

The Eater's Choice On-Line Help

[Foreward](#)

[Notes from Dr. Goor](#)

[Rosy and Big Al, a Cautionary Tale](#)

[How The Eater's Choice Works](#)

[Personal Dietary Ledger](#)

[Filling in Your Personal Worksheet](#)

[Creating a Meal Plan](#)

[Select Foods for the Meal Plan](#)

[How Recipes are Organized](#)

[Selecting Recipes for the Meal Plan](#)

[Marking Recipes to Add to the Meal Plan](#)

[Printing Recipes](#)

[Other Meal Plan Options](#)

[Shopping Lists](#)

[Utilities](#)

[Rosy and Big Al, an Epilogue](#)

[Glossary](#)

[About the Authors of Eater's Choice](#)

Foreword

MODERN MEDICINE deserves much credit for improving the health and longevity of Americans by reducing the incidence of many infectious diseases and other causes of death of the past. However, as Americans live longer, diseases of a somewhat different nature - chronic diseases - are taking a relatively larger toll. Just when many people reach the peaks of their careers or a much deserved retirement, their lives may be devastated by heart disease or cancer. Heart disease alone accounts for 50 percent of the deaths in the United States. It is a major cause of disability and a major drain on our emotional and financial resources, both national and personal.

Heart disease is the result of multiple risk factors associated with our high living standard: rich foods, smoking, lack of exercise. In other words, the American way of life may be dangerous to our health. But I am convinced that lifestyles can be changed; in fact, they are changing. Scientific evidence has proven that quitting smoking reduces the incidence of lung cancer and heart disease. Lowering blood pressure reduces the incidence of stroke and heart disease. It is gratifying to see the decline of these diseases in the segments of the population that have made changes. As a consequence, mortality from heart disease has declined by 30 percent and that from stroke by 45 percent in the past twenty years. While an individual cannot be given a guarantee, these trends show that the adoption of a sensible lifestyle can prevent the development of diseases that threaten both the length and quality of life. Now a major national public health campaign is being launched against a third, equally potent risk factor for heart disease: high blood cholesterol. Recent evidence has shown that lowering high levels of blood cholesterol will indeed reduce the risk of heart disease. Blood cholesterol levels can be lowered by eating less saturated fat and cholesterol. The first step is consciousness raising. We need to become aware of the hazards of elevated blood cholesterol levels. To discover if you are at increased risk for heart disease, know your blood cholesterol number. High blood cholesterol is a silent killer. There are no symptoms to warn you until the disease is fully developed, and by then it is often too late. Sudden death can be the first symptom.

If your blood cholesterol is too high, take steps to lower it with the help of your physician. It is up to you, however, to take control over this risk factor. Learn what can be done about it, make the necessary changes, and stick to them. One of the changes to lower blood cholesterol recommended by the American Heart Association is to reduce total fat intake to 30 percent of daily caloric intake, saturated fat intake to 10 percent, and cholesterol intake to no more than 300 mg per day. Many people find this advice hard to apply. What does it mean in practical terms? How much of which foods should you eat to consume 10 percent of calories from saturated fat? I have found that the EATER'S CHOICE approach to lowering blood cholesterol works because you choose the foods you eat.

EATER'S CHOICE is a valuable tool for physicians and other health professionals. Because it uses a quantitative assessment, both you and your physician know exactly what changes you must make in your eating pattern to achieve a healthy blood cholesterol level. Most important, EATER'S CHOICE gives those at risk the facts and skills they need to modify their own diet in order to lower their cholesterol. I have found that people who assume responsibility for their own problems are more likely to devise solutions they can live with and thus achieve results that will be lasting. EATER'S CHOICE will help you discover that a healthy way of eating can also be delicious and satisfying. Far from being a sacrifice, eating heart-healthy foods makes the good life worth living. This book should become a handbook for the making of a modern public health campaign designed to improve the quality of life for all Americans.

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Notes from Dr. Goor

Heart disease is the leading cause of death in the United States. **High blood cholesterol** is one of the three major risk factors for coronary heart disease that you can control (the other two are cigarette smoking and high blood pressure). The National Institutes of Health recommend that all adults over 30 years old keep their blood cholesterol below 200 mg/dl for long-term heart health; below 180 mg/dl for 20-29 year olds, below 170 mg/dl for children.

EATER'S CHOICE focuses on the **saturated fat** content of foods because, of the four dietary constituents that influence blood cholesterol levels (saturated fat, monounsaturated fat, polyunsaturated fat, and cholesterol), saturated fat is the most potent determinant of blood cholesterol levels. It is twice as effective in raising blood cholesterol as polyunsaturated fat is in lowering it. The more saturated fat you remove from your daily consumption, the more your LDL-cholesterol level will fall. This does not mean you can eat as much saturated fat as you want as long as you eat twice as much polyunsaturated fat. Fats have more calories per unit weight than either proteins or carbohydrates. Fats contain 9 calories per gram. **FATS MAKE YOU FAT**. In addition, fats have been implicated as a risk factor in developing certain cancers, such as breast and colon cancers.

EATER'S CHOICE focuses on the saturated fat and not the cholesterol content of the foods you eat for the following reasons. First, with only a few easy to remember exceptions, saturated fat and cholesterol occur in the same foods; they are fellow travelers. So, by avoiding foods high in saturated fat, you are also avoiding foods high in cholesterol. The exceptions are: egg yolks and organ meats (brain, pancreas, liver, kidneys), which are high in cholesterol but have only moderate amounts of saturated fat. On the other hand, coconut oil, palm oil, and cocoa butter (in chocolate) are very high in saturated fat but have no cholesterol.

Second, the cholesterol you eat has much less effect on raising blood cholesterol levels than does saturated fat. Many people assume that all you have to do to lower your blood cholesterol level is to eat less cholesterol. Eggs are loaded with cholesterol. Eat fewer eggs and your blood cholesterol problem is licked, so the argument goes. However, contrary to popular belief, the amount of fats, especially saturated fats, that you eat has a much greater effect on your blood cholesterol level than does the amount of cholesterol you consume.

Of course, this does not mean that you should eat unlimited numbers of eggs or other high-cholesterol foods. Remember that the American Heart Association and the Consensus Conference recommend a daily cholesterol intake of no more than 250-300 mg (one large egg contains 274 mg). Avoid foods high in cholesterol. Think before you eat.

Third, keeping track of only saturated fat makes EATER'S CHOICE a simple yet effective plan to follow. The simpler a plan is to follow, the more likely you are to follow it and the more likely you are to succeed in lowering your blood cholesterol level.

HOW TO REDUCE YOUR SATURATED FAT INTAKE

You can reduce your saturated fat intake in two ways:

1. Reduce the amount of fat you eat by substituting foods high in complex carbohydrates (starches) and fiber (such as rice, whole-grain pastas, breads and cereals, vegetables and fruits) for foods high in saturated fat. Replace high-fat foods with low-fat ones. (See the FOOD ITEMS entries in the program for the saturated fat contents of

common foods).

2. Substitute foods high in polyunsaturated fat (such as margarine and vegetable oils other than coconut or palm oil) for foods high in saturated fat (such as butter, lard, and beef tallow). However, be sure polyunsaturated fat contributes no more than 10 percent of total calories.

