cups
Peas (dried whole)	**(don't presoak)**	1 ¼ hours	2 ½ cups
Pinto beans		1 hour	3 cups
White Beans:			
Navy		50-60 minutes	2 ½ cups
Pea beans		50-60 minutes	2 ½ cups
Great northern		50-60 minutes	3 cups
Flageolet		1 ½ hours	3 cups
Anasazi		50-60 minutes	3 cups

Popular Uses of Some BEANS

Navys - excellent in soups, stews, Boston Baked Beans, great pureed
Kidneys - often used in chili, three-bean salads
Pintos - refried in stews, dips, many Tex-Mex dishes
Great northerns - excellent in soups, stews
Garbanzos - excellent in salads, humus
Lentils - excellent in soups and stews

Quick Meal Ideas

- **Burritos**
  - Open, drain and wash a can of your favorite beans (navy, kidney, and pintos are best for this recipe)
  - Mix together with a small jar of salsa
  - Add some cooked brown rice and spinach (cooked from frozen). Mix well with salsa and beans.
  - Lay in a while wheat tortilla topped with shredded soy cheese
  - Wrap and bake at 350° F for approximately 5 minutes, until cheese melts

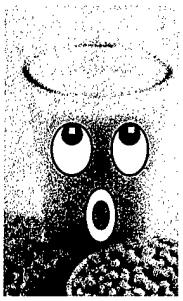
- **Hummus & Veggie Sandwich**
  - Spread whole grain bread or wrap with hummus. Add spinach, tomato, cucumber (or whatever veggies you enjoy). Makes a great sandwich!

Quick Snack Ideas

- **Garbanzo Crunchies**
  - Open, drain and wash a can of chick peas (garbanzo beans)
  - In a medium bowl mix garbanzos, 1 Tbs dried oregano, ½ tsp garlic salt, 2 tsp dried basil and 1 Tbs olive oil
  - Lay out on oiled baking pan
  - Bake at 400° F until crispy

- **Hummus Dip**
  - (Made from garbanzos, lemon juice and garlic – found in any grocery store)
  - Dip raw veggies or chrackers in it for a quick and delicious snack

Power-Packed Proteins
SOY



Recommendation: Eat at least 2 servings each day

Soybeans and the foods made from them are among the most versatile foods in the world. These foods can be a part of almost any meal. They are at home on the grill or in spicy entrees like chili. They can help you plan fast, tasty, nutritious breakfasts, snacks and entrees, as well as sweet, delectable desserts. They are an excellent source of protein, and have many medicinal qualities.

The extended family of the soybean ranges from ancient and traditional Asian fare, such as tofu and tempeh, to products that mimic all-American favorites like soy-based hot dogs and meatless burgers.

Soy and Cancer Prevention
Soybeans contain fairly high levels of several anticancer compounds including phytates, protease inhibitors, phytosterols, saponins, and isoflavones. A diet rich in soybeans may partially explain why men in Asian countries have a much lower incidence of prostate cancer compared to men in the U.S.

Other Health Benefits of Soy
Heart Disease: Eating soy foods may reduce blood cholesterol levels, which may reduce the risk of heart disease.

Osteoporosis: Soy-based foods may be an easy way to help build strong bones and maybe even reduce the risk of osteoporosis.

Menopause: Isoflavones in soybeans have the potential of reducing symptoms associated with menopause such as: hot flashes and sleep disturbances. The weak estrogen-like activity in soyfoods may help to reduce these symptoms.

One Serving of Soy Foods Equals:

½ cup cooked mature soybeans
½ cup green soybeans
½ cup tempeh
½ cup textured soy protein (TVP)
¼ cup soynuts
½ cup tofu
¼ cup soy flour; defatted
1 cup soy milk
2 Tablespoons Miso

ALL THE DIFFERENT KINDS OF SOYFOODS

SOYMILK

Soymilk is rich, creamy and made from soybeans. It has a nutty flavor, is very nutritious, and can be used in a variety of ways.

Buying and Storing Soymilk:

- is sold in supermarkets, health food stores, and specialty food shops.
- is commonly found in aseptic (non-refrigerated) quart and 8 oz. containers; also sold in plastic refrigerated quarts and half gallons.
- unopened – aseptic milk can be stored at room temperature for several months; once opened – must be refrigerated and will stay fresh for about 5-7 days.

Types of Soymilk:

- plain (unflavored)
- chocolate
- vanilla
- carob
- almond
- "lite" (reduced fat)

Tips for Using Soymilk:

- plain or unflavored as a refreshing drink
- over hot or cold cereal
- make cream sauces (cholesterol free and low in saturated fat)
- make rich pancake/waffle mixes
- delicious shakes (with soymilk, ice-cream or tofu, and fruit)
- make cream soups
- use instead of evaporated milk in custards and pies (lower in fat)

SOYBEANS (Edamame)

Soybeans are legumes with a nutty, pleasant flavor that must be soaked for 6-8 hours prior to cooking which takes about 2 hours.

Buying and Storing Edamame:

It's easiest to buy frozen soybeans (called edamame) in the frozen vegetable section of your local market.

Cooking Edamame:

- place one pound green soybeans in saucepan of boiling, slightly salted water
- reheat to a boil
- reduce heat to low
- cover and simmer 10-12 minutes until tender
- serve immediately

Tips for Using Edamame:

- serve beans in their pods at room temperature; or slightly chilled as finger food
- open pods with fingers; pop soybeans right into mouth (FUN FOR KIDS!!)

- add to soups, casseroles and stir-fry

SOY FLOUR: Soy flour is made from roasted soybeans and has been ground to a fine powder. It is rich in high quality protein and other nutrients and it adds a pleasant texture and flavor to a variety of products.

Buying and Storing Soy Flour:

- buy in the baking section of natural food stores.
- store in freezer.

Tips for Using Soy Flour:

- Always stir soy flour before measuring - it can become packed in its container.
- Use soy flour as it is or lightly "toast" it first to enhance its nutty flavor - put the flour in a dry skillet, cook it, stirring occasionally, over moderate heat; when you smell the nutty flavor - it's toasted.
- Baked products containing soy flour tend to brown more quickly - you may need to shorten baking times or lower oven temperatures slightly.
- For recipes requiring yeast: soy flour **cannot** replace all of the wheat flour in a recipe - a trick is to add 2 Tablespoons of soy flour to a one cup measure before filling the cup with all purpose or other flour called for in the recipes.
- For non-yeast recipes: up to a ¼ of the total amount of flour called for in the recipe can be replaced with soy flour.
- Soy flour can also be used as an inexpensive and cholesterol free egg substitute - replace 1 egg with 1 Tablespoon of soy flour and 1 Tablespoon of water.

SOYNUTS

- Crunchy snack food made by roasting soybeans until browned; eat as is or mixed with dried fruit

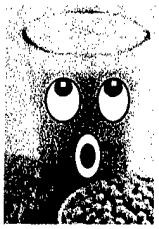
TEXTURED SOY PROTEIN (TVP)

Buying TVP:

- Also sold in produce section: "Yves Veggie Ground Round" (does not need to be rehydrated)
- Also sold in frozen foods as: "Harvest Veggie Crumbles"
- similar texture to ground beef - excellent in tomato based products like chili, sloppy Joes, tacos, or spaghetti sauce
- usually sold as TVP (textured vegetable protein) in bulk food section of natural food stores.
- dried granules of compressed soy flour that must be rehydrated with boiling water (7/8 cup boiling water over 1 cup TVP) before using

TOFU

- A delicate curd made by adding a mineral salt to soymilk, then pressing the curds together into a solid block. Alone it tastes bland. It will take on flavor of whatever it is cooked with.
- Is useful in any type dish - from the spiciest entree to the richest, sweetest dessert



Buying and Storing Tofu:

- Tofu can be found in the dairy case at most grocery stores. Unopened, it will last in the refrigerator several weeks
- Tofu can also be bought in vacuum-sealed containers, which do not need refrigeration if unopened.
- Once opened, unused tofu should be covered with water and stored in the refrigerator for no more than one week.

Tips for Using Tofu:

- Extra-firm or firm tofu can be cut into blocks and marinated then baked, broiled or grilled until heated well. (Use same marinades you would use for chicken or beef.)
- A great addition to stir-fry, salad or can be grilled on skewers with vegetables as an alternative to a beef or chicken kebab.

Soft or Silken Tofu:

- Use in recipes to replace eggs (see substitution chart at end of this section)
- Purée with salsa to make a great dip
- Blend 1 bag (melted) Ghiradelli chocolate chips with 1 pkg silken tofu. Pour into graham cracker crust and chill for 1-2 hours. Makes a fantastic chocolate pie!
- Purée with frozen fruit for a cooling dessert in the summer.

TEMPEH

- Tempeh is made when the whole soybean is fermented to produce a soft block of beans; sometimes blended with one or more types of grains. It has a rich, smoky flavor (can be barbecued or used as a meat replacement in stews and casseroles)

Buying Tempeh:

Tempeh can be found next to the tofu in most markets.

MISO

- Miso is a salty paste made from soybeans and grains. It has powerful anti-cancer properties
- Miso comes in many varieties

Buying and Storing Miso:

- Miso can be found in the refrigerator case of natural food stores
- It will last in refrigerator for years

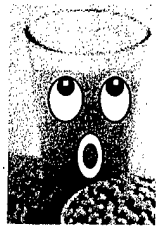
Tips for Using Miso:

- Miso is used to flavor soups and it has a similar taste to soy sauce
- Use 1 Tbs miso for each cup of water.
- Blend 1 Tbs miso with 2 Tbs sesame paste for a delicious spread for breads!

MEAT and DAIRY LOOK-ALIKES

- A variety of foods made from tofu and other soy products resemble foods like cheese, yogurt, burgers, hot dogs, and luncheon or breakfast meats.
- They can be used in the same ways as the foods they mimic because of the wide variety of these products and their versatility it is easy to incorporate soyfoods into any meal.

SOME IDEAS FOR INCORPORATING SOY INTO YOUR EVERYDAY MEALS



Breakfast:

- Soy-based sausage patties or links (in the frozen food section of your grocery store)
- bacon-like strips made from tempeh and other soy products (in many natural foods stores)
- for a cholesterol-free meal - scramble tofu instead of eggs: coarsely mash firm tofu and sauté in oil or margarine; season with onions, salt, pepper, and spices
- for a breakfast-on-the-run: blend soy milk, a banana, and other juices to make a nutritious, delicious shake
- substitute soy milk for your regular milk over ready-to-eat or cooked cereal

Lunch:

- "missing egg salad" - toss cubes of firm tofu with low-fat mayonnaise, a bit of prepared mustard, chopped celery and onions (don't forget to serve on your favorite whole grain bread or rolls)
- soy-based luncheon slices that mimic cold cuts, soy cheese and your favorite vegetables make a wonderful sandwich
- Miso soup - blend a few Tablespoons of Miso into water to make a savory broth; add chunks of tofu and/or your favorite vegetables
- soy yogurt mixed with fresh fruit makes a refreshing summer or anytime lunch

Dinner:

- substitute TVP to reduce the fat in your favorite ground beef recipes - substitute TVP for part or all of the beef; works really well in tomato-based sauces
- substitute firm tofu for the ricotta cheese in lasagna or stuffed shells - blend tofu with salt, garlic, and your favorite fresh herbs until completely smooth
- hearty dish of barbecued soybeans - soak and cook dried soybeans until tender; mix in your favorite barbecue sauce and bake for 2 hours
- marinated thick slices of firm tofu or tempeh in barbecue sauce or any favorite marinade can be grilled or broiled until browned - for an extra firm texture try freezing the tofu first, defrosting, and then marinating (the tofu takes on a firm, spongy texture that holds up well on the grill
- use soy milk blended with cooked vegetables (carrots, broccoli, spinach, or potatoes) to make a delicious creamed soup - or blend soft tofu with the cooked vegetables and thin slightly with soy milk; season with salt and pepper and any of your favorite seasonings
- veggie burgers made from soybeans - available in the freezer section of most grocery stores
- tacos with pre-browned, flavored tofu - using your favorite taco seasonings

Snacks & Desserts:

- roasted soynuts are a fast and crunchy snack
- luscious easy chocolate cream pie - blend together soft or silken tofu and melted chocolate; pour into a pre-cooked or prepared pie crust; and refrigerate for several hours before serving
- homemade yeast-risen breads - replace up to ¼ of the amount of flour called for in the recipe with soy flour (if you use too much soy flour in the recipe, your bread may not rise)

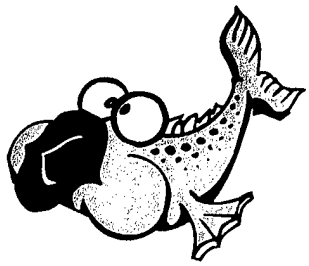
***Snacks & Desserts** (Continued):*

- substitute soy milk for the milk in any of your favorite baked good recipe
- replace up to 1/3 of the flour in muffins or quick breads with soy flour

SOME EASY SUBSTITUTIONS USING SOY PRODCUTS:

Instead of...	**Use:**
1 cup milk	1 cup fortified soy milk
1 cup fruit yogurt	1 cup silken tofu + fruit of your choice, blended
1 egg	1 Tbsp. Soy flour + 1 Tbsp. Water
1 egg	1 – 2" square of tofu
Soy milk	1 cup full-fat soy flour + 3 cups water
1 cup ricotta cheese	1 cup firm tofu, mashed
2 Tbsp. Flour	1 Tbsp. Soy flour
**replace ¼ of the flour in self-rising (yeast) baked goods with soy flour*	**replace 1/3 of the flour in quick breads with soy flour*
3 ounces of ground beef (85% lean)	½ cup TVP, reconstituted (plain or beef flavored)
1 ounce cheddar cheese	1 ounce soy-based cheddar cheese
3 ounces chicken breast chunks	½ cup TVP, small chunks - rehydrated (chicken flavored)
1 Tbsp. Sour cream	1 Tbsp. Tofu sour cream

This information was excerpted from, "The Simple Soybean and Your Health" by Mark Messina, Ph.D. and Virginia Messina, MPH, RD



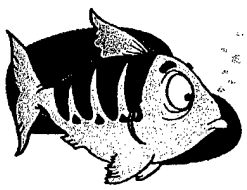
Power-Packed Proteins
FISH

Eating fish offers a significant protection against prostate cancer. Certain fish are an excellent source of omega-3 fats which reduce the risk of cancer by boosting the immune system and reducing inflammation in our bodies.

