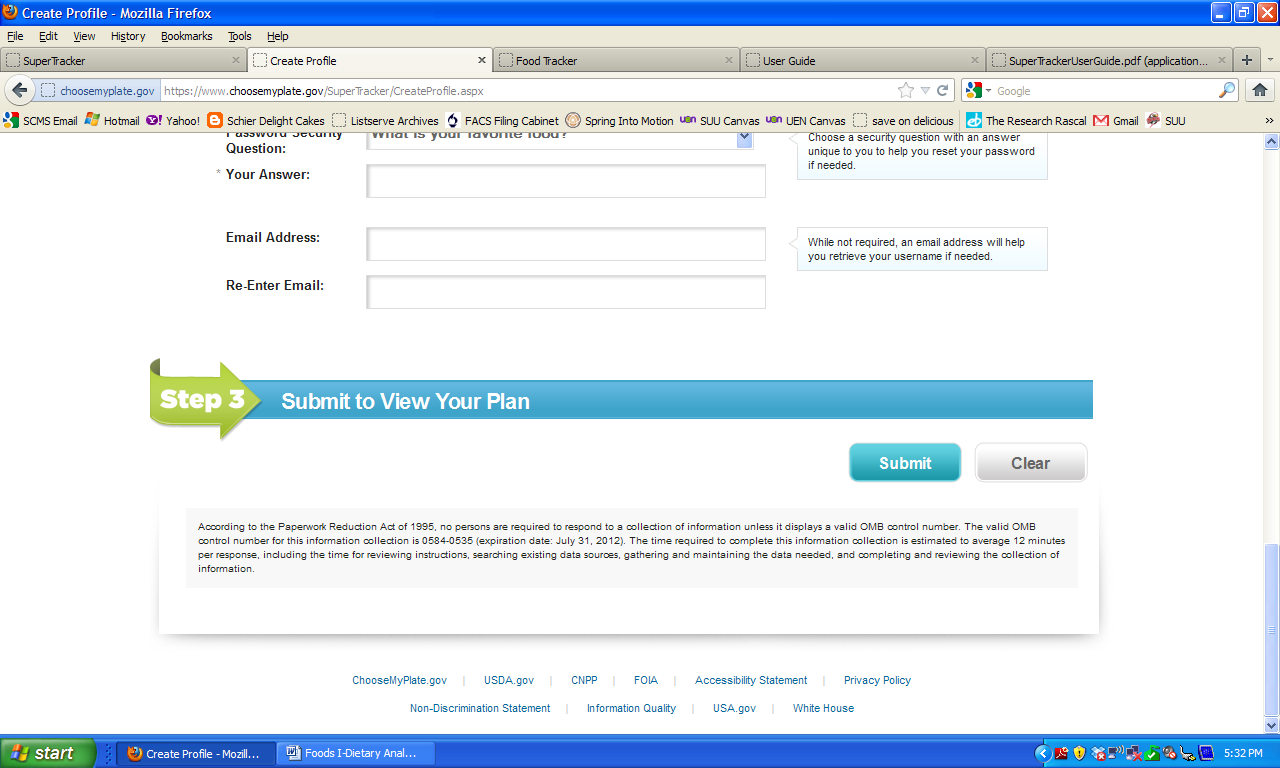
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