THE TOTAL DIET COUNTS

As you establish your new eating plan, you must remember that to lower your blood cholesterol you will have to make changes in what you eat. **YOU WILL HAVE TO MAKE ENOUGH CHANGES TO MAKE A DIFFERENCE.** What is important are the amounts and types of fats you eat and not the actual foods that supply them. Individual foods either raise or lower your blood cholesterol level by the way they contribute to the daily total of total fat, saturated fat, polyunsaturated fat, and cholesterol.

But how many changes do you have to make to make a difference? How much is enough? EATER'S CHOICE is a plan that allows you to determine how much is enough by keeping track of your saturated fat intake. How you set your daily saturated fat budget will depend on how much you want to reduce your blood cholesterol level. Periodic monitoring of your blood cholesterol level will tell you if your change in food choices has made a sufficient difference in lowering it or if you must make more changes in your eating pattern. You need not wait months to see if your heart-smart eating behavior has lowered your blood cholesterol level. It takes only about three weeks to achieve up to 30 percent lowering of your blood cholesterol if you have made the right food choices.

While the types and amounts of fats and not the foods that contain them are important to the health of your body, which foods contain the fats you eat are of utmost importance to you. Thus, 30 calories of saturated fat from bacon or from cheesecake may have identical effects on your blood cholesterol level but undoubtedly quite different effects on your palate and psyche. And that is why EATER'S CHOICE is useful for you. You tailor your food choices to fit your saturated fat budget and your taste buds. If you feel there are too many foods that you cannot give up without sinking into a deep depression, that life would not be worth living without brie and crackers, EATER'S CHOICE gives YOU control over your choices of food and still allows you to lower your blood cholesterol level. Of course, you will not be able to eat EVERYTHING you want in the amounts and as often as you want, but you will be able to eat that brie if you make enough low-fat choices in your diet to compensate for the added saturated fat. This is a flexible plan that you will change and modify until you reach your target low blood cholesterol level.

A STEP-BY-STEP GUIDE TO EATER'S CHOICE

First, if you have not already done so, have your physician measure your total blood cholesterol. (New technology is now available to measure blood cholesterol in mere minutes from a drop of blood taken from your finger. This revolutionary advance in blood analysis will make it possible to have your blood cholesterol measured at your work place, health clinic, even shopping malls, as well as at your physician's office.) If your total blood cholesterol level is elevated, you should also know your levels of HDL, triglycerides, and LDL. (Remember: a twelve-hour fast is required before your blood is drawn to measure triglycerides and LDL.) Ask for numerical values. Make sure you know both your HDL and your LDL levels in addition to your total blood cholesterol. The lower your HDL level, the higher your risk and the greater the incentive to lower your LDL level.

Set Your Blood Cholesterol Target

Set your own personal blood cholesterol goals. You know what your blood cholesterol level is. You know that you want it to be below 200mg/dL. Remember, the lower your blood cholesterol level, the lower your risk of coronary heart disease.

Perhaps you want to lower your blood cholesterol level in stages. Perhaps it is now 260 mg/dL and you want to take it down to 230 mg/dL as the first step. Fine. You just have to tailor your eating to meet this goal. After a month, have your blood cholesterol level measured again. When you have achieved your goal of 230 mg/dL and feel comfortable with your new eating pattern, you are ready to make additional diet changes to lower your blood cholesterol to 200 mg/dL.

Know Your Desirable Body Weight

Because the amount of saturated fat allowed on the EATER'S CHOICE plan is based on the number of calories you eat each day, you need to know how many calories you consume or should consume. If you are overweight, you should choose your desirable weight as a goal. To help keep your weight down, you should also be exercising. (Be sure to consult your doctor about what exercise you can do safely.) Even just taking a vigorous walk for thirty minutes each day will help you lose weight. And you'll feel better too!. Losing weight if you are overweight will contribute to reducing your blood cholesterol and LDL levels, raising your HDL level, and will reduce your risk of coronary heart disease morbidity and mortality.

Determine Your Frame

In order to determine your optimum weight range, you need to know if your body frame is small, medium, or large. You can determine this by placing your left thumb and middle finger around your right wrist. Squeeze your fingers as tightly as possible. If the thumb and finger overlap, you have a small frame. If they just touch, your frame size is medium. If they do not touch, then you have a large frame. This method is a bit crude, but accurate enough for our purpose.

Know Your Ideal Daily Caloric Intake

In order to determine your daily caloric intake, you must know your approximate daily level of activity (daily energy expenditure) in addition to your desirable weight. To determine your level of activity, try to identify which of the following five descriptions most accurately describes your level of activity during the preceding week. Choose a lower level of activity if you are not sure which of two levels best describes your activity.

Activity Levels*

Very Sedentary: Limited activity, confined to a few rooms or a house. Slow walking, no running. Most major activities involve sitting.

Sedentary: Activities involve mostly walking or some sporadic slow running at a jogging speed of approximately ten minutes per mile. Recreational activities include bowling, fishing, target shooting, horseback riding, motorboating, snowmobiling, or other similar activities. Less than ten minutes of continuous running (faster than a jog) per week.

Moderately Active: Activities include golf (eighteen holes), doubles tennis, sailing, pleasure swimming or skating, aerobic dancing, Jazzercise, downhill skiing, or other similar activities. Between ten and twenty minutes of continuous running at least three times per week.

Active: More than twenty minutes of sustained activity, such as jogging, swimming, competitive tennis, or cross-country skiing, more than three times per week or more than forty-five minutes of recreational tennis, paddle ball, or other activities at least three times per week.

Super Active: At least one and a half hours of vigorous activity (training for competitive athletics, full-court basketball, mountain climbing, weight training, football, wrestling, or other similar activity) four days per week or more than two and a half hours of recreational activity four or more times per week.

*From The DINE System by Dr. Darwin Dennison.

Reduce Saturated Fat to 10 Percent of Total Calories or Less

Now that you have determined your calorie level, you can figure out how much saturated fat you should eat each day. Your daily allotment of saturated fat will ultimately depend on the initial level of your blood cholesterol and how much your blood cholesterol drops in response to a lower saturated fat intake.

The first step for everyone, no matter how high your initial blood cholesterol level, is to reduce your saturated fat intake to no more than 10 percent of your total calories. We call this the EATER'S CHOICE 10 Percent Plan. (Those with high-risk blood cholesterol levels should consider starting directly with the EATER'S CHOICE 6 Percent Plan.) In practical terms, what does that mean? Take, for instance, George. George should consume 2400 calories a day to maintain his desirable weight. His blood cholesterol level is 250 mg/dL, and he must reduce his saturated fat intake to 10 percent of his daily calories. Ten percent of 2400 calories is 240 calories of saturated fat. George should eat no more than 240 calories of saturated fat each day.

To help you visualize what 240 calories of saturated fat means in terms of foods, there are: 46 calories of saturated fat in 1 cup of whole milk; 99 calories of saturated fat in 4 ounces of lean, broiled ground beef; 10 calories of saturated fat in 4 ounces of roasted chicken breast without skin; 155 calories of saturated fat in a Big Mac. Once you go on the EATER'S CHOICE plan, you will want to monitor your blood cholesterol levels periodically to see how you are doing. Remember, it only takes two to three weeks for blood cholesterol levels to respond to changes in eating patterns. At first you should check at more frequent intervals - after six weeks, after another six weeks, three months later, six months later - until your blood cholesterol stabilizes at its new lower level. Then have it checked every twelve months. Do not get upset if your blood cholesterol level fluctuates slightly - this is normal.