Recommendation: Eat at least 2 servings of fish per week from the "Best" Category

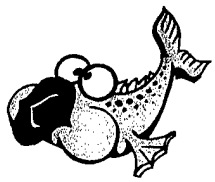
THE OMEGA-3 FATTY ACID CONTENT IN FISH:

	SEAFOOD (3.5 oz. cooked serving)	AMOUNT OF OMEGA-3s
BEST	Pacific Herring	2.74 grams
	Atlantic Herring	2.49 grams
	Atlantic Salmon	2.44 grams
	Pacific Mackerel	2.19 grams
	Sardines	1.94 grams
	Salmon, pink, canned	1.57 grams
	Atlantic Mackerel	1.42 grams
	Salmon, coho	1.36 grams
	Trout	1.24 grams
	Anchovy, canned in oil, drained	.90 grams
GOOD	Carp	.90 grams
	Mussels	.87 grams
	Sea Bass	.86 grams
	Halibut	.67 grams
OK	Shrimp	.50 grams
	Tuna, canned in water, white, drained	.37 grams
	Pacific Cod	.27 grams
	Atlantic Cod	.02 grams



Don't Like FISH? If you do not like fish or cannot eat it for any reason, be sure to eat enough omega-3 fats from the following good sources:

- Ground flaxseed (2 Tbs/day)
  - ❖ Sprinkle on salads – hot or cold cereals
  - ❖ Add to baked goods before baking
  - ❖ Add to smoothies
- Canola Oil ~ Grapeseed Oil ~ Walnut Oil
  - ❖ Use to sauté vegetables instead of olive oil
- Walnuts (1/8 – 1/4 cup per day
  - ❖ Sprinkle on cereal, salads
  - ❖ Add to dried fruit for trail mix



BUYING FISH:

Fresh fish that has been handled properly should have no fishy odor - raw or cooked. This odor comes from older, less fresh fish that has been contaminated with bacteria. Be a very smart consumer and ask to smell the fish before buying. If you walk up to the seafood counter at your favorite grocery store and you can smell it before you are even in front of it, this is a good time to keep walking because obviously there products are not fresh!

What to look for in fresh seafood:

- bulging eyes
- reddish gills
- shiny scales that adhere firmly to the skin

Other fish tips:

- when buying commercially frozen fish, be sure that the box is firm and square, showing no signs of thawing or refreezing
- to thaw: defrost fish in the refrigerator or microwave oven - Do not refreeze
- for each serving: allow 1 pound of whole fish (trout, mackerel) or 1/3 - 1/2 pound fillets or steaks (salmon, swordfish, halibut, sole)
- to get rid of that fishy smell on your hands after working with fish, rub lemon juice or vinegar on them
- wash all cooking and preparation utensils with 1 tsp. of baking soda per quart of water

Cooking tips:

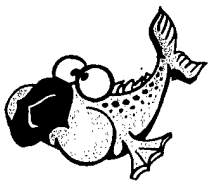
- remember to always wash your fish before cooking
- if possible, cook fish in the dish you will serve it in; fish is very fragile; the less handling the better and more attractive your plate will be
- suggested seasonings for your fish: lemon, dill, basil, rosemary, parsley, and paprika for color
- to test for doneness in your fish: stick a fork into the flesh of the fish and pull it apart; if it flakes easy it is done, if it is translucent, it needs more cooking time
- use leftover fish, either warm or cold, in sandwiches as a healthy change of pace

Broiling:

- treat your broiling pan lightly with oil or with cooking spray to prevent sticking before adding your fish
- sprinkle with seasonings of your choice and a little olive oil (if desired)
- place pan 4 - 6 inches from the heat source
- cook thin fillets (sole or bluefish) for about 5 minutes, without turning
- cook thicker fillets (salmon or swordfish) for about 5 - 6 minutes per side

Baking:

- lightly oil or treat with cooking spray a baking dish and add fish
- season again as desired, cover (with foil if your dish does not have a cover)
- bake at 400° for 15 - 20 minutes (depending on thickness)



Poaching:

- place fish in a nonstick skillet
- cover fillets with water, white wine, or milk
- season as desired, cover and gently simmer on stove top for about 10 minutes

Microwaving:

- place the thickest part of your fish fillet toward the outside of the microwavable dish, overlapping thin portions to prevent overcooking
- season as desired, cover with waxed paper
- whitefish fillets may need about 4 minutes per pound of fish
- salmon, or thicker fillet fish may need about 6 - 7 minutes per pound of fish
- check doneness of fish before cooking time is done to prevent overcooking and turning the fish tough and dry
- allow the fish to stand for 5 minutes (out of the microwave) to finish cooking before serving

Another microwaving technique that you may like to try is:

- wash some green leafy lettuce, iceberg, or spinach leaves with cold water, shake off excess water
- place washed lettuce leaves to cover the bottom of your microwavable dish
- place washed fish on top of your lettuce leaves
- season with a lot of minced jarred garlic or roasted garlic to cover the fish, thin slices of raw onion, and thinly sliced lemon
- cover the entire fish with more of your prewashed lettuce leaves
- microwave for the above times depending on the type and thickness of fish
- this works wonderfully with salmon steaks!!

Fish Safety

Unfortunately eating fish is not without risk. It is no secret that our oceans, lakes and streams are polluted. Mercury and PCBs (both carcinogens) contaminate many fish today. To minimize your intake of these toxins follow these guidelines:

3 Choose salmon, mackerel, herring, cold-water tuna, and cod most frequently as these are the least likely fish to be contaminated with methyl mercury.

3 Avoid eating large fish that are high up on the food chain. They tend to have the highest level of contamination. Ex: shark, swordfish, warm water tuna

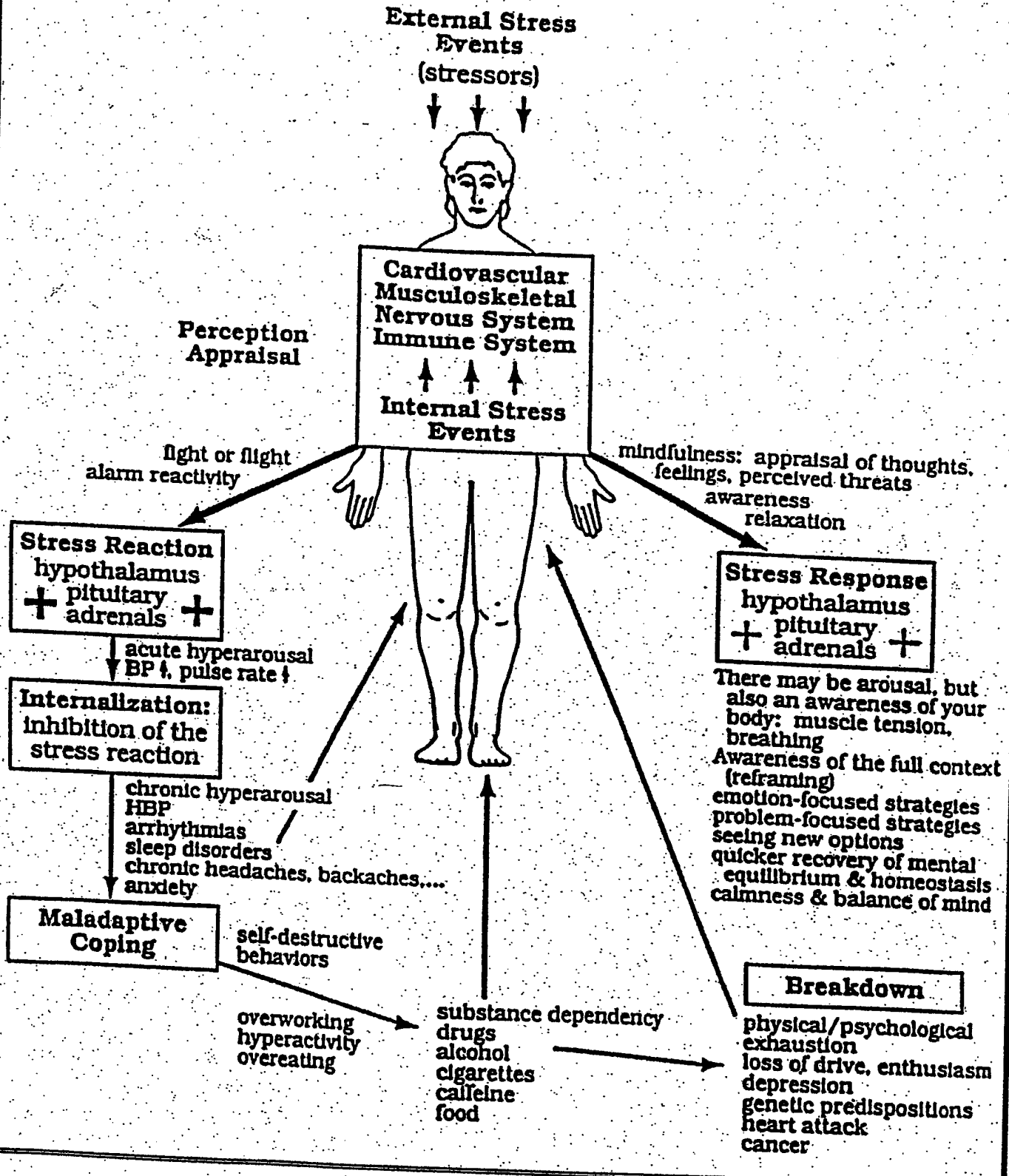
3 Avoid eating shellfish (clams, mussels, scallops, shrimp, etc.) because they feed on the bottom of the ocean where the pollutants accumulate and because their job in ocean ecology is to filter water contaminants and store them in their tissues.

3 Avoid eating any fish from any lakes, ponds and streams in MA. The EPA has put out a warning that their level of contamination exceeds safe levels.

3 Educate yourself about the impact of fish farming and over-fishing on pollution and species extinction. Buy your fish from reputable fish markets that are careful to buy from fishermen whose practices respects fish and their role in

the balance of life on earth. Whole Foods Market (Bread and Circus) is an example of such a company.

COPING WITH STRESS
RESPONDING VS REACTING



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Menu

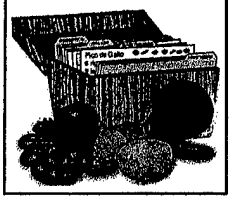
Herbed Salmon Fillet

Basmati Rice Pilaf

Creamy Coleslaw

Oatmeal Cookies

SESSION 6



Herbed Salmon Fillet

Salmon fillets (1/2 pound per person)
Rosemary
Thyme
Garlic salt

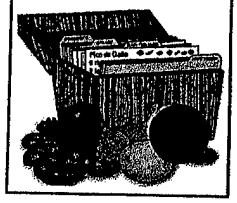
Preheat oven to 375° F. Rinse fillets. Mix a small portion of rosemary and thyme (equal amounts) with a few dashes of garlic salt. Sprinkle herb mixture on fillets, until lightly covered. Bake until fish flakes when you cut into it, about 10 minutes.