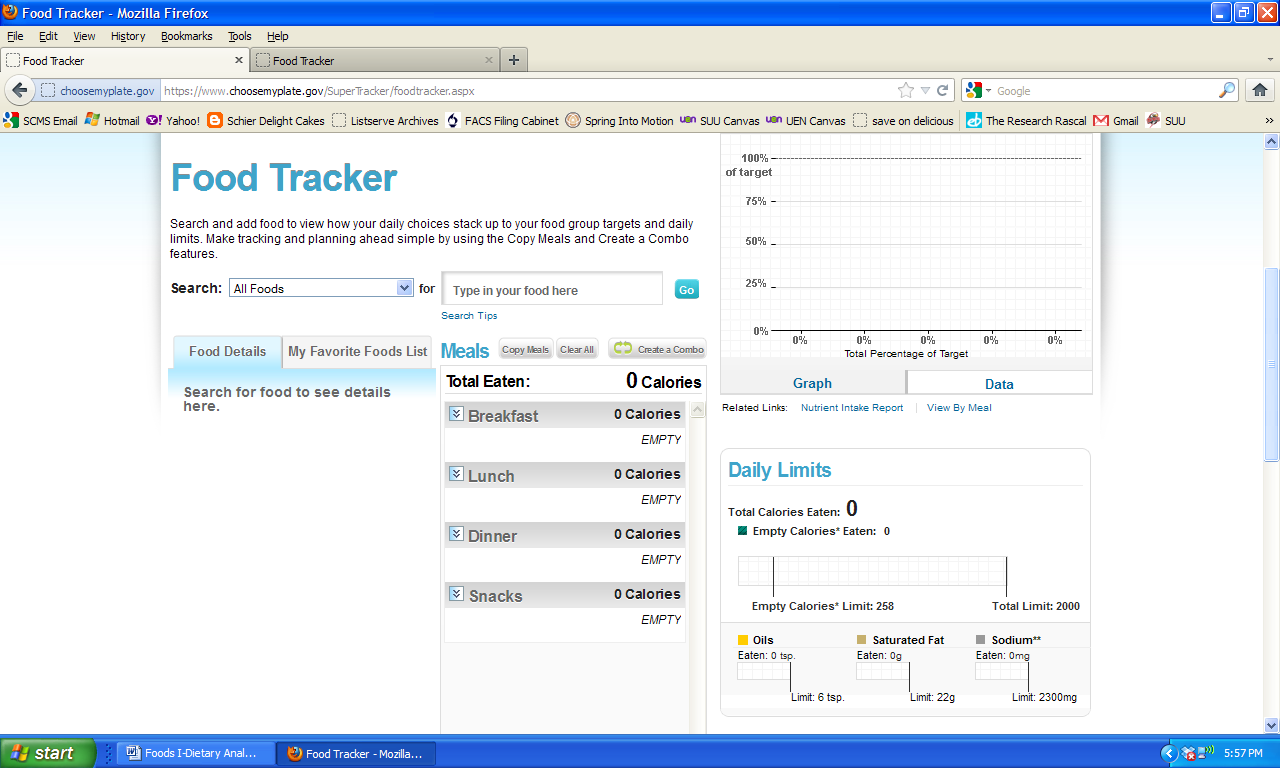
Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foods I**