To prevent your blood cholesterol from rising, you must continue to follow the EATER'S CHOICE plan to keep your sat-fat intake at 10 percent of your calories. Your blood cholesterol level is affected by what you eat and will jump right back to its previously high level if you return to your old eating habits.

Eater's Choice 6 Percent Plan

If after about six months your blood cholesterol has not fallen below 200 mg/dL, you will need to switch to the EATER'S CHOICE 6 Percent Plan. As you might guess, on the 6 Percent Plan you reduce your sat-fat intake to no more than 6 percent of your total calories. In George's case, he would eat no more than 144 (6 percent of 2400) calories of saturated fat a day on the EATER'S CHOICE 6 Percent Plan. Again, once you have brought your blood cholesterol below 200 mg/dL you must continue to follow the EATER'S CHOICE 6 Percent Plan. As described above, monitor your blood cholesterol periodically - six weeks, six

weeks, three months, six months - and then once a year after you are sure your blood cholesterol has stabilized below 200 mg/dL.

For some, moving to a 3 Percent Plan may be necessary if strict adherence to a 6 Percent Plan has failed to reduce their blood cholesterol to below 200 mg/dL.

THE APPEAL OF EATER'S CHOICE

The main goal of EATER'S CHOICE is to help you lower your risk of heart disease. What you may find just as important is that it allows enough personal choice to keep both your psyche and taste buds happy. You will still be able to eat the fatty foods you love, but perhaps less often or in smaller quantities.

The recipes given in the program will satisfy your palate without overloading your sat-fat budget.

A Balanced Diet

EATER'S CHOICE emphasizes eating less saturated fat to lower your blood cholesterol level, but you must remember that your diet has to be balanced. In your zeal to reduce your intake of fats, you must not forget that you need vitamins, minerals, proteins, fiber, and bulk. As you remove saturated fat from your diet, you will have to replace it with something else. Most health experts today recommend replacing the saturated fat calories you eliminate with calories from complex carbohydrates. Complex carbohydrates are found in whole-grain breads and pastas, fruits, and vegetables. Enriching your diet with these foods has the additional advantages of increasing your intake of vitamins, minerals, and fiber. Insoluble fiber, such as in whole wheat, may help prevent certain cancers, such as colon cancer. Soluble fiber, such as in whole oat products, has been found to lower blood cholesterol levels.

ADDED BENEFITS OF EATER'S CHOICE

Weight Loss

One of the loveliest benefits of the EATER'S CHOICE is a natural loss of weight. You will be eating less fat and thus fewer calories without necessarily eating less food. "But," you ask in disbelief, "if I replace saturated fat with complex carbohydrates, won't I turn into a tub? Everyone knows carbohydrates are fattening." If this is what you think, get this myth out of your head. All fats - saturated, polyunsaturated, and monounsaturated - contain 9 calories per gram. Proteins and carbohydrates, on the other hand, contain only 4 calories per gram. Carbohydrates have less than half the calories per unit weight than fats (4 versus 9) and thus twice the bulk per calorie. Carbohydrates fill you up at half the caloric cost. Carbohydrate calories, even in excess, are not stored as fat tissue. Excess fat calories are stored as fat tissue. Fat makes fat!

It is not the potato that makes you fat, it is what you do to it. A medium baked potato has 105 calories. You glob 3 tablespoons of sour cream (26 calories per tablespoon) on top and the innocent potato becomes 183 calories. A piece of bread has 80 calories per slice. When you slather it with butter at 101 calories per tablespoon, it becomes 181 calorie per slice. It is the large amount of fat in the American diet that leads to overweight and obesity. Dr. William Castelli, director of the Framingham Heart Study, aptly concurs:

If you take the lowly potato, it's about 100 calories, let's say. If you chop it up and cook it in fat, you're up to 275 to 300 calories from that original hundred calories. If you slice it up real fine and make potato chips, you're up to 400 calories over that original potato.

Now what's the difference? Just fat. What kind of fat? Well, frequently it's totally saturated fat. Why? Well, someone learned that if you cook potato chips in a totally saturated fat, they stay crispier longer. The shelf life, you know, of the potato chip goes on and on and on and on. The shelf life of the person who eats it doesn't. That's our problem.

Expanding Your Palette

A whole new world of foods will be open to you as you replace your saturated fats with complex carbohydrates. Both your food palette and taste palate will be expanded as you explore new recipes that fit into your sat-fat budget. For starters, try Indian Vegetables or Chicken with Green Beans or Low-Fat Calzone.

Regularity

An added benefit of removing fat from your diet and increasing fiber, particularly whole grains, fruits, and vegetables, is the increased regularity of your excretory system.

Rosy and Big Al, a Cautionary Tale

Rosie was a 26 year old Radio City Rockette. She didn't smoke, didn't drink (well, not really to speak of ... a little champagne at New Year's maybe, that kind of thing). She was conscious of her health and of her body. "After all," she would say, "if you don't protect your capital, you won't keep drawing interest."

Her special friend, Al, spent most of his time hunched over a table near the back door of Perry's Bar and Grill. His business was largely conducted over the telephone there so he didn't get much exercise. He drank beer and ate salted peanuts during business hours; his lunch usually consisted of a sandwich or a carton of chow mein fetched by his pal, Whacky Eddie, from one of the joints down the block. "Built like a fireplug," Al said about himself. "Low down and solid." The truth was that at 52, although he was as low down as ever, he was no longer very solid. Rosie was concerned. She'd read about the risk factors associated with heart disease and she could see that Al was a prime candidate for a coronary. "I'd sure hate to lose Al," Rosie thought. She decided to make some changes in their lifestyles. And fast.

Like Rosie, most of us are generally aware of the health threat posed by high blood cholesterol. It's a frightening fact; 50% of all Americans die of heart disease, making it the nation's #1 killer. Unlike most people, however, you're doing more about your health than just worrying. When you start on the "Eater's Choice Plan," you will be actively doing something about improving your heart's health. This program will enable you to reduce your fat and cholesterol consumption -- without binding you and your family to a rigid or expensive diet regime. With your computer's help, you are going to find that you can determine your ideal daily caloric intake and keep track of the harmful saturated fats in your diet. You'll be able to plan meals and choose from a variety of foods and recipes that will fit your personal health goals and your own taste. Most importantly, you are going to learn that, with this program, **heart-healthy cooking can be both fun and easy.**

How The Eater's Choice Works

Each person keeping track of sat-fats in your home will need:

- a **Personal Worksheet** and
- a **Meal Plan**.

From the information you give on the Personal Worksheet, your computer will be able to determine ideal daily caloric and sat-fat intakes (budgets). That information will be transferred, automatically, to the Meal Plan.

The Meal Plan is displayed on the right hand side of the main window. It is used to record the foods you eat, calculating their total caloric value and sat-fat contents and keeping track of where you are in relation to your sat-fat daily and weekly budgets. Remember that with the Eater's Choice Plan, **it's the weekly sat-fat counts that matter**, so the Meal Plan will also calculate the sat-fat carryover (the amount you've "saved") from previous days. This information will always be available on the Meal Plan screen. Beneath the Meal Plan is your Personal Dietary Ledger (PDL). The PDL will give you a running breakdown of your total caloric and sat-fat intake.