Basmati Rice Pilaf

Serves 6-8

3/4 cup brown Basmati rice
1 tablespoon olive oil
1/2 cup onion, chopped
juice of 1/2 a lemon
1/4 teaspoon ground pepper
1 (13.75 oz) can low sodium chicken or vegetable broth

Sauté onion in olive oil until translucent. Add chicken broth, rice, lemon and pepper and bring to a boil. Lower heat to a simmer and cover. Cook until all the liquid has been absorbed. Add more lemon juice and pepper to taste.

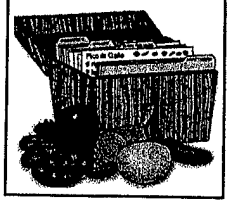


Creamy Cole Slaw

Serves 6-8

1 package shredded cabbage
1 package shredded carrots
1 package shredded purple cabbage
1 cup Nayonnaise salad dressing (made with tofu)
½ cup mustard
½ cup maple syrup
½ to ¾ cup rice or soymilk
1 cup rice vinegar

Mix all ingredients together in large bowl. Adjust to your particular tastes by added more vinegar, or more syrup depending if you like a sweeter of more tart flavor.



Oatmeal Cookies

½ cup	Sugar
¼ cup	Maple syrup
¼ cup	Molasses
2/3 cup	Sour soy milk (add about 1 tsp cider vinegar)
½ cup	Canola oil
¼ cup	Flaxseed ground
¼ cup	Walnuts, coarsely chopped
2 cups	Rolled oats
½ tsp	Vanilla extract
½ cup	White flour (with germ added back)
½ cup	Whole wheat pastry flour
½ tsp	Salt
½ tsp	Baking soda

Combine sugar, maple syrup, molasses, soymilk and oil. Add flax, walnuts, rolled oats and vanilla. Sift together flours, salt and baking soda and add to batter. Arrange batter by rounded teaspoonfuls on lightly oiled cookie sheets. Bake for 10-12 minutes at 375° F.

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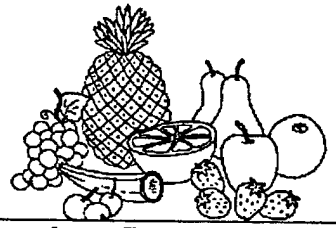


Food Diary & Mindfulness Practice Log

Name:_____

I am: ☐ Participant ☐ Support person

Monday Date:	**Tuesday Date:**	**Wednesday Date:**	**Thursday Date:**
Breakfast	Breakfast	Breakfast	Breakfast
Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch
Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner
Other	Other	Other	Other

Food Diary & Mindfulness Practice Log (continued)

Friday Date:	**Saturday Date:**	**Sunday Date:**
Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch	Lunch	Lunch
Snack	Snack	Snack
Dinner	Dinner	Dinner
Other	Other	Other

Mindfulness Practice Log

How regularly did you use the body scan tape this week?

___3 times or more
___ less than 3 times
___ less than once

How regularly did you do the mindful stretching exercises this week?

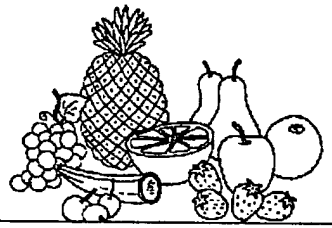
__3 times or more
__ less than 3 times
__ less than once

How many times did you do a sitting meditation this week?

___every day (almost)
___3 times or more
___less than 3 times
___less than once

For how long on average did you sit?

__ 20 Minutes or more
__ 10 to 20 Minutes
__ 5 to 10
__ Less than 5 Minutes



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Food Diary & Mindfulness Practice Log (continued)

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__ 10 to 20 Minutes
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Prostate Health Study
Feedback Form

Session Date:_____

To ensure that the sessions are meeting your needs it will be helpful if you give us the following feedback. Please place the form in the box in the kitchen. **Your responses are anonymous.**

1. Please check one answer. ☐ I am a participant.
   ☐ I am a support person.

2. How clear did you find the presentation of the **dietary information** in tonight's session? (Please circle one)

   Very clear Somewhat clear Unclear

3. How clear did you find the presentation of the **stress reduction/mindfulness information** in tonight's session? (Please circle one)

   Very clear Somewhat clear Unclear

4. How useful did you find the presentation of the **dietary information** in tonight's session? (Please circle one)

   Very useful Somewhat useful Not useful

5. How useful did you find the presentation of the **stress reduction/mindfulness information** in tonight's session? (Please circle one)

   Very useful Somewhat useful Not useful

6. What did you like **best** about tonight's session?

   _____

   _____

7. What did you like **least** about tonight's session?

   _____

   _____

8. Is there anything that you would change about tonight's session?

   _____

   _____

Prostate Health Study
Feedback Form

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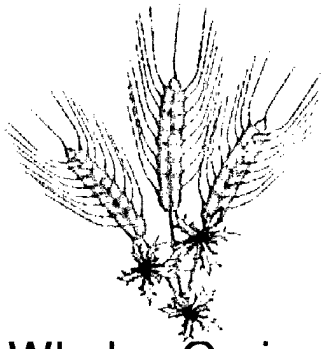
   _____

   _____

Session 7

The Way We Talk to Ourselves and Others



Wholey Grains

Wholey Grains

Further Exploration of our Patterns of Reacting to Stressful Situations

Session 7: Objectives

Following this class you will:

- ✓ Understand how a whole grain differs nutritionally from a refined grain.
- ✓ Know how to prepare and use a variety of world grains in your meals.
- ✓ Know how to find and select whole grain breads, crackers, cereals and other products by carefully reading the food labels.
- ✓ Understand more fully your habitual patterns of reacting to stressful situations

Class Agenda

- Discuss the structural and nutritional differences between whole and processed grains.
- Discuss how to buy and prepare a variety of whole grain foods.
- Guess the grain! You will be presented with a variety of unmarked jars of different grains and will be asked to match them up to a list of grains based on certain clues.
- Do a guided sitting meditation.

Home Activity

- Prepare 1 dish this week that contains a whole grain that is new to you.
- Continue to alternate the guided sitting meditation with either the mindful stretching or body scan each day this week.
- Be aware of how you communicate with yourself. How would you describe its typical tone? Judgmental? Critical? Reassuring?
- Notice the places were you get stuck in your communication with others or yourself.
- Read the manual pages on patterns of communication (passive, aggressive and assertive communication) patterns and answer the questions.
- Fill out the difficult communications calendar in the following pages of your workbook.

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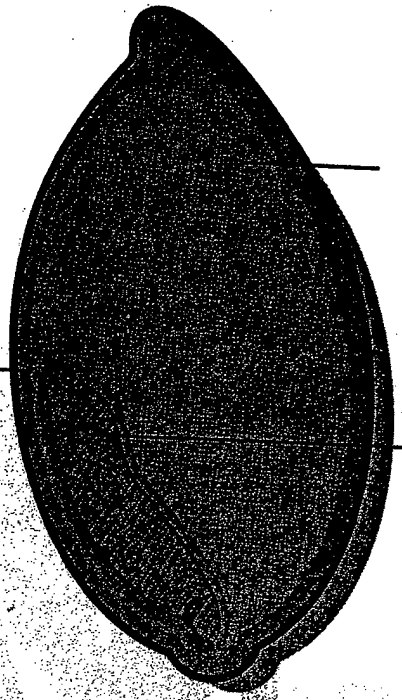
THE *Whole* GRAIN BONUS

THE GREAT NEWS ABOUT WHOLE GRAINS

Choose whole grain foods to get the nutritional benefits from the entire grain. Diets rich in whole grains and low in fat may help lower your risk for heart disease, some cancers, and diabetes.



ENDOSPERM

- Provides energy
- Carbohydrates, protein

BRAN

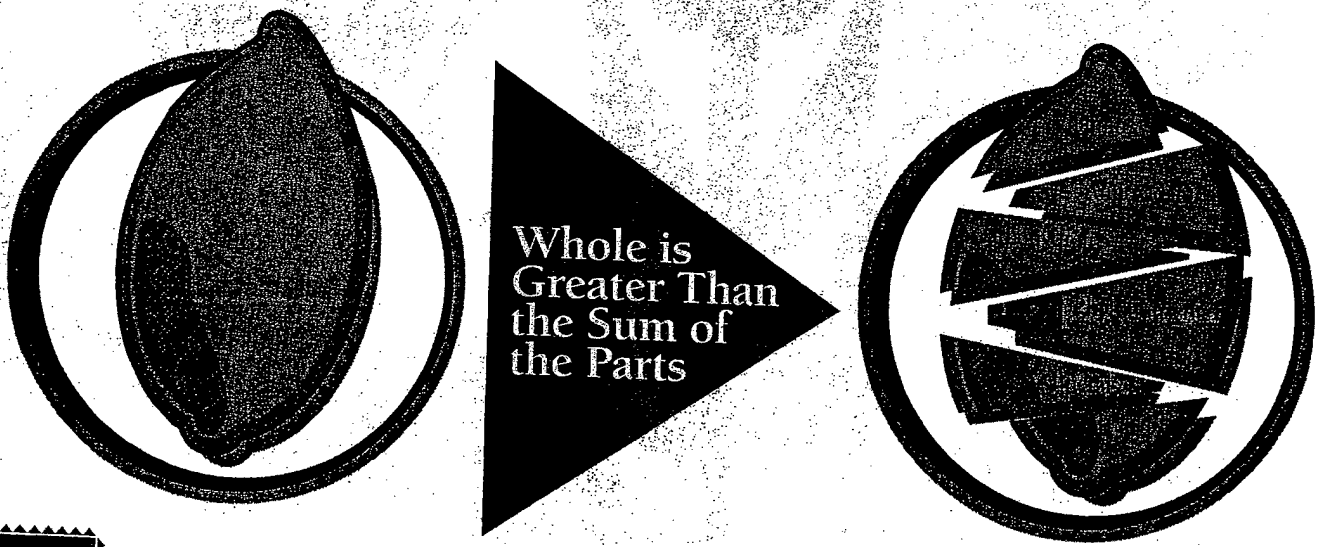
- "Outer shell" protects seed
- Fiber, B vitamins, trace minerals

GERM

- Nourishment for the seed
- Antioxidants, vitamin E, B vitamins

BENEFITS COME FROM THE "*whole* FOOD"

With whole grains, the "whole" is truly greater than the sum of the parts. Individual nutrients in whole grain foods each offer important health benefits. Working together in the "whole" food, they perform in powerful ways to protect your health.



GO FOR THE *whole* GRAIN!

Brought to you by General Mills

GENERAL MILLS BELL INSTITUTE OF HEALTH AND NUTRITION

(800) 328-1144
www.generalmills.com/wholegrain

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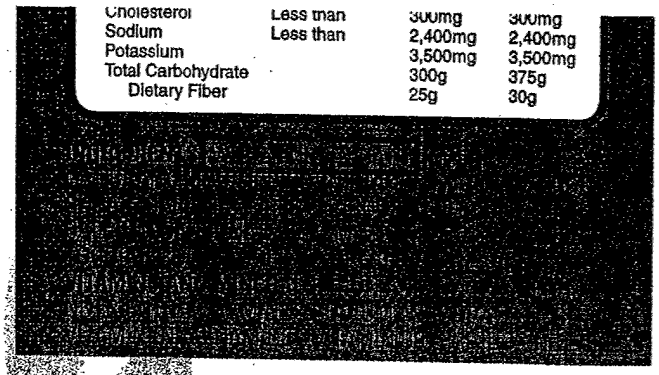
A32816

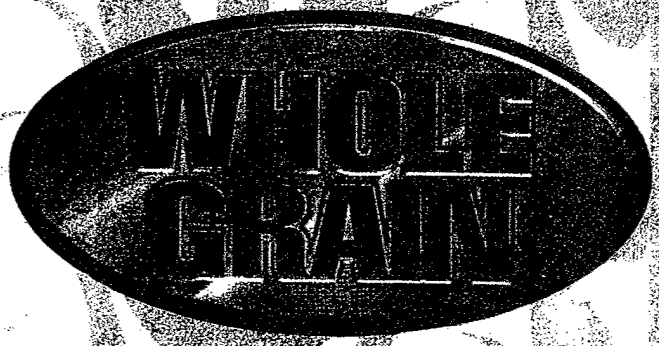
IN SEARCH OF A *Whole* GRAIN

Finding whole grain foods is easy, once you know what to look for. Discover whole grain foods in your supermarket with these quick tips.

