

p r o j e c t

Costo-Beneficio

Eat healthy

Adopt a correct lifestyle



Introduction

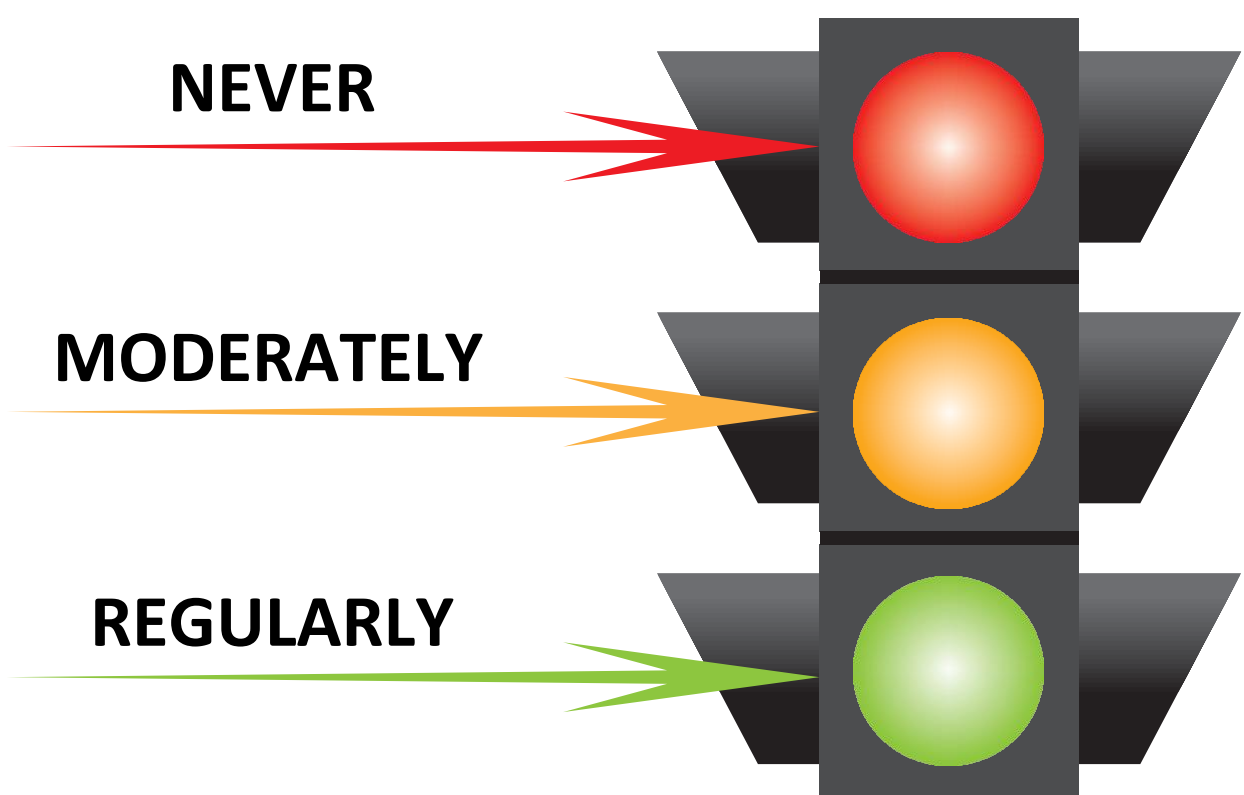
Your health is in your hands; you build it each day when you go to the supermarket and choose one food rather than another one, when you cook a lunch or a dinner. In these moments you do dietary choices which influence your health. A wrong diet can determine the appearance of risk factors for cardiovascular diseases and cancer. One of the steps of these diseases is the Non-alcoholic Fatty Liver Disease (NAFLD) (fat liver).

The Laboratory of Epidemiology and Biostatistics of the IRCCS Saverio de Bellis from Castellana Grotte (Bari) has started up the research project “Analisi Costo-Beneficio di un intervento basato sulla Dieta Mediterranea e l’attività fisica in pazienti diabetici e steatosici” to evaluate the efficacy of the diet and physical activity.