Once you've created the Personal Worksheet and Meal Plan files, you'll need to be able to "tell" the computer what foods you're eating. On the main menu, you'll find Foods and Recipes. In the most general sense, both of these list a broad range of specific foods along with their sat-fat and caloric contents. You'll be able to choose your own daily/weekly menus from these lists. In brief, then, the Meal Plan keeps a running tally of how well your IDEAL caloric and sat-fat intake (from the information on the Personal Worksheet) compares with what you ACTUALLY eat (from information it draws from the food lists and recipes). This will enable you to plan meals (and snacks) that match your personal health goals and are tailored to your own taste and budget.

The most important thing for you to remember as you get started is that The Eater's Choice is designed to make things easier for you. No technical knowledge or special abbreviations are required in order to make this program work for you. In every instance, the screen itself will let you know exactly what information it needs and exactly how that information should be entered. The major windows contain an **InstaGuide** that tells you what to do next. When you first start the program, the InstaGuide tells you that your first step is to create or open a Personal Worksheet. At any place in the program, press the **<F1> key for context sensitive help**. For general instructions select Contents under the Help menu. There is even Help on using the Help System, for those of you who are new to Windows.

When you start the program, the Graphics Server icon appears at the bottom of the screen. It is used to create the charts depicting total calories and saturated fat calories for the Meal Plan. When you exit the program, the Graphics Server will close.

Filling in Your Personal Worksheet

The first step, as indicated by the InstaGuide on the main screen, is to set up your Personal Worksheet. Choose **Personal Worksheet New** to create a new Personal Worksheet. You can enter up to eight characters for the name of the Personal Worksheet file. Most people enter their own name.

The Personal Worksheet window should now be displayed on the screen. Enter your name. If you would like to change the date from today's date, click the **Date** button. A calendar will appear highlighting today's date. Click on the date you prefer and click **OK**.

Almost every question you'll be asked will be easy for you to answer (e.g., your sex and age). There are only three pieces of information that require that you read the text provided with this program. These are: (1) Frame (by wrist method), (2) Desirable weight, and (3) Activity Level. (For a complete explanation of the correct responses to these prompts, you're urged to backtrack and read the sections provided by Dr. Goor. The following summary should serve only as a convenient reminder.)

Frame (by wrist method): Wrap your thumb and middle finger around your right wrist (left, if you're left-handed) and squeeze. If your thumb and middle finger overlap, you have a **small** frame. If the thumb and middle finger just touch, your frame is **medium**. If your thumb and middle finger don't meet, you have a **large** frame.

Desirable Weight: Type in the weight you prefer yourself to be from the range the computer will give you.

Activity Level: Choose one of the five following categories that best describes the amount of exercise you get. Remember, your activity level is important in determining the amount of calories (and saturated fats) your body can handle, so don't fudge. If you feel that you fall between categories, choose the lower one. **Very Sedentary** - confined to a few rooms or to the house. Slow walking, no running. Major activities involve sitting. **Sedentary** - walking, some slow running, bowling, fishing, motorboating, typical activities. Less than 10 minutes continuous running per week. **Moderately Active** - doubles tennis, golf, sailing, pleasure swimming, aerobics, Jazzercise, downhill skiing, or other similar activities. Between 10 and 20 minutes, 3 times/week of continuous running. **Active** - More than 20 minutes jogging, swimming, competitive tennis, cross-country skiing more than 3 times/week OR 45 minutes of tennis, paddleball, etc. at least 3 times/week. **Superactive** - 1 1/2 hours of vigorous activity (full court basketball, weight training, football, etc. 4 times/week OR more than 2 1/2 hours of recreational activity 4 or more times/week.

When you've completed filling in the information on your worksheet, save it by clicking the **Save** button and return to the main screen by clicking OK. Note that the **InstaGuide** has been updated to include your new Personal Worksheet. Since each member of the family might have a different Personal Worksheet, always check the **InstaGuide** to verify the one you are using.

The next time you run the program you can access your Personal Worksheet by choosing **Personal Worksheet Open**. If you wish to review or edit your entries, choose **Personal Worksheet Display**. You can also access the same files (Personal Worksheet, Meal Plan, Recipes, and Shopping List) that you had open the last time you used the software by choosing **Open Last**.

The **InstaGuide** should now say that the next step is to create or open a Meal Plan.

Creating a Meal Plan

The next step is to create your Meal Plan. Remember, the Meal Plan draws information from your Personal Worksheet and from the food lists and recipes; in effect, what you'll be doing initially is opening a file to hold that information.

Choose **Meal Plan New**. You'll be asked to name the Meal Plan file and to give it a description. Next, use the calendar to select the start date for the seven-day plan. The calendar will automatically display today's date, but you can easily change it. The empty meal plan will now be displayed on the right hand side of the main window.

What Happens at the End of Seven Days?

The Meal Plan you just created will store your diet for one week. At the end of the week you could create an entirely new meal plan. However, a good portion of what you eat might not change from week to week. If this is the case, save the completed Meal Plan under a new name by choosing **Meal Plan Save As**. Indicate a new start date exactly one week after the original start date. All foods and recipes from the existing meal plan will be automatically added to the new Meal Plan. The **InstaGuide** on the main screen now displays the name of both your Personal Worksheet and your Meal Plan.

Diversion

At this point you might be interested in taking a look at Rosie and Al's Personal Worksheets and Meal Plans. Choose **Personal Worksheet Close** to close your Personal Worksheet. Then choose **Personal Worksheet Open**. Rosie and Al's Personal Worksheets are stored in the same directory as the program. The file names ROSIE.PWS and AL.PWS will be displayed in the File list box. Open one of the files by double clicking it with the mouse, and choose **Personal Worksheet Display** to open the window containing the worksheet information .

Click the OK button to return to the main window. The **InstaGuide** will list the name of the worksheet you just opened: AL for Al or ROSIE for Rosie. Close your Meal Plan, and open the one for Rosie or Al by choosing **Meal Plan Open**. Rosie named Al's plan BIGBOY and her own plan MINE. The plans you'll see displayed are the ones Rosie set up for the first day (a Friday) of the third week she and Al were on the Eater's Choice Plan. You'll find the calculated allowances of sat-fat calories and total calories for each person displayed in the **Personal Dietary Ledger** at the lower right of the screen (a running total that changes with each addition to the plans).

Selecting Foods for the Meal Plan

You can add individual food items as well as complete recipes to the Meal Plan. In this section you will learn how to add foods. The next section explains how to select the recipes you want and add them to the Meal Plan.

Foods are grouped into seventeen categories: beverages, dairy, fast foods, fats and oils, fish and seafood, fruits and fruit juices, grain products, meats, mixed dishes, nuts and seeds, poultry, sauces and gravies, sausages and luncheon meats, soups, sugars and sweets, vegetables and vegetable products, and miscellaneous. A final category, Marked Recipes, lists all recipes that you have marked (see [Selecting Recipes for the Meal Plan](#) and [Marking Recipes](#)).