SCAN THE INGREDIENT LIST

Whole grain foods will list a whole grain–such as wheat, oats, corn, or rice–as the first ingredient. You'll know it's whole grain if the words "whole" or "whole grain" appear before the grain's name in the ingredient list.



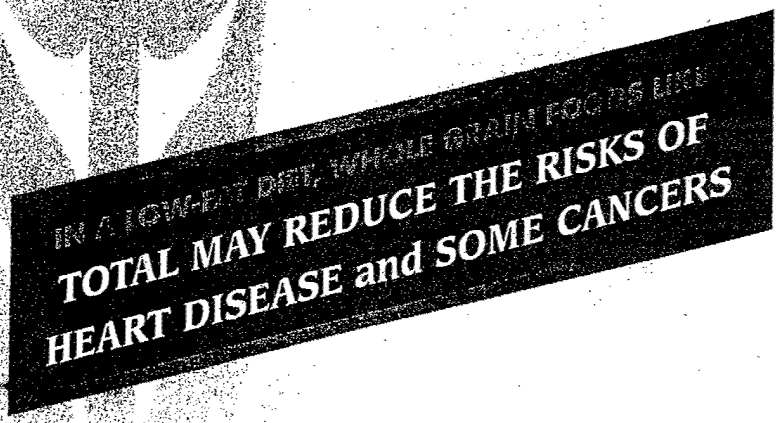


LOOK FOR THE WHOLE GRAIN SEAL

Some food manufacturers are making it even easier. Whole grain foods from General Mills are stamped with this seal.

TAKE NOTE OF THE HEALTH STATEMENT

This government-authorized statement points out the connection between whole grain foods and health. Whole grain foods that meet certain requirements can carry this message. Look for it on a product's label.



DIETS RICH IN *whole* GRAIN FOODS AND OTHER PLANT FOODS THAT ARE LOW IN TOTAL FAT, SATURATED FAT, AND CHOLESTEROL MAY REDUCE THE RISKS OF HEART DISEASE AND CERTAIN CANCERS.

Global Grains

About the Grain	How to Prepare and Use
AMARANTH This tiny seed was an important food source in the Aztec culture. Beige in color, with a woodsy flavor, the texture of this cooked grain is similar to cornmeal. It's gluten-free and high in protein, calcium, phosphorus, iron and fiber, as well as the amino acids lysine and methionine which are often lacking in grains.	Substitute for up to ¼ the wheat flour in baked goods. Cooked amaranth may be eaten as a hot cereal, combined with other grains or added to bread, muffin or pancake batters. It becomes translucent as it cooks. PREPARE: add 1 cup amaranth to 1½ to 2½ cups boiling water. Cook 20 minutes. Add salt after cooking. Yields 2 cups.
BARLEY Pearled or unhulled is best. Often combined with other grains, excellent in stews, soups, hot cereals and casseroles. In ancient Egypt, barley was used for food, jewelry and currency. In the US, 90% goes to brew beer or feed animals. Good source of fiber, iron and B vitamins.	Try with grain salads using red onions, cucumber and summer savory. Good as a stuffing for peppers, tomatoes or poultry. Use in low-fat veggie loaves with beans, TVP and spices. PREPARE: add 1 cup barley to 2 cups water. Simmer 60-75 minutes.
BUCKWHEAT Not a true grain, but rather the seeds of a plant related to rhubarb. Contains high-quality protein, B vitamins, vitamin E, iron and calcium. Hulled, toasted buckwheat, or kasha, is available whole and cracked. Reddish-brown, with a robust earthy flavor. It's gluten-free!	Cooked kasha is excellent in pilafs, stuffings, croquettes, burgers and knishes or combined with potatoes, vegetables or pasta. PREPARE: add 1 cup buckwheat to 2 cups boiling, salted water. Cover and cook 10-12 minutes. Yields 3½ cups.
KAMUT A distant relative of wheat, this ancient Egyptian grain contains 40 percent more protein than modern hybridized wheat and may be less allergenic. The whole kernels resemble large, golden grains of rice. Rich and buttery, chewy in texture, it's also available in oatmeal-like rolled flakes.	Kamut flour may be substituted for wheat flour in most recipes. Use cooked whole grain in salads and pilafs instead of brown rice. PREPARE: soak 1 cup Kamut kernels overnight in cold water. Drain and add to 3 cups boiling, salted water. Cook 30-40 minutes. Yields 2 cups.
MILLET Small and yellow, this bead-like grain contains a high-quality protein. In Africa, China and India, it's a dietary staple. A good source of potassium, magnesium, phosphorus and B vitamins, it's less allergenic than wheat and corn and naturally alkaline, which means it's easy to digest.	Cooked whole millet has a mild nutty flavor and fluffy texture. It's delicious in salads, pilafs and croquettes or tossed with pasta. Add cooked millet to muffin and pancake batters. PREPARE: add 1 cup millet to 2 cups boiling, salted water. Cook 30 minutes. Yields 4 cups.
QUINOA Actually an herb, this disk-shaped seed was once a staple of the Inca culture. Quinoa contains 50% more protein than other grains as well as higher levels of phosphorus, iron and B vitamins. It's gluten free, easy to digest and has a delicate flavor and light texture.	Substitute for ¼ the wheat flour in most baked goods. Try cooked, whole quinoa in salads, soups, stews, pilafs, burgers and as a substitute for rice. Rinse quinoa thoroughly before cooking to remove its bitter, soap-like coating. PREPARE: add 1 cup quinoa to 1 ½ cups boiling, salted water. Cover and simmer 15 min. Yields 3½ cups.

©University of Massachusetts Medical School – 2002

About the Grain

BROWN RICE Rice is the most consumed food in the world; there are more than 7,000 varieties grown and it is eaten by millions of people at every meal. When choosing a rice, keep in mind that long grain rice cooks up dry and fluffy and is good in curries, pilafs and paella. Short grain rice is more tender and sticky and is good for Japanese-style food, breakfast cereals, puddings and casseroles. Mixing different lengths can add textural interest to any dish.

How to Prepare and Use

PREPARE: Don't rinse most rice. Rinsing rice before cooking causes the starches to release more quickly than they should and the rice will not thicken. There are exceptions – see listings. The general ratio is 1 cup rice to 1½ or 2 cups water plus 1/8–1/2 teaspoon sea salt. Place rice, salt and water in a heavy pot with tight fitting lid. Cover and bring to a boil, then reduce heat to medium-low and simmer for 1 hour or until water has been absorbed. Don't PEEK! Lifting the lid interrupts the cooking and can leave the rice dry and undercooked. When the time is up, let the pot stand, tightly covered, for 10 minutes before serving.

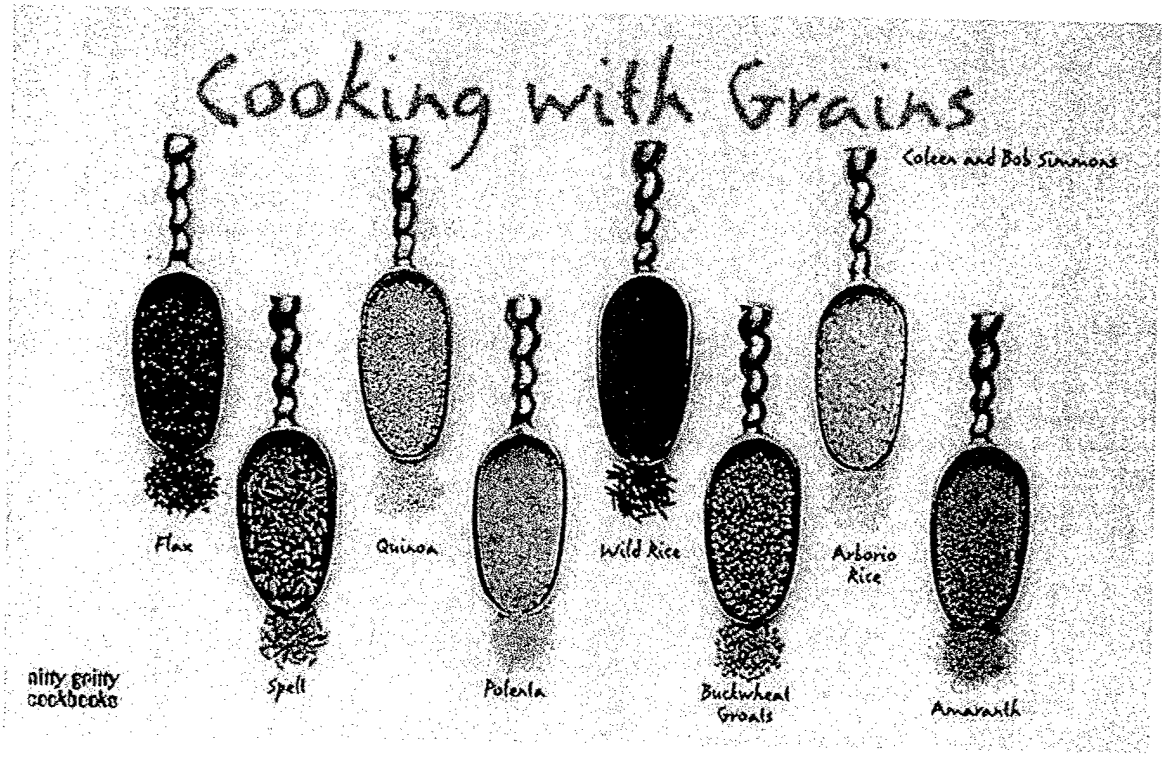
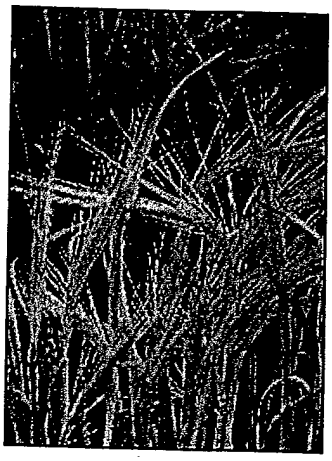


Photo from hallfood.com/cooking_by_ingredient/_413.shtml

Grain Cookery Tips

Basic grain cooking instructions:



Rinse: Before you cook grains (except most rice) rinse them thoroughly in cold water until the water runs clear. Strain them to remove any dirt or debris.

Presoaking (optional): Reduce cooking time, increase digestibility, and save energy by soaking hard grains overnight, or for 6-8 hours. Cook them in their soaking water.

Boil/Simmer: As a general rule, bring water to a boil, add grains and return to a boil. Then reduce heat and simmer, covered tightly, until done. Resist the urge to lift the ocver – the momentum of the steam will be lost. Use broth or fruit juice instead of water for flavoring.

Test: Test grains for doneness – most whole grains are slightly chewy when cooked.

Fluff: Many grains benefit from fluffing. When grains rae done cooking, remove from the heat and gently lift and separate them with a fork. Re-cover and allow to sit for 5-10 minutes before serving.

Abundant Water Technique Option: Use double the water to cook grains until they are soft, then drain in a colander.

Easy Alternate Method: Put grain in pan. Add water to approximately 1 ½ inches above the surface of the grain. Bring to a boil - reduce heat to as low as you can. When water is gone, grain is cooked.

Invest in a Rice Cooker (available at discount stores): Pour the grain into the cooker, add 1-2 inches water above the surface of the grain. Add seasonings if desired – push the "button". Grain is cooked, no need to worry about burning or watching the grain!

Flavor tips:

1. Use broth instead of water
2. Cook with approximately 2 inches square of Kombu (sea vegetable) for improved digestibility and nutrients.
3. Add dried soup mixes or spices to flavor grain
4. Add raisins to sweeten grain

Grainy Ideas:

1. Hot cereal
2. Side dishes
3. Grain salads, with added vegetables. Served hot or cold.
4. Add precooked (or canned, drained) beans (lentils, navy, black-eyes peas, etc) to grain, just before serving (adds protein, flavor, and enables you to confidently eliminate the meat from your meal).

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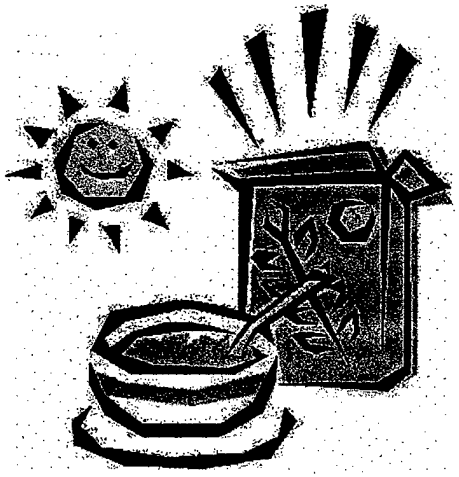
Whole Grains and Fiber

How Does Your Cereal Rate?