So, we invite you to participate in this project which will help us to understand the efficacy of the diet. Dietary advice described in the following pages are those of Low Glycemic Index Mediterranean Diet and we ask you to follow them. Furthermore, we ask you to record your daily diet in this dietary record as long as the duration of the study. This will permit us to measure adherence level to the diet we gave you.

WATCH THE SEMAPHORE!

CHECK YOUR DIETARY CHOICES



Foods choice and the frequency of their consumption is fundamental to set a correct dietary program, which day after day should be followed by everyone to keep a satisfying state of health. To direct foods choice towards those which best represent the **LOW GLYCAEMIC INDEX** **MEDITERRANEAN DIET**, we marked with **GREEN** colour the foods to consume regularly, with **YELLOW** those to consume moderately and with **RED** those to avoid completely.

REGULARLY

- 1- Raw vegetables (lettuce, tomatoes, cucumbers, celery, carrots, radishes, etc.)
- 2- Steamed or boiled vegetables (beets, turnips, chicory, cauliflower, broccoli, etc.)
- 45- Dried pulses without something else (lentils, chickpeas, beans, broad beans, soybeans)
- 46- Own fresh vegetables without something else (peas, beans, green beans)
- 12- Whole wheat pasta with pulses
- 13- Whole wheat pasta with vegetables
- 18- Brown rice with pulses
- 19- Brown rice with vegetables
- 42- Fish (anchovies, sardines, mackerel, etc.)
- 40- Molluscs and crustaceans
- 43- Cod, swordfish, fresh tuna
- 66- Bass bream salmon
- 44- Canned tuna
- 28- Extra virgin olive oil (raw)
- 5- Unsweetened fresh fruit (apples, pears, oranges, grapefruit, kiwi, peaches, etc.)
- 8- Unsweetened nuts (walnuts, almonds)
- 65- Coffee (without sugar or with artificial sweetener)
- 52 -Natural water

MODERATELY max

- | | |
|--|----------------------------|
| 30- Milk and yogurt | 1 time/daily |
| 56- Whole wheat biscuits | 1 time/daily (3 biscuits) |
| 31- Cheese (parmigiano, cheese, etc.) | 2 times/weekly |
| 32- Dairy products (cheese, smoked cheese, cottage cheese) | 2 times/weekly |
| 33- Eggs | 2 time/weekly (1 egg) |
| 34- White meat (chicken, turkey, rabbit) | 2 times/weekly |
| 25- Potatoes (boiled only) | 1 time/weekly |
| 22- Whole wheat bread | 2 times/daily (a slice) |
| 15- Whole wheat pasta with simple sauce | 2 times/weekly (max 80 gr) |
| 4- Sugary fruit (bananas, persimmons, grapes) | 1 time/daily (max 1 piece) |
| 62- Dense pure honey | 1 time/daily (a teaspoon) |
| 49-wine | 2 times/daily (a glass) |

NEVER

- 11- Not whole wheat pasta
- 17- Not whole wheat rice
- 21- White bread
- 53- Crackers, pretzels, bread sticks, bread and breakfast cereals
- 47- Pizza
- 35- Red meat (beef, veal, pork, horse, etc.)
- 36- Canned meat
- 37- Stew
- 38- Sausages (raw or cooked ham, dried beef, bacon, salami, mortadella, etc.)
- 41- Farmed fish
- 26- French fries or baked
- 67- Fry
- 29- Butter, margarine, mayonnaise, cream
- 9- Fruit in syrup and candied fruit
- 7- Sweet dried fruit (dried figs, dried dates, prunes, raisins)
- 63- Sugar
- 60- Candies and chocolates
- 61- Jams
- 57- Cakes, sweets, pastries
- 58- Croissants, pastries and snacks
- 54- Dry biscuits, toasts
- 55- Biscuits, shortbread
- 59- Ice-cream and water ice
- 51- Alcoholic beverages and spirits (brandy, grappa, liqueurs, whiskey)
- 50- Carbonated/Non carbonated soft drinks (orange juice, coca-cola, fruit juice, etc.)
- 48- Beer