These listings will give you a breakdown of the saturated fat and caloric counts of individual foods and recipes. You will select foods, along with the number of portions and the corresponding caloric values, to add to the Meal Plan. Choose **Foods Dairy** to list the dairy group. Initially, the list is displayed in **class** or **category** order -- butters, cheeses, creams, ice creams, milks, yogurts, etc. You can change the order of the list by pressing one of the sort buttons. Press **Name** to list all foods in alphabetical order. Press **Sat-Fat** to list them in order of their saturated fat content. Press **Class** to list them by category.

You can also create a custom list of foods to add to the Meal Plan. For example, you might want to prepare a meal centered around a chicken dish. Choose **Foods InstaSearch**, and enter **chicken**. Click the OK button, and all foods in the seventeen food groups that contain the word chicken will be displayed in the list on the left side of the screen.

Adding a Food or Recipe to the Meal Plan

It takes just three mouse clicks to add a food to the Meal Plan.

Click on the food in the Food List on the left side of the screen.

Click on the insertion point in the Meal Plan.

Click the **Add to Meal Plan** button.

The food will be added to the Meal Plan just below the insertion point. Simultaneously, the total calories and sat-fat calories will be updated for that day, and your Personal Dietary Ledger will be recalculated.

Rosy and Big Al, an Epilogue

Let's return to Rosie and Al and see the progress they have made.

Rosie had filled out Personal Worksheets and Meal Plans for both herself and Al and had discovered that her daily sat-fat allowance was 180; Al's was 240. Next, she figured out what requirements the food she planned to cook would have to meet in order to make the diet realistic -- i.e., something both she and Al could stick to.

Her practice and performance schedules were pretty tight. She rehearsed on Monday, Wednesday and Thursday mornings, caught a cab back to the apartment at 2:30 pm, then had to get back to the Music Hall no later than 5:30 pm to get her hair, her face and her costume ready for the night's performance. By the time she got home at night, Rosie was beat AND hungry. So her main requirement was that the food on the plan be both fast and easy to cook. Big Al didn't like pork (except in his chow mein), refused to eat anything with spinach in it and hated "crunchy things," (even his cereal had to be soggy). Otherwise he was pretty flexible.

Then there was Eddie. After his third wife booted him out, he'd sworn off family life forever but he still couldn't refuse coming home with Al for a free, home-cooked meal once or twice a week. Rosie told Al that she thought it was the "free" part that Eddie appreciated much more than he did her style of cooking. Still, she was an accomodating sort of girl, so although she didn't make out a Personal Worksheet and Meal Plan for Eddie, she did take him into account when choosing dinner recipes. Eddie loved chicken and almost anything with tomato sauce in it. And he was allergic to eggs. When Rosie started to make up the first Meal Plans for herself and Al, therefore, she went directly to [Recipes Classification Search](#) in order to choose recipes by certain criteria.

In the space for **Key Ingredient**, she typed "chicken"; for **Meal** she clicked Dinner. For **Course** she clicked Main, and for **Effort** she clicked Easy. She then clicked the **Ingredients** button to specify additional ingredients that must be part of the recipe. She entered "mushrooms" (because she had some left in the refrigerator). The computer first showed her the recipe for Peppery Chicken. She checked the ingredients to make sure that no pork, spinach or eggs figured into the dish. She then read the instructions. She discovered that the chicken needed to marinate for about an hour before it was baked. She figured that it would be relatively easy to start the chicken marinating before she went to work and then bake it when she got home.

She next saw that the recipe amounts given were for eight servings. She clicked the **Resize** button, and adjusted the recipe to serve three. But, she realized, Al would never be happy with only one chicken breast. Dinner was his big meal of the day. She resized again, upgrading to four servings, then clicked the button in the upper right hand corner of the screen to **mark** the recipe. Finally, she clicked the **Print** button to print the recipe.

It was now time to round out the meal. She changed the search criteria by clicking the **Modify Search** button. She looked for and found a salad, a vegetable and Indian Rice -- resized, marked and printed out each of them -- then returned to the main window.

Next she opened Al's Personal Worksheet (AL.PWS) and his Meal Plan (BIGBOY.MPL). The **InstaGuide** now indicated that she was working with his data. Her next step was to modify the Meal Plan. She chose **Foods Marked Recipes** to list the recipes she had marked. She clicked on Monday to indicate the insertion point in the Meal Plan. One-by-one she highlighted Peppery Chicken, Indian Rice, salad, and a vegetable in the food list and clicked the **Add to Meal Plan** button. When she'd finished, she saw that on Monday she planned

dinner would cost Al only 26 sat-fat and 277 total calories. (Of course, she knew that she had no real control over what he ate for breakfast and lunch, but her idea was that every day she'd ask him what he'd had, fill the foods into his Meal Plan retroactively and then plan dinners to make up his sat-fat surpluses). She repeated the above steps for her own Meal Plan (being certain to first call up her Personal Worksheet). It had been fast, easy and fun.

It should prove to be the same for you. As you get more comfortable and familiar with the program's capabilities, you'll discover a whole world of delicious and healthful recipes. You'll also find out just how simple choosing what you eat can make you healthy.

Al, by the way, stuck to his diet. Within 4 weeks, his blood cholesterol count was down. He began to get interested in getting healthy and even talked about "maybe doing some kinda exercise or something." By a sad twist of fate, however, it was not to be. A business associate of his, one Feeney Monroe, unexpectedly added 3 ounces of lead to Al's daily intake one night in January. Of course, as they say, every cloud has a silver lining. A couple of months later, Whacky Eddie decided to give family life one last shot. His weekly Meal Plan is now filed beside Rosie's.

Angina pectoris

An episode of chest pain, often caused by a temporary restriction of oxygenated blood due to narrowing of the coronary arteries supplying the heart muscle. An **angina** attack is not to be confused with a heart attack, which results from a severe and prolonged lack of oxygenated blood to a part of the heart.

Cholesterol

A fatlike substance found in the cell walls of all animals, including humans. **Cholesterol** is transported in the bloodstream. Some of it is manufactured by the body and some comes from the foods of animal origin that we eat.

A healthy level of cholesterol is below 200 mg/dL. A higher level is often associated with increased risk of coronary atherosclerosis.

Angiography or angiocardiology

A diagnostic method involving injection of an x-ray dye into the bloodstream. Chest x-rays taken after the injection show the inside dimensions of the heart and blood vessels outlined by the dye.

Aorta

The main trunk artery that carries oxygenated blood from the heart. Lesser arteries branching off from the **aorta** conduct blood to all parts of the body except the lungs.

Arteriosclerosis

A group of diseases characterized by thickening and loss of elasticity of artery walls. This may be due to an accumulation of fibrous tissue, fatty substances (lipids), and/or minerals.

Artery

A blood vessel that carries blood away from the heart to the various parts of the body. **Arteries** usually carry oxygenated blood, except for the **pulmonary artery**, which carries unoxygenated blood from the heart to the lungs for oxygenation.

Atherosclerosis

A type of arteriosclerosis in which the inner layer of the artery wall is made thick and irregular by deposits of a fatty substance. These deposits (called plaques) project above the surface of the inner layer of the artery and thus decrease the diameter of the internal channel of the vessel.

Bile acids

Breakdown products of cholesterol formed in the liver and excreted into the intestine, where they play an important role in the absorption of fats from the foods we eat.

Cholestyramine

A drug used to lower blood levels of cholesterol.