Breakfast cereals can be a great way to start your day. Read the ingredients and look at the total grams of fiber, calories, fat and sugar. The healthiest way to sweeten your cereal is to add dried or fresh fruit to an unsweetened, whole grain cereal. Look at the total grams of fiber. Many cereals now show the grams of insoluble and soluble fiber.

Insoluble fiber helps prevent prostate cancer by lowering testosterone levels. Insoluble fiber also helps manage constipation, hemorrhoids (and may help to prevent some other cancers). Whole grain, whole-wheat flour, and wheat bran indicate the cereal has insoluble fiber.

Soluble fiber helps prevent and slow the progression of heart disease and diabetes. Oats, barley, quinoa, dried fruit, nuts, soy and ground flaxseed indicate the cereal has soluble fiber.

With the variety of cereals available, you will find a fiber-, nutrient-rich cereal that satisfies your taste buds! ENJOY!

Cereal	Serving	Fiber	Insoluble/soluble	Calories	Sugar	Fat	Sodium
Fiber One Bran Cereal, General Mills	1/2 Cup	14g	13g insoluble/1g soluble	60	0g	1g	130mg
All Bran, Kellogg's	1/2 Cup	10g	9g insoluble/1g soluble	80	6g	1g	80mg
Uncle Sam's	1 Cup	10g	8g insoluble/2g soluble	190	<1g	5g	135mg
Golenflax, Health Valley	3/4 Cup	10g	7g insoluble/3g soluble	282	4g	4g	47mg
High Fiber Cereal, Trader Joe's	2/3 Cup	9g	8.5g insoluble/.5g soluble	90	6g	1g	70mg
Shredded Wheat 'N Bran, Post	1 1/4 Cup	8g	7g insoluble/<1g soluble	200	4g	1g	0mg
100% Bran, Post	1/3 Cup	8g	7g insoluble/1g soluble	80	7g	0.5g	120mg
Organic Grain Shop, Barbara's	2/3 Cup	8g	7g insoluble/1g soluble	90	5g	1g	110mg
To Good Friends, Kashi	3/4 Cup	7g	6.5g insoluble/.5g soluble	90	6g	1g	70mg
Raisin bran, Kellogg's	1 Cup	7g	6g insoluble/1g soluble	190	19g	1.5g	350mg
Cracklin' Oat Bran, Kellogg's	3/4 Cup	6g	5g insoluble/1g soluble	200	15g	7g (2g saturated!!)	140mg
Shredded Wheat, Post	1 Cup	6g	5g insoluble/1g soluble	170	0g	1g	0mg
Oat bran, Quaker	1 ¼ Cup	6g	4g insoluble/2g soluble	210	9g	3g	210mg
Oat bran Hot Cereal, Hodgson Mill	3/4 C cooked	6g	3g insoluble/3g soluble	120	0g	3g (1g saturated)	

Information from cereal nutrition food labels & USDA SR Nutritional Data System, Univ of Minnesota.

Cereal	Serving	Fiber	Insoluble/soluble	Calories	Sugar	Fat	Sodium
Complete Wheat bran, Kellogg's	3/4 Cup	5g	4g insoluble/1g soluble	90	5g	0.5g	210mg
Grapenuts, Post	1/2 Cup	5g	4g insoluble/1g soluble	210	0g	1g	340mg
Wheat Chex, General Mills	1 Cup	5g	4g insoluble/1g soluble	180	5g	1g	420mg
Wheatena, hot cereal	1/3 Cup	5g	4g insoluble/1g soluble	160	0	1g	0mg
Shredded Oats, Babara's	1 ¼ Cup	5g	3g insoluble/2g soluble	210	10g	3g (.5g saturated)	10mg
Puffin low fat high fiber, Barbara's	3/4 Cup	5g	6g insoluble/0g soluble	90	5g	1g	190mg
100% Natural Granola Oats-n-Honey, Quaker	1/2 Cup	4g	3g insoluble/1g soluble	220	13	9g (4g saturated!!)	25mg
Oatmeal Crisp, General Mills	1 Cup	4g	3g isoluble/1g soluble	210	19g	2g	250mg
Toasted Oatmeal, Quaker	1 Cup	4g	3g insoluble/1g soluble	190	12g	2.5g	220mg
Weetabix, Weetabix Co., Inc.	2 biscuits	4g	3g insoluble/1g soluble	120	2g	1g	130mg
Medley, Kashi	3/4 Cup	4g	2.75g insoluble/1.25 soluble	155	7g	1.33g	80mg
Old-fashioned Oatmeal, Quaker	3/4 C cooked	4g	2g insoluble/2g soluble	150	0g	3g	0mg
Toasted Oatmeal Squares, Quaker	1 Cup	4g	2g insoluble/2g soluble	210	9g	2.5g	270mg
Grapenut flakes, Post	3/4 Cup	3g	2.5g insoluble/.5g soluble	110	4g	1g	125mg
Cheerios, General Mills	1 Cup	3g	2g insoluble/1g soluble	110	0g	1g	280mg
Low Fat Granola, Kellogg's	1/2 Cup	3g	2g insoluble/1g soluble	190	14g	3g	120mg
Organic Goldenflax, Trader Joe's	3/4 Cup	3g	2g insoluble/1g soluble	190	9g	3g	80mg
Organic Oat Bran O's, Health Valley	1 Cup	3g	2g insoluble/1g soluble	133	4g	1.5g	120mg
Puffed Kashi, Kashi	1 Cup	2.5g	2g insoluble/.5g soluble	70	0g	0.5g	0mg
Smart Start, Kellogg's	1 Cup	2.5g	2g insoluble/.5g soluble	180	15g	0.5g	280mg
Wheaties, General Mills	1 Cup	2.5g	1.5g insoluble/1g soluble	110	4g	1g	220mg
Multigrain Cheerios, General Mills	1 Cup	2g	1.5g insoluble/.5g soluble	110	6g	1g	200mg
Wheat Germ, Kretschmer	2 tablespoons	2g	1.5g insoluble/.5g soluble	50	1g	1g	0mg
Cornflakes, Kellogg's	1 Cup	1g	0g	100	2g	0b	200mg
Special K, Kellogg's	1 Cup	< 1g	0g	110	4g	0g	220mg
Rice Crispies, Kellogg's	1-1/4 Cup	0g	0g	120	3g	0g	320mg

Information from cereal nutrition food labels & USDA SR Nutritional Data System, Univ of Minnesota.

METHODS OF COMMUNICATION

1. PLACATE SO THE OTHER PERSON DOESN'T GET MAD.
The placater always talks in an ingratiating way, trying to please, apologizing, never disagreeing, no matter what. He is a yes man. He talks as though he could do nothing for himself; he must always get someone to approve of him.

2. BLAME SO THE OTHER PERSON WILL REGARD HIM AS STRONG. (IF SHE GOES AWAY IT WILL BE HER FAULT, NOT YOURS)
The blamer is a fault-finder, a dictator, a boss. She acts superior, and seems to be saying, "If it weren't for you everything would be all right." The *internal feeling* is one of tightness in the muscles and in the organs. Meanwhile the blood pressure is increasing. The voice is hard, tight, and often shrill and loud.

3. COMPUTE WITH THE RESULTANT MESSAGE THAT YOU ARE ATTEMPTING TO DEAL WITH THE THREAT AS THOUGH IT WERE HARMLESS, AND YOU ARE TRYING TO ESTABLISH YOUR SELF-WORTH BY USING BIG WORDS.
The computer is very correct, very reasonable with no semblance to any feeling showing. He is calm, cool, and collected. He can be compared to an actual computer or a dictionary. The body feels dry, often cool, and disassociated. The voice is a dry monotone, and the words are likely to be abstract.

4. DISTRACT SO YOU IGNORE THE THREAT, BEHAVING AS THOUGH IT WERE NOT THERE. (MAYBE IF YOU DO THIS LONG ENOUGH, IT WILL REALLY GO AWAY.)
Whatever the distractor does or says is irrelevant to what anyone else is saying or doing. She never makes a response to the point. His internal feeling is one of dizziness. The voice can be singsong, often out of tune with the words, and can go up and down without reason because it is focused nowhere.

5. LEVELING OR FLOWING
In this response all parts of the message are going in the same direction – the voice says words that match the facial expression, the body position, and the voice tone. Relationships are easy, free and honest, and there are few threats to self-esteem. With this response there is no need to blame, retreat into a computer, or to be in perpetual motion.

A COMPARISON OF PASSIVE, ASSERTIVE, AND AGGRESSIVE BEHAVIORS

VERBAL BEHAVIORS

Passive

You avoid saying what you want, think or feel. If you do, you say them in such a way that you put yourself down. Apologetic words with hidden meanings are frequent. A smoke screen of vague words or silence. know", "Well...", "I mean...", "I guess", and I'm sorry". You allow others to choose for you.

Assertive

You say what you honestly want, think, and feel in direct and helpful ways. You make your own choices. You communicate with tact and humor. You use "I"statements. Your words are clear and well chosen.

Aggressive

You say what you want, think, and feel, but at the expense of others. You use "loaded words" and "you" statements that label and blame. You are full of threats or accusations and apply one-upmanship. You

NON-VERBAL BEHAVIORS

Passive

You use actions instead of words. You hope someone will guess what you want. You took as if you don't mean what you say. Your voice is weak, hesitant, and soft. You whisper in a monotone. Your eyes are to the side or downcast. You nod your head to almost anything anyone says. You sit or stand as far away as you can from the other person. You don't know what to do with your hands and they are trembling or clammy. You look uncomfortable, shuffle, and are tense or inhibited.

Assertive

You listen closely. Your manner is calm and assured. You communicate caring and strength. Your voice is firm, warm, and expressive. You look directly at the other person, but you don't stare. You face the person. Your hands are relaxed. You hold your head erect and you lean toward the other person. You have a relaxed expression.

Aggressive

You make an exaggerated show of strength. You are flippant. You have an air of superiority. Your voice is tense, loud, cold or demanding. You are "deadly quiet." Your eyes are narrow, cold, and staring. You almost see through the other people. You take a macho fight stance. Your hands are on you hips and you are inches from the other people. Your hands are in fists or your fingers are pointed at the other person. You are tense and angry appearing.

YOUR APPARENT GOALS AND FEELINGS

GOALS

Passive

To please, to be liked.

Assertive

To communicate, to be respected.

Aggressive

To dominate or humiliate.

FEELINGS

Passive

You feel anxious, ignored, hurt, manipulated, and disappointed with yourself. You are often angry and resentful later.

Assertive

You feel confident and successful. You feel good about yourself at that time and later. You feel in control, you have self respect and you are goal oriented.

Aggressive

You feel self-righteous, controlling, and superior. Sometimes you feel embarrassed or selfish later.

YOUR APPARENT PAYOFFS

PAYOFFS

Passive
You avoid unpleasant situations, conflicts, short-term tensions, and confrontation. You don't have to take responsibility for your choices.

Assertive
You feel good. You feel respected by others. Your self-confidence improves. You make your own choices. Your relationships with others are improved. You have very little physical distress now or later. You are in touch with your feelings.

Aggressive
You get some anger off your chest You get a feeling of control. You feel superior.

THE EFFECTS ON OTHERS

THEIR FEELINGS

Passive
They feel guilty, superior, frustrated or even angry.

Assertive
They feel respected or valued. They feel free to express themselves.

Aggressive
They feel humiliated, depreciated, or hurt.

THEIR FEELINGS TOWARD YOU

Passive
They feel irritated. They pity and depreciate you. They feel frustrated and disgusted with you. They lose respect for you because you are a pushover and someone who does not know where he stands.

Assertive
They usually respect, trust and value you. They know where you stand.

Aggressive
They feel hurt, defensive, humiliated or angry. They resent, distrust and fear you. They may want revenge.

PROBABLE OUTCOMES OF EACH TYPE OF BEHAVIOR

Passive
You don't get what you want. If you do get your own way, it is indirect. You feel emotionally dishonest. Others achieve their goals at your expense. Your rights are violated. Your anger builds up and you either push it down or redirect it toward other people who are less powerful. You may find yourself procrastinating, suffering in silence, doing things half-heartedly, being sloppy, or becoming forgetful. You get maneuvered. Loneliness and isolation may become part of your life.

Assertive
You often get what you want if it is reasonable. You often achieve your goals. You gain self-respect. You feel good. You convert win-lose to win-win. The outcome is determined by above-board negotiations. Your rights and other's rights are respected.