**Dietary Analysis**

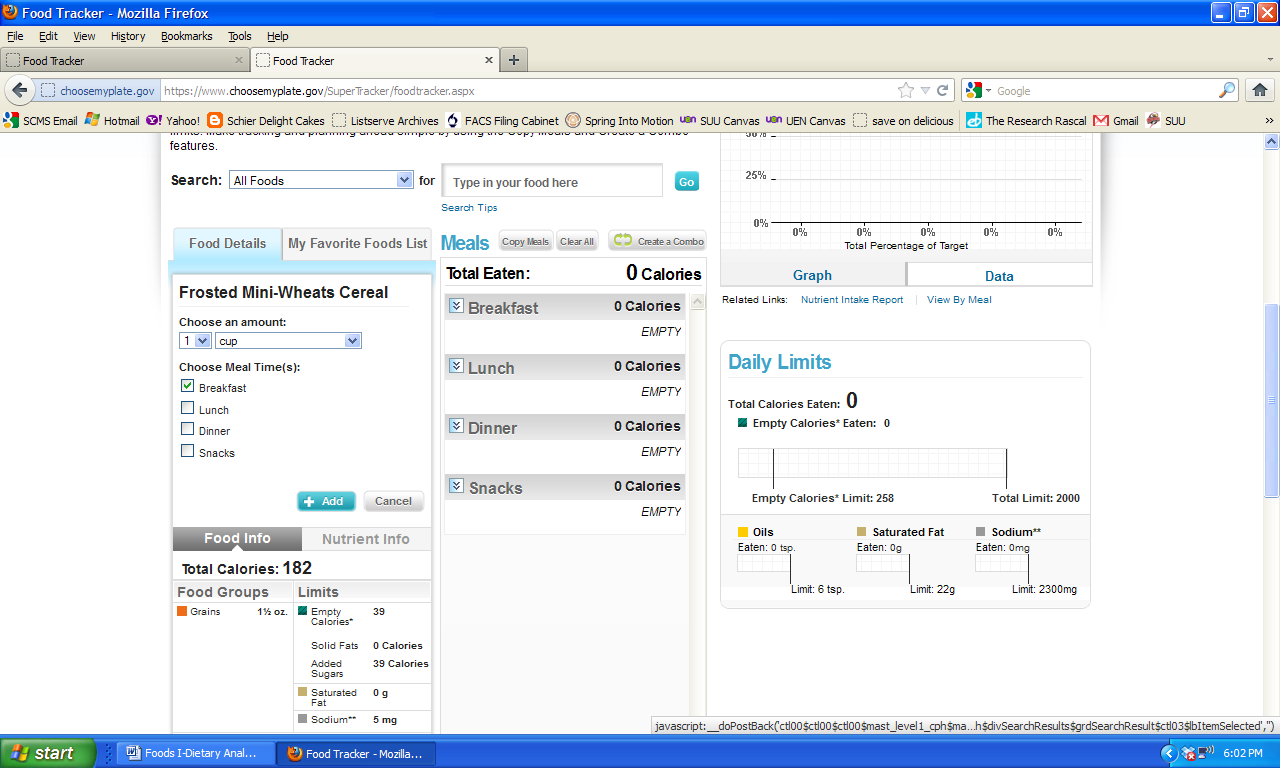
1. Go to: [**https://www.choosemyplate.gov/SuperTracker/foodtracker.aspx**](https://www.choosemyplate.gov/SuperTracker/foodtracker.aspx)
2. Click on: on the upper right hand side of the screen.
3. Complete the Profile Information section including: **Profile Name, Age, Gender, Physical Activity, Height and Weight.** You do NOT need to *Register to Save Your Profile* unless you want to.



1. Click at the bottom of the page.
2. Using your 2-Day Food Log, begin logging in your daily food intake for Day 1 only.

Be sure to select the correct serving size and indicate if that food item belongs in *Breakfast, Lunch, Dinner or Snacks.*

*(See example Below.)*



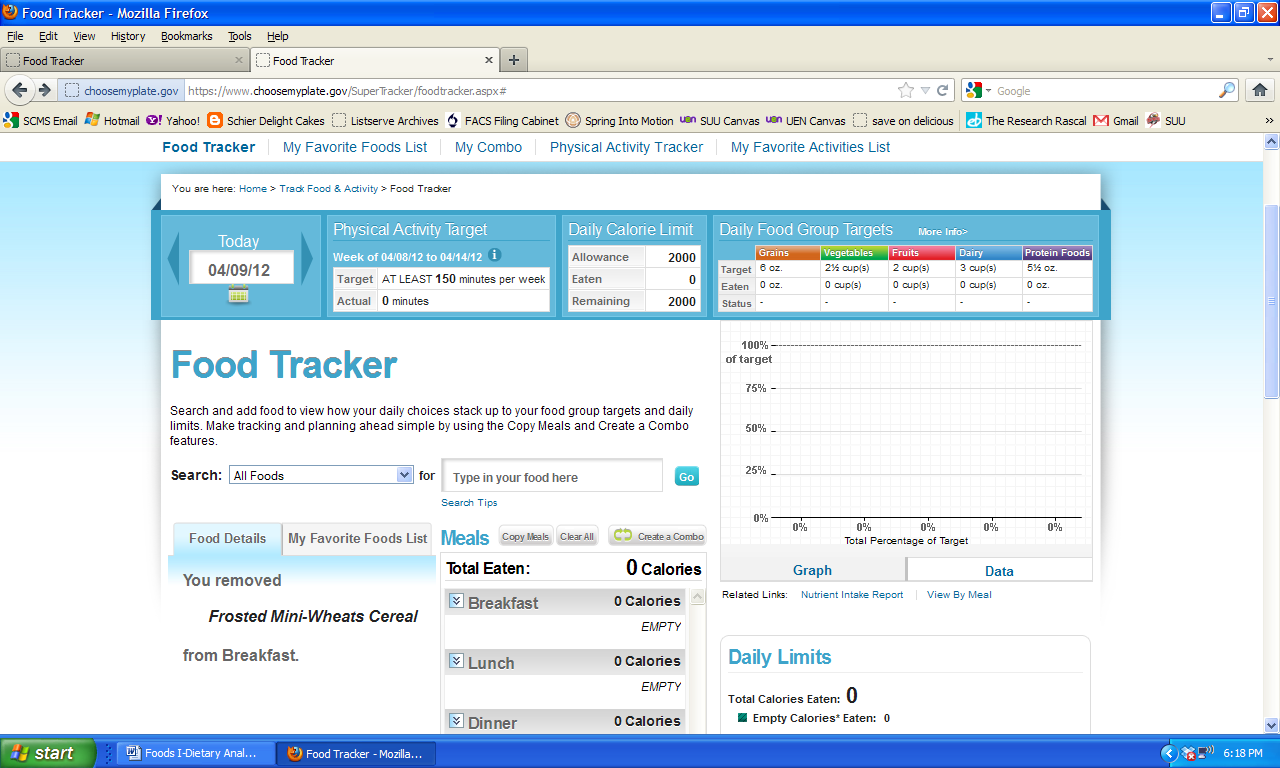
1. Enter all foods for Day 1 and fill out the information on the following page.