Coronary arteries

Arteries, arising from the base of the aorta, which conduct blood to the heart muscle. These arteries, and the network of vessels branching off from them, come down over the top of the heart like a crown (corona).

Coronary atherosclerosis

Commonly called coronary heart disease. An irregular thickening of the inner layer of the walls of the coronary arteries that conduct blood to the heart muscle. The internal channels of these arteries become narrowed and the blood supply to the heart muscle is reduced.

Coronary bypass surgery

Surgery to improve the blood supply to the heart muscle when narrowed coronary arteries reduce flow of the oxygen-containing blood that is vital to the pumping heart. This reduction in blood flow causes chest pain and leads to increased risk of heart attack. Thus **coronary bypass surgery** involves constructing detours through which blood can bypass narrowed portions of the coronary arteries to keep the heart muscle supplied. Veins or arteries taken from other parts of the body where they are not essential are grafted onto the heart to construct these detours.

Coronary heart disease

Also called coronary artery disease and ischemic heart disease. Heart ailments caused by narrowing of the coronary arteries and therefore a decreased blood supply to the heart.

Electrocardiogram (often referred to as ECG or EKG)

A graphic record of the electric currents generated by the heart.

Enzyme

A protein that speeds up specific biochemical processes in the body. **Enzymes** are universally present in living organisms.

Fats

Also known as lipids. **Fats** are one of the five major classes of nutrients; the other four are proteins, carbohydrates, minerals, and vitamins. **Fats** in foods and in the body generally occur as triglycerides.

Heart attack

The death of a portion of the heart muscle, which may result in disability or death of the individual, depending on how much of the heart is damaged. A **heart attack** occurs when a blockage in one of the coronary arteries prevents an adequate oxygen supply to the heart. Symptoms may be none, mild, or severe and may include chest pain (sometimes radiating to the shoulder, arm, neck, or jaw), nausea, cold sweat, and shortness of breath.

Heart disease

A general term applied to ailments of the heart or blood vessels. Some of these are present at birth (congenital) and are either inherited or are the result of environmental influences on the embryo as it develops in the womb. The majority of cases of **heart disease**, however, are acquired later in life, for example, through the development of atherosclerosis.

Glossary

Angina pectoris
Angiography or angiocardiology
Aorta
Arteriosclerosis
Artery
Atherosclerosis
Bile acids
Calorie
Cholesterol
Cholestyramine
Coronary arteries
Coronary atherosclerosis
Coronary bypass surgery
Coronary heart disease
Electrocardiogram (ECG, EKG)
Enzyme
Fats
Heart attack
Heart disease
High blood cholesterol (hypercholesterolemia)
High blood pressure (hypertension)
High density lipoprotein (HDL)
Lifestyle
Lipid
Lipoprotein
Liver
Low Density Lipoprotein (LDL)
Metabolism
Monounsaturated fat
Obesity
Plaque
Polyunsaturated fat
Saturated fat
Saturated fat budget
Saturated fat calories
Sodium
Stroke
Triglyceride
Unsaturated fat
Very low density lipoprotein (VLDL)

High blood cholesterol (hypercholesterolemia)

An excess of a fatty substance called cholesterol in the blood, which is often associated with the premature development of atherosclerosis and therefore with increased risk of heart attack and stroke.

High blood pressure (hypertension)

An unstable or persistent elevation of blood pressure above the normal range. Uncontrolled, chronic **high blood pressure** strains the heart, damages arteries, and creates a greater risk of heart attack, stroke, and kidney problems.

High density lipoprotein (HDL)

The smallest and most dense lipoprotein, HDL removes cholesterol from LDL and cells and transports it back to the liver, where the cholesterol is broken down into bile acids and excreted into the intestine. HDL is protective against the development of heart disease; high levels of HDL are associated with low risk of heart disease.

Lifestyle

An individual's typical way of life, including diet, kinds of recreation, job, home environment, location, temperament, and smoking, drinking, and sleeping habits.

Lipid

A fatty substance.

Lipoprotein

A complex particle consisting of lipid (fat), protein, and cholesterol molecules bound together to transport lipids through the blood. Lipoproteins are classified according to their density. Three important lipoproteins are Very Low Density Lipoprotein (VLDL), Low Density Lipoprotein (LDL), and High Density Lipoprotein (HDL).

Liver

A large organ in the upper right side of the abdominal cavity, which is involved in the metabolism of fats, produces bile, and performs various other metabolic functions.

Low density lipoprotein (LDL)

LDL particles are formed by removal of triglycerides from VLDL. LDL is rich in cholesterol. High levels of LDL in the blood are associated with the premature development of atherosclerosis and an increased risk of heart attack.

Metabolism

A general term designating all chemical changes that occur to substances within the body.

Monounsaturated fat

A fat chemically constituted so that it is capable of absorbing additional hydrogen but not as much hydrogen as polyunsaturated fat. These fats in the diet have recently been shown to lower blood cholesterol levels. One example of monounsaturated fat is olive oil.

Obesity

An increase in body weight beyond physical and skeletal requirements due to an accumulation of excess fat. This puts a strain on the heart and increases the chance of developing two major heart attack risk factors: high blood pressure and diabetes.

Plaque

Also called atheroma. A deposit of fatty (and other) substances in the inner lining of the artery wall, characteristic of atherosclerosis.

Polyunsaturated fat

A fat chemically constituted so that it is capable of absorbing additional hydrogen. These fats are usually liquid oils of vegetable origin, such as corn oil or safflower oil. A diet with a high polyunsaturated fat content tends to lower the amount of cholesterol in the blood. These fats are sometimes substituted for saturated fat in a diet in an effort to lessen the hazard of fatty deposits in the blood vessels.

Saturated fat

A fat chemically constituted so that it is not capable of absorbing any more hydrogen. These are usually the solid fats of animal origin, such as the fats in milk, butter, meat, etc. A diet high in **saturated fat** content tends to increase the amount of cholesterol in the blood. These fats are restricted in the diet in an effort to lessen the hazard of fatty deposits in the blood vessels.

Sodium

A mineral essential to life, found in nearly all plant and animal tissue. Table salt (sodium chloride) is nearly half sodium. In some types of heart disease, the body retains an excess of sodium and water, and therefore sodium intake is restricted.

Stroke

A blocked blood supply to some part of the brain.

Triglyceride

The main type of lipid (fatty substance) found in the fat tissue of the body and also the main type of fat found in foods. **Triglycerides** are composed of three fat molecules attached to an alcohol molecule called glycerol. High levels of triglycerides in the blood may be associated with a greater risk of coronary atherosclerosis.

Unsaturated fat

A fat whose molecules have one or more double bonds, so that it is capable of absorbing more hydrogen. Monounsaturated fats, such as olive oil, have only one double bond (the rest are single), and recent evidence indicates that they may lower blood cholesterol levels. Polyunsaturated fats, such as corn oil and safflower oil, have two or more double bonds per molecule and tend to lower blood cholesterol.

Very low density lipoprotein (VLDL)

The lightest and largest of the lipoproteins manufactured by the liver, **VLDL** particles carry triglycerides from the liver to muscle and fat cells throughout the body. **VLDL** particles are produced and released in large amounts after meals.