Aggressive
You often get what you want, but at the expense of others. You hurt others by making choices for them and infantizing them. Others feel a right to "get even." You may have increasing difficulty with relaxing and "unwinding" later.

Directions: Label each of the following as either assertive (AS) passive (PS) or aggressive

The situation you might be in:	What you say and do:
__1. You are watching a movie, but people seated in the front of you are making it hard to hear the sound.	You sit and fume, clearing your throat occasionally.
__2. At a meeting, one person often interrupts you when you are speaking.	You look at the Person and say firmly, "Excuse me, I'd like to finish what I'm saying."
__3. You'd like a raise.	You shuffle into your boss' office and say, "Do you think that, ah, you could see your way clear to giving me a raise?"
__4. You have talked with your boss about a helpful suggestion for organizing the work in the office. He says that he thinks this is a good idea and that he will ask someone else to put the change into effect	You put your hands your on your hips and shout, "This was my suggestion, and I'll not stand for someone else getting all the credit for it."
__5. You are looking forward to a quiet night alone. A relative calls and asks you to babysit.	You communicate caring, but strength as you say, "I put aside tonight for myself and I won't be able to babysit."
__6. Your parents or in-Laws call and tell you they are dropping by. You are busy .	In a loud voice you say, "You always call two minutes before you are here and expect me to drop everything."
__7. Two workers in your office are talking about personal matters. The Work has been piling up. Others have been complaining. You are their supervisor.	You call the offenders together, lean towards them and say, "I know how easy it is for time to slip by when you are relaxing and talking to your friends. But work is piling up and I would like you to use the 20-minute break for personal conversation.
__8. A good friend is always late for things you plan to do together. You have not said anything for several weeks.	When your friend arrives you look like you are ready to explode. You say "You're never on time!"
The situation you might be in:	**What you say and do:**
__9. A date and time are being set for a weekly meeting. The time is not convenient for you. The times are set when it is impossible for you to make the meeting regularly.	When asked about the time, you look down and almost whisper, "Well, I guess it's okay. I'm not going to be able to come very much, but if it fits everyone else's schedule, it's o.k. with me."
__10. You are the only woman (or man) in a group of men (or women). You are asked to be the secretary of the meetings.	You respond, "I'm willing to do my share and take the notes at this time. I'd like others to take their turn."

Answers to review questions:

1. P	4. AG	7. AS
2. AS	5. AS	8. AG
3. P	6. AG	9. P
		10. AS

Reprinted from:
Stress Management: A Comprehensive Guide to Wellness, E. Charlesworth & R. Nathan, Biobehavioral Press, Texas, 1982

COMMUNICATION EXERCISES

NAME: _____

Describe the communication. With whom? Subject?	How did the difficulty come about?	What did you really want from the person or situation? What did you actually get?	What did the other person(s) want? What did they actually get?	How did you feel during and after this time?	Have you resolved this issue yet? How?
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					

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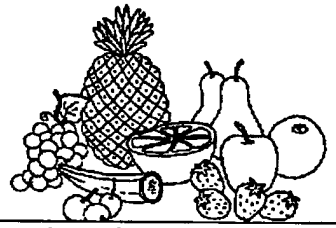

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Session 7

Food Diary & Mindfulness Practice Log (continued)

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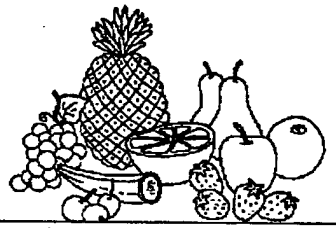

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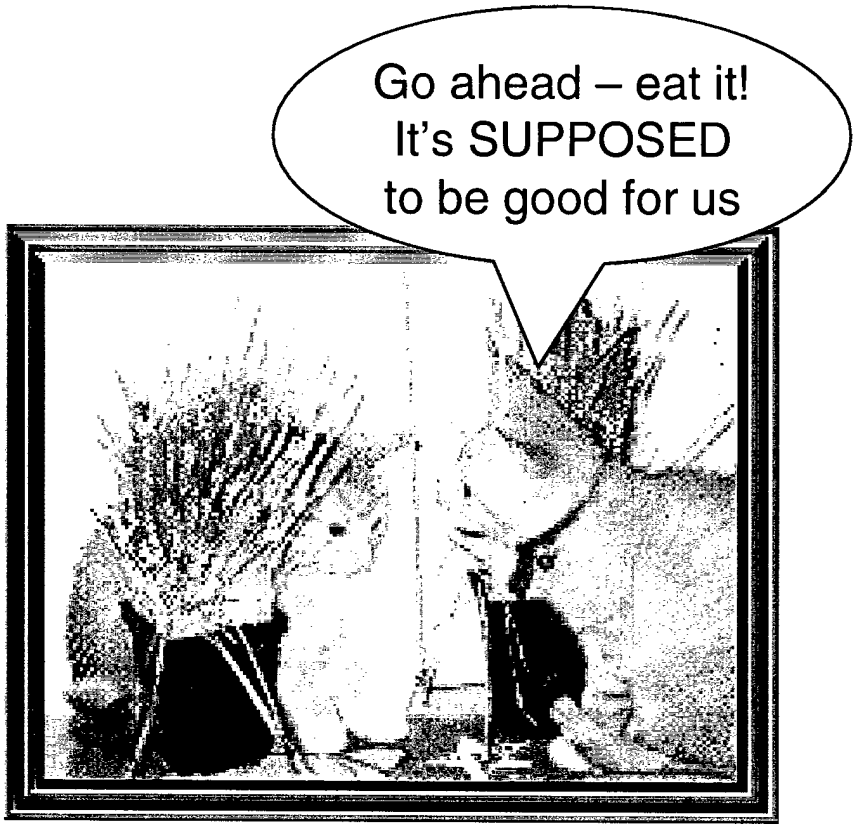
Session 8



Special Healing Vegetables

and

Working With Difficult Feelings

Special Healing Vegetables
The Ways We Listen to Others

Session 8: Objectives

Following this class you will:

- ✓ Understand why eating large amounts of lycopene-rich and cruciferous vegetables may be especially helpful in preventing prostate cancer.
- ✓ Know which vegetables fall into the above categories, how to prepare them, and how to include them in meals.
- ✓ Know something about the skills of listening in the process of communication.

Class Agenda:

- Discuss the specific prostate cancer prevention benefits of a select few vegetables and how to use them in meal preparation.
- Discuss the feelings that you have most difficulty with when they arise and the ways you are learning to work with them.
- Do a guided sitting meditation.

Home Activity:

- Prepare two new dishes this week – one containing a lycopene-rich food and another containing a cruciferous vegetable.
- Continue to use the tapes to alternate the sitting meditation with the body scan or mindful stretching or, select whichever formal practice you prefer to emphasize this week.
- Become aware of your "diet" in a broader sense – what are you taking in through your senses, the air you breathe, etc. How is it affecting you?

Cruciferous Vegetables and Prostate Cancer Prevention

WHAT are CRUCIFEROUS VEGETABLES?

Cruciferous vegetables are a special group of cancer-fighting vegetables that include such things as broccoli, cauliflower, cabbage, and kale.

CRUCIFEROUS VEGETABLES and PROSTATE CANCER PROTECTION

Eating just 3 servings of cruciferous vegetables a week cut risk of prostate cancer in half in a study involving over 600 men with prostate cancer in Seattle (Cohen JH, et al. 2000).

HOW DO CRUCIFEROUS VEGETABLES PREVENT CANCER?

The cancer-fighting substance in cruciferous vegetables is called indole-3-carbinol. How it works to protect men isn't clear.

HOW MUCH SHOULD I EAT?

Aim to eat at least 3 servings of cruciferous vegetables a week. Many vegetables fit into this category. Use the chart below to help you meet this recommendation.

CRUCIFEROUS VEGETABLES

1 serving size = 1 cup raw or ½ cup cooked

Leafy Greens	Non-Leafy
Beet greens	Broccoli
Bok choy	Brussels sprouts
Cabbage	Cauliflower
Collards	Horseradish
Kale	Radish
Kohlrabi	Rutabaga
Mustard greens	Turnip
Swiss chard	
Turnip greens	

USING CRUCIFEROUS VEGETABLES IN MEALS

Leafy Greens

To Prepare Greens:

- Wash leaves by submerging in bowl of cold water, swish around to shake off dirt, then drain the water.
- Chop leaves into bite-size pieces.
- Sauté, boil, or steam.

Meal Ideas for Greens:

Remember greens will reduce to at least half their original volume when cooked.

- **Soup:** throw chopped, uncooked greens into soup just before eating. They will cook in a matter of minutes (you'll know their cooked when they turn bright green).
- **Pasta:** throw chopped, uncooked greens into marinara sauce. Heat, stir, and serve over pasta.
- **Stir-fry:** include in vegetable-tofu stir-fries. Season with soy sauce.
- **Side-dish:** Saute with garlic and olive oil. Season with soy sauce, lemon juice, and/or rice vinegar. Serve as a side dish with any meal.

Non-Leafy Cruciferous Vegetables

To Prepare Broccoli, Brussels Sprouts and Cauliflower:

- Chop and wash vegetables.
- Steam on stove or in microwave, until soft.

Meal Ideas for Broccoli, Brussels Sprouts and Cauliflower:

- **Salad:** Broccoli and cauliflower can be eaten raw in salads or as a snack (they're delicious dipped in hummus or other vegetable dip).
- **Soup:** Broccoli and cauliflower can be added to vegetable soups.
- **Side dish**: Any of these vegetables can be steamed and served as a side dish with any meal.

To Prepare Radish, Rutabaga and Turnip:

- Radishes just need to be washed and trimmed of any roots. Best eaten raw.
- Rutabagas and Turnips need to be peeled, chopped and can be baked or boiled.

Meal Ideas for Radish, Rutabaga and Turnip:

- **Salad:** radishes are best eaten raw in salad.
- **Soup:** chopped rutabaga and turnip can be added to soups. Cook until soft.
- **Vegetable Bake:** Chop up some rutabaga, turnip, celery, onion, carrot, and winter squash. Coat lightly with olive oil and salt. Place in large baking pan and bake at 375° F until soft and sweet, about 1 hour. Serve as side dish to any meal in place or rice, pasta, or potatoes.

How Lycopene May Help Prevent Prostate Cancer

WHAT IS LYCOPENE?

Lycopene is a special plant compound (antioxidant) that may specifically help to prevent prostate cancer. Lycopene is a close relative of beta carotene (vitamin A). It is found in tomatoes and several other red fruits-it's the pigment that gives them their color.

LYCOPENE and PROSTATE CANCER PROTECTION

In a large study involving 50,000 men, a Harvard research scientist found a striking reduction in the occurrence of prostate cancer among men who ate the most cooked tomato products. Their conclusions from this study have been replicated by subsequent studies. Other investigators who have studied the effects of lycopene on men who already have prostate cancer found that supplementing with 15 mg of lycopene twice daily, significantly reduced tumor growth and PSA levels.

HOW DOES LYCOPENE WORK?

Lycopene seems to protect against cancer by protecting cells from DNA damage and also be controlling cancer cell growth and cell-to-cell communication. What's not clear is if it is lycopene alone that is protective or if it is the complex interaction of lycopene combined with other components in the food. It therefore seems wise not to rely on supplements and to eat foods known to be rich in lycopene.

HOW MUCH SHOULD I EAT?

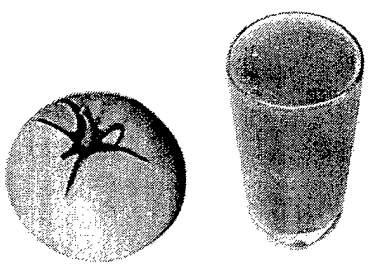
We recommend you eat at least 30 mg of lycopene each day (the same amount eaten by the men in the Harvard Study). Use the chart below to help you meet this recommendation! Cooking these foods seems to help you absorb the lycopene!