**\*When you are finished with the Day 1 Worksheet, remove all foods for Day 1 and input all foods for Day 2. Then, fill out the worksheet for Day 2.**

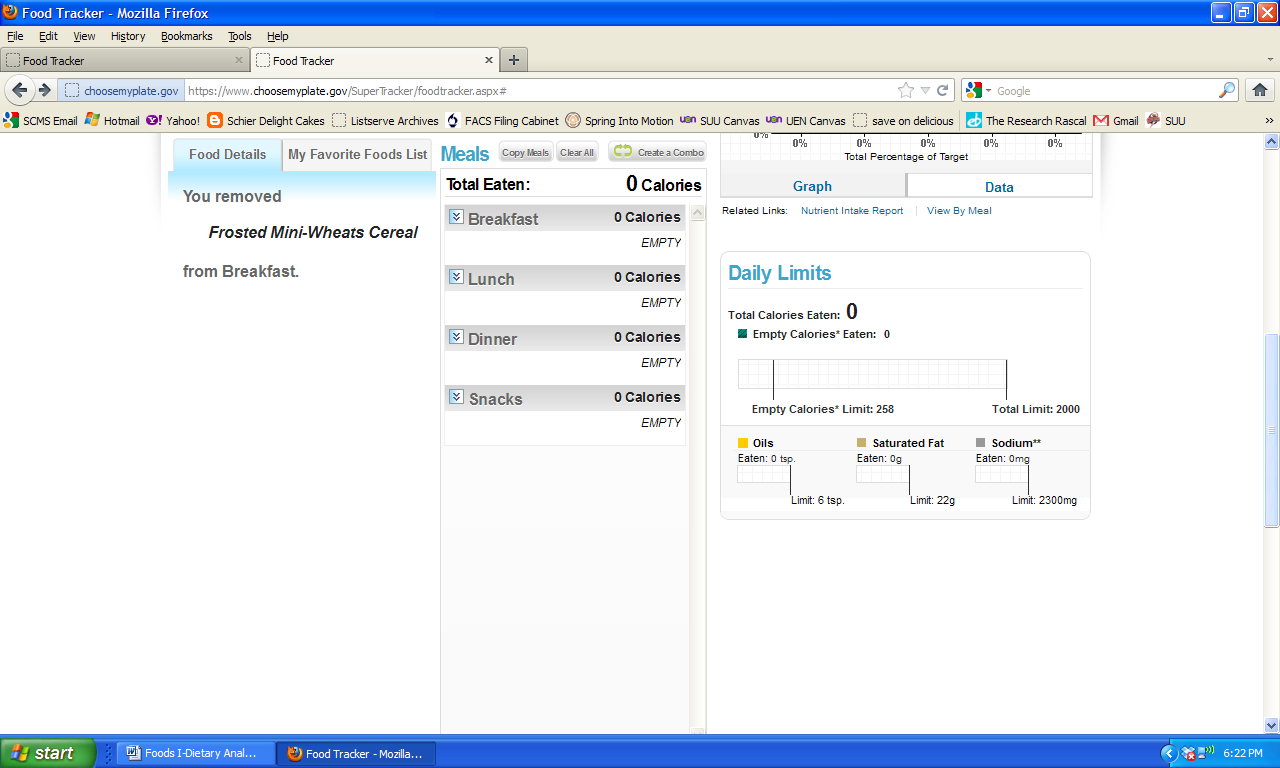
**\*Staple your 2-Day Food Log to the back of this packet.**