Your Dietary Record



Instructions

- It's fundamental to complete the Dietary Record each day immediately after the meal or as soon as possible.
- The Dietry Record is composed of a series of pages, one for each week. In each weekly page, days from Monday to Sunday are divided in breakfast, lunch, dinner and snack.
- Record all the foods you eat and what you drink during the day (Sunday and holydays included).
- Registration consists in taking note, in correspondence to the meal, the identification number of the food/drink or of the food group consumed belonging to the list we enclosed. If the food you ate isn't included in the list, just write its name in the place reserved to the corresponding meal.

Example:

Here below it is shown an hypothetical day of Mr Rossi's Dietary Record.

After each meal Mr Rossi registered what he ate and drank, so he wrote in the box of the specific meal the correponding number of the food he consumed (by checking the foods list).

At breakfast he drank a cup of milk and coffee without sugar and he ate an apple.

	BREAKFAST	Snack	LUNCH	Snack	DINNER	Snack	PHYSICAL ACTIVITY
MONDAY	30+65 5						<div><input type="checkbox"/> None Walk</div> <div><input type="checkbox"/> Housework</div> <div><input type="checkbox"/> Training</div> <div><input type="checkbox"/> Other (specify what)</div> <div><input type="checkbox"/> _____</div>

At lunch he had a plate of lentils (without pasta) seasoned with raw extra-virgin olive oil, a cod, a plate of raw unseasoned vegetables and he drank two glasses of wine and a glass of natural water.

	BREAKFAST	Snack	LUNCH	Snack	DINNER	Snack	PHYSICAL ACTIVITY
MONDAY			45 + 28 43, 1 49 + 49 52				<input type="checkbox"/> None Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify what) <input type="checkbox"/>

In the afternoon he had an apple and drank a coffee without sugar.

	BREAKFAST	Snack	LUNCH	Snack	DINNER	Snack	PHYSICAL ACTIVITY
MONDAY				5 65			<input type="checkbox"/> None Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify what) <input type="checkbox"/>

At dinner he had a plate of minestrone soup with pasta and seasoned with raw extra-virgin olive oil, a slice of whole bread, a pear and drank two glasses of natural water.

	BREAKFAST	Snack	LUNCH	Snack	DINNER	Snack	PHYSICAL ACTIVITY
MONDAY	30 + 65 5		45 + 28 43, 1 49 + 49 52	5 65	Minestrone soup + 28 22 52 + 52		<input type="checkbox"/> None <input checked="" type="checkbox"/> Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify what) <input type="checkbox"/>

In the last column, referred to the physical activity carried out during the day, he put a cross in correspondence to the entry "walk".

SURNAME _____ LAST NAME _____ CODE _____

MONTH _____ WEEK from _____ to _____

	BREAKFAST	Snack	LUNCH	Snack	DINNER	Snack	PHYSICAL ACTIVITY
Monday							<input type="checkbox"/> <input type="checkbox"/> None Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify <u>what</u>) <input type="checkbox"/>
Tuesday							<input type="checkbox"/> <input type="checkbox"/> None Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify <u>what</u>) <input type="checkbox"/>
Wednesday							<input type="checkbox"/> <input type="checkbox"/> None Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify <u>what</u>) <input type="checkbox"/>
Thursday							<input type="checkbox"/> <input type="checkbox"/> None Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify <u>what</u>) <input type="checkbox"/>
Friday							<input type="checkbox"/> <input type="checkbox"/> None Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify <u>what</u>) <input type="checkbox"/>
Saturday							<input type="checkbox"/> <input type="checkbox"/> None Walk <input type="checkbox"/> Housework <input type="checkbox"/> Training <input type="checkbox"/> Other (specify <u>what</u>) <input type="checkbox"/>

Sunday							None Walk Housework Training Other (specify <u>what</u>)
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Ministry of Health



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