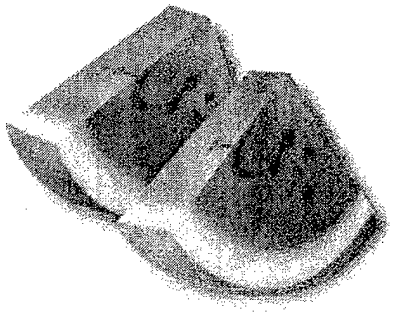
Foods Rich in Lycopene

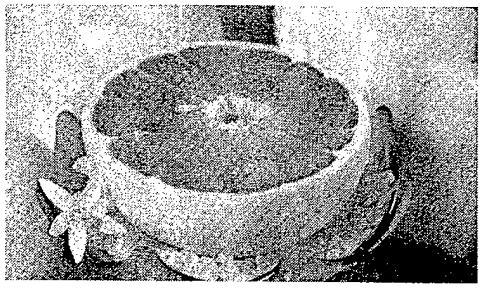
Food	Measure	Lycopene (mg)
Tomato Puree	½ cup	20.8
Marinara sauce	½ cup	20.0
Tomato paste	2 tbsp.	18.2
Tomato Juice	½ cup	13.2
Vegetable Juice Cocktail	½ cup	11.7
Tomato, raw	½ cup	8.3
Pink Grapefruit	1	8.0
Guava	1	4.9
Watermelon	½ cup	3.3

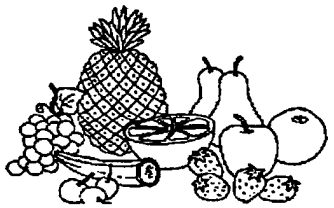
USING LYCOPENE-RICH FOODS IN MEALS

- Cut up fresh watermelon, guava, or pink grapefruit to go with breakfast or for snacks.
- Sliced tomato and avocado make a great snack!
- Pour jarred marinara sauce over whole-wheat pasta for lunch or dinner.
- Cut some extra-firm tofu into blocks, coat with bread crumbs, garlic salt, basil and oregano and bake in the oven at 375° F until crispy. Dip in marinara sauce for a delicious and easy meal or snack!
- Use tomato pasta on a homemade soy-cheese pizza.
- Drink low-sodium tomato or vegetable juice cocktail with meals and snacks.









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Session 8

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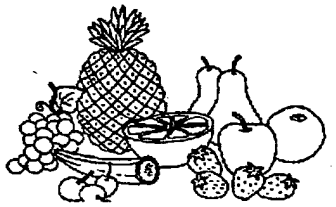

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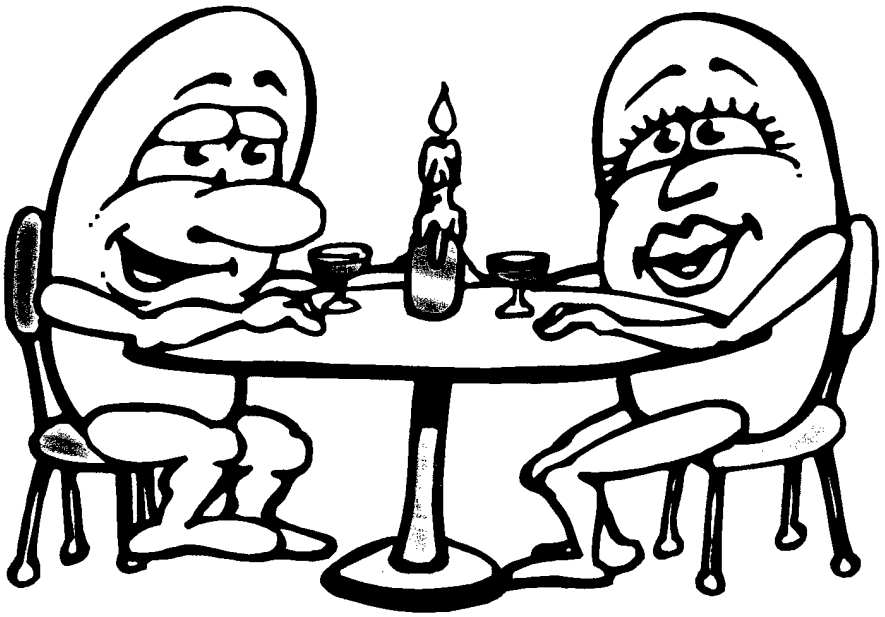
Session 9



Eating Well Outside the Home

Session 9 Objectives
Eating Well Outside the Home
Deepening Mindfulness Practice

Session 9: Objectives

Following this class you will:

- ✓ Have some ideas to help you follow the study diet while still enjoying dining out at restaurants, parties, and while traveling.
- ✓ Know which specific dishes are recommended at a variety of ethnic restaurants.
- ✓ Know where to dine in Massachusetts if you are looking for an exclusively vegetarian restaurant.
- ✓ Learn ways in which you can deepen your mindfulness practice.

Class Agenda:

- Review guidelines for maintaining study diet while dining outside the home.
- Discuss different types of vegetarian dishes usually available and a variety of ethnic restaurants.
- Review the quality of your listening in communications with each other and other people in the past two weeks.
- Participate in a full body scan. How are you listening to your body?

Home Activity:

- This week dine at a restaurant that is new to you and tell us about your experience!
- Do a period of formal mindfulness practice each day using the technique of your choice – sitting, body scan or stretching – without using the tapes.
- Choose some time during the day to listen mindfully to each other and be aware of the feelings that arise as you are listening.
- Explore the difference between familiarity with each other in your communications and honest understanding of each other.
- Prepare next week's potluck dish together. Please remember what you notice during the preparations, and share with the group next week.

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Eating Well at Restaurants, While Traveling and at Parties

Choosing a Restaurant

Find a vegetarian restaurant. Finding one is easy if you live in a college town or an urban area. But out in the suburbs, in chain restaurant heaven this may be a daunting task. An up-to-date list of vegetarian restaurants in Massachusetts in included in your manual.

"You want something with sure-fire, can't-miss, guaranteed roughage? How about the elm tree in front of the building?"

Eat ethnic! Although you can order a salad at almost any restaurant, that can be dull after awhile. Your best bet for delicious food is to dine at ethnic restaurants where delicious vegetarian food is part of the culture and more of a focus. At any restaurant, be sure to ask them to cook your food in vegetable oil instead of butter or lard. Attached is a chart providing suggestions for vegetarian dishes you are likely to find at a variety ethnic restaurants.

Look for veggie burgers or pasta dishes. Most pubs and steakhouses have a veggie burger option. And pasta can always be made vegetarian by substituting vegetables for chicken (pasta primavera). Also request a garlic and olive oil-based sauce instead of a cream sauce.

Make a meal out of soup and salad. Ask for the chicken to be left out of salads-perhaps it can be replaced with beans (Caesar salad is made with cheese and egg). Be sure that the soup is vegetable-based.

Make a special request! As a last resort if there is nothing on the menu that is vegetarian many restaurants will make up a plate of steamed or sautéed vegetables, with rice or pasta.

For dessert look for fresh fruit or sorbet.

What to Eat While Traveling

In the car bring a cooler full of snacks so you aren't forced to stop at the fast-food restaurants and rest stations.

On the plane order a vegan meal ahead of time (not vegetarian because undoubtedly you'll be served something with cheese). Or else pack your own meal in a small cooler.

At hotels you can usually make substitutions to get a healthy meal from room service or their restaurant. Otherwise check out the phone book for local ethnic restaurants that deliver. You might also consider bringing with you some nonperishable snacks such as nuts, dried fruit, and single-serving sized asceptic boxes of soymilk (don't need refrigeration). If you will be in a hotel for an extended period of time, you might consider finding one with a small kitchen and/or refrigerator so you can stock it with some food from a local market.

In other people's homes it might feel uncomfortable to pass up eating when has been thoughtfully prepared in your honor. If you are comfortable, consider being up front with your hosts about your eating style. Offer some suggestions for meals that you would eat and offer to shop and cook with them when you arrive. Some people will think it is fun and exciting to learn a new way of eating. If this isn't a possibility, consider bringing with you some non-perishable items like pasta, canned beans, asceptically packaged tofu, etc. that you could throw together into a simple meal. Or shop for yourself when you get there and make a separate meal that you can enjoy with your hosts. Or perhaps there is an easy way to eat a vegetarian version of what everyone else is eating.

What to Eat at Parties and Banquets

At parties bring a dish or two that you know you can eat in case there are few other options once you get there.

At banquets and weddings there is often either a fish or vegetarian option specified on the invitation. If not, consider contacting the hosts to see if they can have the caterer prepare something to meet your special needs.

Boston Vegetarian Society's Guide to Vegetarian and Vegan Restaurants In Massachusetts

BVS @ lvu.org – 617-424-8846 – www.BostonVeg.org

Enjoy trying these Massachusetts restaurants which serve only vegetarian foods (no meat, foul, or fish). Some are vegan (no dairy, eggs, or honey).

Buddha's Delight
3 Beach Street, 2nd Floor, corner of Washington St.
Chinatown, Boston (Chinatown stop/Orange Line, Boylston St. stop/Green Line)
617-451-2395
Sunday - Thursday, 11 a.m. - 9:30 p.m.; Fri. - Sat., 11 - 10:30
All vegan except milk in some beverages, Asian cuisine, extensive menu includes faux meats

Buddha's Delight Too!
404 Harvard Street, Brookline (Coolidge Cr. stop/ Green Line C)
617-739-8830
Sunday - Thursday, 12 noon - 10:30 p.m.; Fri. - Sat. 12 - 11:30
Same menu as Buddha's Delight in Chinatown.

Country Life Vegetarian Restaurant
200 High St. Rear (entrance, Surface Artery at Broad)
Downtown Boston (Aquarium stop on Blue Line)
Main: 617-951-2534 *www.countrylifeboston.com*
Daily Menu: 617-951-2462
Lunch: Monday - Friday, 11:30 a.m. - 3 p.m.
Dinner: Sunday, Tuesday, Wednesday, Thursday, 5 - 8 p.m.
Sunday Brunch: 10 a.m. - 3 p.m.
All vegan unlimited buffet includes hot entrees and cooked vegetables, soup, 30 item salad bar, breads & spreads, fresh fruit bar with 9 toppings, herb teas, grain coffee. Sunday Brunch

Grasshopper
One No. Beacon St.(Union Sq., opp. Jackson Mann/Twin Donuts)
Allston (Boston), (Allston Street stop on Green Line B trolley)
617-254-8883
Monday - Thursday, 11 a.m. - 10 p.m.; Friday - Sunday 11 - 11
All vegan Asian cuisine, extensive menu includes faux meats, monthly specials

Hare Krishna Temple
72 Commonwealth Avenue
Back Bay, Boston (Arlington or Copley stop on Green Line)
617-247-8611
Free vegetarian feast following lecture and discussion
Sundays 4:30 - 7:30 p.m. and Wednesdays 6:30 - 8 p.m.

Greater Boston Buddhist Cultural Center
Vegetarian Restaurant/Tea House
950 Massachusetts Avenue, half way between Harvard/Central
Cambridge (Harvard Sq.& Central Sq. stops/ Red Line)
617-547-6670 *www.gbbcc.org*
Restaurant serves appetizers such as dumplings Tuesdays - Saturdays, 10 a.m. to 5 p.m. and Sundays 1 - 5 p.m. Also, on Saturdays, a Luncheon Special, 11:30 a.m. to 4 p.m.

Veggie Planet
47 Palmer Street (off Church Street) at Club Passim
Harvard Square, Cambridge (Harvard Sq. stop on Red Line)
617-661-1513 *www.clubpassim.com/veggieplanet*
Mon. - Sun., 11:30 a.m. - 10:30 p.m., Sunday Brunch 10:30 - 3
Innovative Vegetarian Pizzeria, monthly Mon. night special dinner "Great Food in Good Conscience", with Chef Didi Emmons

Organic Garden Restaurant and Juice Bar
294 Cabot Street (next to Cinema), Beverly, North Shore (Rt. 62 off Rt. 128) 978-922-0004 *www.organicgardencafe.com*
Monday -Thursday, 11 am -9 pm; Friday & Saturday, 11 - 10
Vegan, organic, exotic raw cuisine entrees, soups, salads, wraps, full juice bar, desserts

Basil Chef Cuisine at Body & Soul
13R Bessom St., Village Plaza Shopping Center, Marblehead
781-864-9250 North Shore Call for hours.
All vegan, organic living foods and juice bar

Life & Light
115 Elm Street (near Washington Street), West Newton
617-630-8101
Tues-Thurs & Sat, 11 am-9 pm; Friday 11 - 10; Sun 11:30 - 9 pm
All vegan, Chinese cuisine, extensive menu includes faux meats

Masao's Kitchen
581 Moody Street, Waltham (Metro West area)
781-647-7977 *www.masaoskitchen.com*
Monday -Thursday, 12 noon - 8 pm ;Friday & Sat. 12 noon - 9 pm
All vegan, organic vegetables, based on macrobiotic teachings

Udupi Bhavan
59 Pond Plaza, Pond Street (Rt. 126 South next to Market Basket)
Ashland (Metro West area)
508-820-0230 *www.mychefs.com*
Tuesday - Sunday, 12 noon - 9:30 p.m.
South Indian cuisine

Tofu a Go-Go!
336 Commercial Street, 2nd floor, Provincetown, Cape Cod
508-487-6237 *www.tofuagogo.com*
Call for hours, as they change seasonally.
Open April - October for lunch, May - September lunch & dinner
Varied veg and vegan menu, international, macro, vegan desserts

Atlantic Union College Shun Dining Commons
53 Prescott St., South Lancaster (off Rt. 70, north of Worcester)
978-368-2314 Call for hours for breakfast, lunch, & dinner.
Public invited to their all-you-can-eat vegetarian & vegan dining.