Selecting Recipes for the Meal Plan

Selecting recipes for the Meal Plan involves a few more steps than selecting individual foods. The program comes with a large collection of recipes prepared especially for Eater's Choice by Nancy Goor. To add recipes to the Meal Plan, you first search for likely candidates using one of the techniques described below. You then Mark recipes that sound appealing by clicking the button in the upper right hand corner of the Recipe window. Marked recipes are automatically added to the list of **Marked Recipes** under the **Foods** menu.

There are a number of ways of finding the precise recipes you want to add to your Meal Plan. You can search by classification fields, by ingredient, free-form, TimeSaver, marked recipes, index, and by number. You should experiment with each method to understand when it is most appropriate for your needs.

Classification Search

Searching by fields involves the use of the Classification and/or Ingredient windows. To begin, select Search Classification. The computer screen will show the Classification window with fourteen blank fields ready for entry (Serves is not used for searching). The cursor will be positioned at the first classification field, Name. One by one, you may enter search information next to as many or as few items as you wish. After entering the information press <TAB> to move on, or click on the next field of interest with the left mouse button. If you make a mistake, you can correct it by returning to that field.

Searching has been designed with you, the cook, in mind. You won't need special codes or programming skills. Just watch the prompts on the screen and fill in as few blanks as you need to direct the computer's search. Sometimes the program will look for a match from the beginning of the field (e.g., Recipe Name); sometimes for strings of characters or words within a field (e.g., Comments). Other times it will look for a range of values (as it does when looking for every recipe that takes less Preparation Time than you have to spend). You need not worry about the computer's technique, but by following some simple rules, you will greatly increase the speed of your searching and meal planning.

Name -- Enter minimum to define. Computer matches from beginning of field. E.g., "App" for Apple Pie

Key Ingredient -- Same as Name. E.g., Eggpl for Eggplant

Preparation -- Select from the drop box or type an entry. Computer matches from beginning of field

Cuisine -- Same as Preparation

Source -- Same as Name. E.g., Bagw for Bagwell's

Food Group -- Same as Preparation

Meal -- Click the Meals button. Check up to four meals and click OK.

Course -- Same as Meal.

Temperature -- Serving temperature. Same as Meal.

Effort -- Choose the highest allowable. Any recipe requiring more skill will be omitted.

Preparation Time -- Type in the amount of time you have for preparation. Recipes needing more time are omitted.

Elapsed Time -- Type in the amount of time until the dish must be ready. Recipes needing more time are omitted.

Occasion -- Same as Preparation. This item is usually left blank on our disks, so you can add your own intended use here (e.g., birthday, July 4th, Thanksgiving).

Comments -- Used to note dietary restrictions or to code for matching wines, matching dishes or other particular interests you have. Commonly called a string search, the computer will look for the string of letters you enter here.

Fill in as few items as is necessary to define the recipe or recipes you are looking for. If you don't find exactly what you want, you can always go back and change some of the search criteria by clicking Modify Search. You can also define a completely new search by selecting Search in the menu bar. You can easily search for recipes that use particular lists of ingredients; say bell peppers, tomatoes and garlic. While still in the Classification window, click Ingredients. List the ingredients you want to be in the recipes in the top half of the screen. In the bottom half of the screen, list the ingredients you wish to avoid.

Your search will show you every recipe that meets your defined needs, one at a time. There may be more than one. To see them all, click the right arrow to move forward; click the left arrow to move back; click the List button for a listing of all recipes meeting the selection criteria. If you want to use a recipe, mark it for batch printing later by clicking the Mark button. If you are printing more than one or two recipes, we recommend this marking method.

Ingredient Search

A second way of searching by ingredients is to specify a single ingredient using Ingredient Search. Recipes having the specified ingredient as the Key Ingredient will be listed first. You can continue the search for other recipes that contain this ingredient as part of their ingredient list.

Free-Form Search

Free-Form Search looks for recipes that contain one or more strings of characters anywhere in the recipe, including the instructions. A string of characters might include an ingredient, a preparation method, part of a comment, or a phrase you remember from the instructions. You can specify strings that must be included, you can specify sets of strings where at least one string must be included, and you can specify strings that must not be included. For example, you could search for all recipes that contain either chicken and rosemary or quail and rosemary and do not contain eggs and cheese. Or you could search for recipes that reference Thanksgiving but make no mention of turkey or baking.

TimeSaver

TimeSaver search is a quick way to search by preparation time, elapsed time, or both. If you enter values for both fields, the preparation time can not be greater than the elapsed time.

Marked Recipe Search

Once you have marked several recipes, you can focus on just this set by choosing Search Marked Recipes. You can add the marked recipes to a meal, add their ingredients to a shopping list, and print just the marked recipes in the order they were marked.

Index Search

A printed recipe book probably contains one index in the back that lists recipes by name or by type of recipe. Micro Kitchen Companion maintains a separate index for each Key Field. Index Search lets you search for recipes in the order specified by any active key field -- Name, Key Ingredient, Preparation, Cuisine, and Source, and by Number (the order the recipe is listed in the file). You can create printed indexes by first specifying an index search for the entire file (e.g., Name from A to ZZ). In the list view, press the List All button to select all the recipes. Then press the print list button to print the index.

Number Search

You can search for recipes in the order they are entered in the file beginning with a particular number.

Be sure to mark each recipe you display that you wish to add to the Meal Plan. Marking Recipes is described in the next section.

Printing Recipes

You can print the recipe displayed in the Recipe window by clicking the **Print** button. You have full control of the placement of the recipes on the page, margins, number of lines, etc. You could even adjust the printer output to fit on index cards. To make these adjustments, use **File Printer Setup**. You can also print lists of selected or marked recipes from the **List** window.

Shopping Lists

You can always print the ingredient list of the currently displayed recipe by clicking the **Print** button in the Recipe window. For better organized shopping lists, however, choose **Shopping** from the menu bar. The steps involved in working with shopping lists are very similar to those for meal planning. The Shopping List feature lets you combine selected ingredients from many recipes into a single list to print and take to the store.

Create a new list using **Shopping New** or open an existing list by choosing **Shopping Open**. Highlight the Meal Plan food to add to a shopping list, and click the **Add MP Highlight to Shopping List** button. The highlighted item will be added to the end of the shopping list. If you would like to review or modify the shopping list further, choose **Shopping Display/Edit**.

Do not add recipes to the shopping list directly from the Meal Plan. The program will attempt to warn you if you try. Instead, you should display the particular recipe for which you plan to shop, and click the **Shopping** button in the Recipe window. Since you probably have some ingredients already on hand, you will be prompted to identify the items you want to add to the list. Highlight the ingredients to add, and press the **Add Highlighted Ingredients** button. Alternatively, mark recipes (or use the marks you made for meal planning) and add them to the shopping list by choosing **Shopping Add Marked Recipes**.

Since you may need things not listed in the recipes, you can add items not listed in the ingredient list. You can add these additional items by entering them in the box above the button marked **Add Item Above**. Then click the button.

Utilities

Clear Marked Recipes

After you have worked with a set of marked recipes (adding them to a meal, creating a shopping list, printing the ingredient list and instructions, etc.), choose **Utilities Clear Marked Recipes** to clear the marks so that you can repeat this process with a different set of recipes.

Modify Food Lists

The program comes with a comprehensive list of foods organized into seventeen major groups. We have provided the facility for the knowledgeable user to add additional foods and to edit existing entries. Please use this feature with caution. All existing values have been thoroughly tested and verified.