The Living Earth Garden Cafe
232-234 Chandler St., Worcester MA
508-753-1896 www.lefoods.com

Quan Yin
56 Hamilton Street, Worcester 508-831-1322
Monday - Thursday, 11 a.m. - 9 p.m.; Friday - Saturday, 11 - 10
All vegan, Asian cuisine, extensive menu includes faux meats

Bela Vegetarian Restaurant
68 Masonic Street, Northampton
413-586-8011
Tuesday - Saturday, 12 noon - 8:45 p.m.
Offers tofu, tempeh, seitan entrees, soups, burgers, beans, veggies

Fire & Water Vegetarian Café
5 Old South Street, Northampton
413-586-8336
Open every day, 11 a.m. to approximately midnight
Burgers, sandwiches, nachos, noodles, veggies, salads, chili, lush vegan homemade baked desserts

Haymarket Café
185 Main Street, Northampton 413-586-9969
Monday - Saturday 11:30 a.m. - 9 p.m., Sundays till 8 p.m.
International entrees, salads, sandwiches, specials

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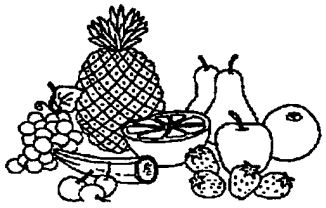
Suggested Dishes When Dining Out

Dining out at restaurants is a pleasure for many reasons, and one that you do not need to give up just because you are following a vegetarian diet! But, time after time of ordering a salad or a tasteless plate of steamed vegetables while your companions sink their teeth into a juicy steak can make the most devoted vegetarian bitter.

Vegetarian restaurants aren't exactly at every street corner in the Worcester area, so the next best option for healthy and delicious food to tantalize your taste buds is to choose from the variety of ethnic restaurants that abound. Below are some menu suggestions for the more popular types of ethnic eateries (of course selection availability may vary among restaurants).

Restaurant Type	Appetizers	Entrees	Sides
CHINESE	Vegetarian dumplings Scallion pancake	Vegetarian delight Sauteed vegetables and tofu *(sometimes called bean curd)* Other assorted vegetable dishes and their accompanying sauces	Vegetable fried rice Vegetable lo-mein Vegetable soup with tofu
THAI	Vegetarian spring rolls Frid tofu	Vegetarian curry Vegetarian Pad Thai Sweet and sour vegetables Other vegetable dishes come with a variety of sauces	Vegetable soup with tofu
INDIAN	Vegetable pakora *(spinach and onion fritters)* Vegetable samosa *(turnover stuffed with potatoes and peas)*	Alu-Palak *(potatoes and spinach cooked with Indian herbs and spices)* Alu-Mater *(potatoes and green peas cooked with herbs and spices)* Channa Masala *(chick peas cooked with tomatoes, herbs and spices)* Dal *(lentils and spices)* Vegetable curry	Variety of Indian breads available Mulligatawny soup *(lentil and vegetables)* Vegetable Briyani *(flavored rice cooked with fresh vegetables and nuts)*
JAPANESE	Vegetable tempura *(battered fried vegetables with a sweet and sour dipping sauce)* Sushi *(vegetarian or made with fish if you choose to eat it)*	Various versions of vegetable and tofu with rice or udon noodles	Seaweed salad Vegetable, Tofu, udon noodle soup

Restaurant Type	Appetizers	Entrees	Sides
MIDDLE EASTERN	Hommus *(dip made from chickpeas, lemon juice and tahini)* Baba Ghanouj *(an eggplant-tahini dip)* Vegetarian grape leaves *(rice, onions, and chickpeas wrapped in grape leaves and cooked with spices)*	Grilled Vegetables served over rice pilaf Vegetarian Port Saiid *(sauteed mushrooms, garlic, onion, tomatoes, and peppers, and lemon juice over rice pilaf)* Falafel Sandwich	Fatoush *(green salad made with parsley, tomatoes, onions, green peppers cucumbers and marinated pita bread)* Fassoulia *(white kidney beans cooked with garlic, lemon juice, and spices)* Lentil soup
MEXICAN	Salsa and Tortilla Chips Vegetarian bean dip and Salsa Guacamole *(made without sour cream)*	Vegetarian bean burritos Vegetable fajitas Vegetarian chili	Spanish rice
ITALIAN	Bruschetta Bread dipped in olive oil Vegetarian antipasto *(hold the cheese)* Garden salad	Eggplant Parmigiana *(hold the Parm)* Pasta Primavera *(hold the cheese)* Pasta with pesto sauce *(some are made without cheese)*	Pasta fagioli soup Minestrone soup



Food Diary & Mindfulness Practice Log

Name:_____

I am: ☐ Participant ☐ Support person

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Session 9

Food Diary & Mindfulness Practice Log (continued)

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___ less than 3 times
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How many times did you do a sitting meditation this week?

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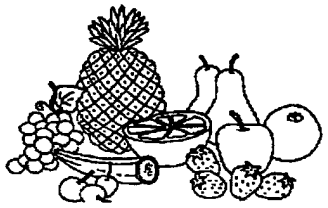

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Session 9

Food Diary & Mindfulness Practice Log (continued)

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   _____

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Session 10

To Be Announced

Mindfulness in Everyday Life

Session 10: Objectives

Following this class you will:

- Learn more about adapting formal mindfulness practice into everyday life.

Class Agenda:

- Enquiry into how you are integrating formal and informal mindfulness practices into your everyday life. What are the forms that you have the most affinity with and will stay with you in your life?
- Engage in a period of alternating formal and informal sitting and walking practice.
- Nutrition review

Home Activity:

- Do a period of alternate sitting and walking meditation practice every other day.
- Each day do some informal mindful walking practice with each other or alone.
- Become aware of what you are taking in as your 'diet' in the broader sense, such as what are you taking in through your senses, the air you breathe, etc. How is it affecting you?

Nutrition Review

Class 1: Study Rationale

- A diet rich in animal contributes to prostate cancer by leading to obesity, higher blood testosterone levels and elevated blood calcium levels (from dairy).

- A diet rich in plant foods is high in fiber (lowers blood testosterone levels), rich in phytochemicals which protect against cancer.

Class 2: Getting Started

- This class reviewed the foods NOT to eat while in the study and then focused in on the many types of food to include in your diet on a daily, or weekly basis.

- Food groups were divided into "healthy protein choices" (e.g., beans, soy, fish); "healthy fat choices" (e.g., nuts and seeds, avocado, olive oil); "whole grains" (e.g., brown rice, whole wheat bread).

- Fruits and vegetables were divided into 5 major color groups and we encouraged you to eat at least one item from each color group every day.

- We discussed some simple ways to get started with a "prostate healthy diet" by substituting old favorites (e.g., cow's milk), with healthier choices (e.g., soy milk).

Class 3: The Making of a Prostate-Healthy Kitchen

- We reviewed the steps to take to remove "unhealthy" foods from our kitchen and re-stock it with healthier foods that we would use regularly in our "new" way of cooking.

Class 4: Shopping and Deciphering Food Labels

- Scan ingredient lists as a first priority. Make sure you understand what the ingredients are in your food (they should be "real" foods).

- Avoid foods containing hydrogenated vegetable oil.

- Ingredient lists are ordered by volume in the product. You may want to avoid most foods that contain sugar or fat in the first couple of ingredients.

Class 4: Shopping and Deciphering Food Labels continued

- When buying grain foods (bread, pasta, rice, cereal, crackers, etc.) make sure the word "whole" precedes the type of grain used in the food. Also check that there is some fiber in the food.

- Be wary of labels advertising "light" or "lite". We assume this means lower in calories and fat, but it legally can mean lighter in color or weight than the original product.

- Be wary of labels advertising "reduced" fat or sodium. This means the food contains 25% less fat or salt than the original. If the original product contains a large amount of fat or salt, like canned soup, the "reduced" version may still be really high. Always rely on the actual number of grams of fat or salt, rather than on some advertising on the front of a package.

Class 5: Meal Planning

- There are four important parts to a well-balanced meal: a source of healthy protein, a whole grain (or starchy vegetable like a yam), a vegetable and/or a fruit, and a healthy source of fat.

- We also discussed ideal proportions of proteins, whole grains, and fruits and vegetables. Remember the "plate diagram" which shows half a plate of fruits/vegetables, and a quarter each of whole grain and a protein source.

Class 6: Power-Packed Proteins

- We discussed the rationale behind including beans, soy, and fish as major sources of protein in a prostate-healthy diet.

- Beans are an excellent source of fiber and phytochemicals, which help to lower testosterone levels, and protect against cancer.

- Soy contains compounds called isoflavones which may also lower testosterone levels and thereby protect against prostate cancer. Soy also protects against heart disease and osteoporosis.

- Fish tend to be an excellent source of omega-3 fat. This healthy fat boosts the body's immune system and its ability to fight cancer.

Class 7: Wholey Grains

• Whole-in-tact grains (brown rice, whole wheat etc.)are rich sources of fiber, vitamins, minerals and phytonutrients-all of which are completely absent from processed grains (white rice, white flour).

Class 8: Special Healing Vegetables

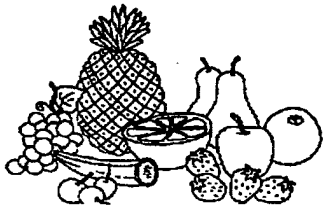
• Lycopene is a phytonutrient that may help prevent prostate cancer. It is found in many red fruits and vegetables, especially cooked tomato products. 30 mg of lycopene a day is recommended from foods. This much can be found in 3 tbsp. Tomato paste, ¾ cup marinara sauce, or 1 cup of tomato juice.

• Cruciferous vegetables (broccoli, cauliflower, cabbage, kale, etc.) are rich in indole-3-carbonol. This phytonutrient also may help to prevent prostate cancer. We recommend eating at least 3 servings of these foods each week.

Class 9: Eating Well Outside the Home

• Eating a prostate-healthy diet outside the home can be challenging. Vegetarian restaurants are far and few between unless you live in a metropolitan area. Choosing ethnic restaurants (as opposed to typical American bar and grill restaurants) will increase your chances of finding meals you can eat. Chinese, Thai, Japanese, and Indian cuisines all feature many vegetarian dishes.

• Be sure to plan ahead when traveling. You might think of packing food with you on long car trips to avoid being stuck with fast food. Be honest with hosts about your diet when you visit people. If you tell them your diet is doctor prescribed for medical reasons, few people will argue with that.



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Session 10

Food Diary & Mindfulness Practice Log (continued)

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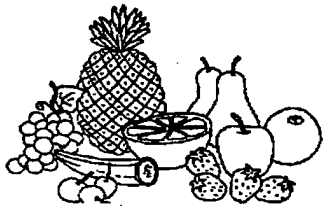

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Session 11

To Be Announced

APPENDIX K

Date:_____ Completed By:_____

Prostate Health Study
Weekly Intervention Evaluation

Class #:_____ Participants Attended #: _____ Support Attended #: _____

Who did not attend today's class? What make-up info needs to be sent out and to whom?
How feasible was today's class?
What did you add or change from today's protocol?
What parts of today's plan were most effective?
What parts of today's plan were least effective?
How was the flow between nutrition & MBSR? How could it be improved?
Suggestion:

Prostate Health Study
Feedback Form

Session Date:_____

To ensure that the sessions are meeting your needs it will be helpful if you give us the following feedback. Please place the form in the box in the kitchen. **Your responses are anonymous.**

1. Please check one answer. ☐ I am a participant.
   ☐ I am a support person.

2. How clear did you find the presentation of the **dietary information** in tonight's session? (Please circle one)

   Very clear Somewhat clear Unclear

3. How clear did you find the presentation of the **stress reduction/mindfulness information** in tonight's session? (Please circle one)

   Very clear Somewhat clear Unclear

4. How useful did you find the presentation of the **dietary information** in tonight's session? (Please circle one)

   Very useful Somewhat useful Not useful

5. How useful did you find the presentation of the **stress reduction/mindfulness information** in tonight's session? (Please circle one)

   Very useful Somewhat useful Not useful

6. What did you like **best** about tonight's session?

   _____

   _____

7. What did you like **least** about tonight's session?

   _____

   _____

8. Is there anything that you would change about tonight's session?

   _____

   _____