Choose **Utilities Modify Food Lists** to display the Modify Food Lists window. Select a Food Group to modify from the **Foods** menu. To add a new food, highlight the insertion point in the list, enter the information in the on-screen form, and click the appropriate button.

You can modify the highlighted food by clicking the **Edit Highlight** button. Delete the highlighted food by clicking **Delete Highlight**.

Changes will not be saved until you click **Save Current Changes**. You can always restore the original food list by clicking the **Revert to Original List** button.

Fix Damaged Recipe File

If the program displays an error message related to the recipe file, it may have been damaged due to a DOS error or disk failure. This option will restore the file in most cases. Generally, this will take just a few minutes. Because it rewrites the entire file, however, you may need to allow some additional time if your computer is an older model and if the file is large.

How Recipes are Organized

There are three windows that contain information on each recipe: Classification window, Recipe window, and Nutrition window.

Classification Window

The Classification window is used for searching for and editing recipes. It contains seventeen pieces of information that define each recipe for later retrieval. Recipes are described using cooking terms. We filled in the blanks when we entered the recipes; you fill in just the blanks you want when you conduct a search. Every recipe, described by the fourteen classification fields, is automatically cross-indexed by these terms as well as by every ingredient in the dish. Describe a recipe by filling in the blanks of a search screen, and if it exists, the computer will display and/or print it at your option. You can even tell it which ingredients to avoid.

Recipe Window

The Recipe window contains the list of ingredients and instructions, as well as the total calories and saturated fat calories. The classification information is also shown at the top of the Recipe window.

Nutrition Window

The Nutrition window contains nutritional information for one serving of the recipe. The recipes from Eater's Choice include the amount of calories and saturated fat calories. Other recipes published by Lifestyle Software Group might contain additional nutritional information such as protein, carbohydrate, fat, cholesterol, and sodium and percent U.S. recommended daily allowance of protein, Vitamin A, Vitamin C, thiamine, riboflavin, niacin, calcium, and iron. Most recipes supplied by us include this information. When you create a Meal Plan, the total calories and saturated fat calories are automatically tallied in both the Meal Plan and the Personal Dietary Ledger.

Marking Recipes to Add to the Meal Plan

Anytime a recipe is displayed, you can mark it electronically by clicking the small button at the upper right hand corner of the Recipe window. A green X will appear in the button, indicating that the recipe has been marked. This temporarily identifies it to the computer as a recipe you want to use in some way. Normally, you mark recipes that you wish to add to the Meal Plan. It's like checking off a few items from a list or index with one main difference: the marks disappear when you exit the program or choose **Utilities Clear Marked Recipes**. You can remove individual marks by clicking the **Mark** button a second time. Once recipes are marked, you can work with just this subset by choosing **Search Marked Recipes**. Marking makes quick work of adding recipes to a Meal Plan and building a shopping list. You can also mark recipes in the list window by first selecting them with the left mouse button and then marking them with the right mouse button.

Marked recipes are automatically added to the list of marked recipes under the **Foods** menu. You add marked recipes to the meal plan in the same way as you add foods.

About the Authors of Eater's Choice

Dr. Ron Goor is an expert on the cholesterol question. He coordinated the Coronary Primary Prevention Trial at the National Institutes of Health, and the education planning that followed. He is currently director of Health Prospects, a division of Prospects Associates of Rockville, Maryland.

Nancy Goor brings her writing skills and genius in the kitchen to this uniquely encouraging book. The Goors live in Bethesda, Maryland, with their two sons. In addition to EATER'S CHOICE, they have collaborated on five award-winning children's books.

Other Meal Plan Options

In addition to the button for adding the highlighted food or recipe to the Meal Plan, there are buttons in the main window for changing portions, deleting a food or recipe from the Meal Plan, displaying the highlighted recipe, adding a highlighted Meal Plan food to a shopping list, and displaying and printing a column chart (histogram) showing daily calorie consumption.

Change Portions

Once you have added a food or a recipe to the Meal Plan, you can change the number of portions. You may have added one cup of skim milk, but you plan to drink three cups throughout the day. Click **Portions**, and then click the "spin control" until it registers 3. Under the Meal Plan column marked "X" for "times" the 1 will change to a 3, the calories and sat-fat calories will be tripled, the totals for that day will be modified, and the Personal Dietary Ledger will be recalculated.

Delete Meal Plan Highlight

If you decide to remove a food or a recipe from the Meal Plan, first highlight it and then click the **Delete MP Highlight** button. The totals for that day will be modified, and the Personal Dietary Ledger will be recalculated.

Display a Recipe

You can instantly display a recipe listed in the Meal Plan by first highlighting the recipe in the Meal Plan and then clicking the 'Display Recipe' button. If you have not yet opened a recipe file, the program will open the appropriate file for you. If there is a different recipe file open, the program will ask you if you want to close it and open the one containing the highlighted recipe.

Since the Meal Plan stores the name of the recipe file and the recipe number for each recipe, this feature will not work correctly if you move the recipe file to another directory. However, if the program cannot find the indicated recipe file, you will be given the opportunity to enter the new path (and file name, if required). This might occur when you are examining the sample Meal Plans for Rosie and Al. If it does, simply change the path to the directory in which you installed the program.

Add Meal Plan Highlight to Shopping List

The program lets you create shopping lists that you can print and take to the store. Highlight the ingredient to add to a shopping list, and click the **Add MP Highlight to Shopping List** button. If you have not already opened a shopping list by choosing **Shopping Create** or **Shopping Open**, you will be prompted to do so. The highlighted item will be added to the end of the shopping list. If you would like to review or modify the shopping list further, choose **Shopping Display/Edit**.

Do not try to add recipes to the shopping list directly from the Meal Plan. The program will attempt to warn you if you try. Instead, you should select the particular recipe for which you plan to shop, and click the **Shopping** button in the Recipe window. By following these steps you will be able to indicate which of the recipe's ingredients you wish to add to the shopping list.

Chart

Click the **Chart** button to display a column chart (histogram) indicating the daily consumption of total calories and saturated fat calories. Click the **Print** button to print the chart.

Personal Dietary Ledger

The Personal Dietary Ledger (PDL) is located at the bottom right hand corner of the main window. It contains seven rows, one for each day of the Meal Plan. The PDL lists the total calories consumed and the saturated fat calories consumed for each day. It also displays the saturated fat carryover at the end of each day. The sat-fat carryover is defined as the difference between your saturated fat budget (the number of sat-fat calories you can consume each day and still be within the limits specified by your Personal Worksheet) and the number of sat-fat calories you have actually consumed up until that point in time. The objective is to have a positive sat-fat carryover at the end of the seven-day Meal Plan. The PDL is automatically recalculated each time you change an entry in the Meal Plan.

Saturated Fat Budget

The maximum number of calories of saturated fats that should should consume on a daily basis, as determined by your Personal Worksheet. At the end of the seven-day meal plan, your sat-fat carryover should be positive, indicating that you have not consumed your entire **saturated fat budget** for the week.

Calorie

A unit of heat-producing or energy-producing potential that is contained in food and released upon oxidation by the body.

Saturated Fat Calories

The number of calories contained in the saturated fats that you consume.

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