**Day 1 Results**

1. Fill in the graph below:

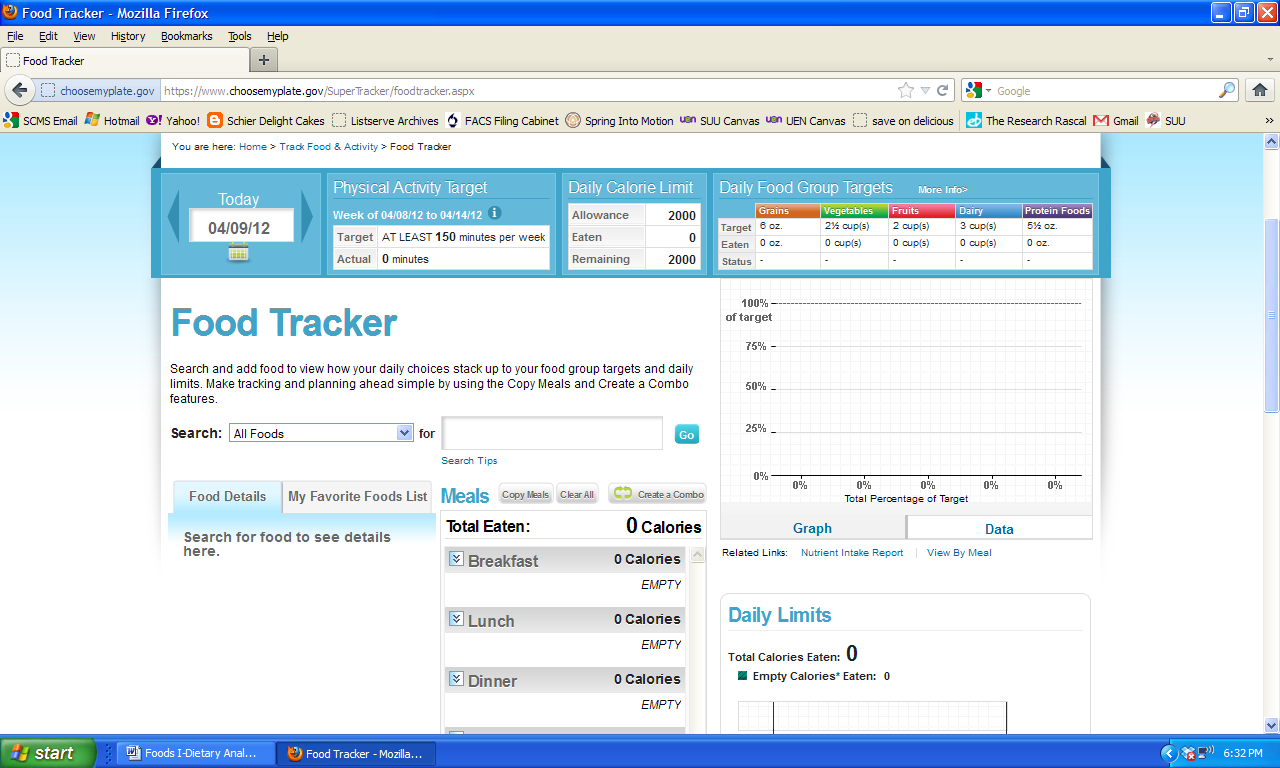


2. Fill in the graphs below:



3. Fill in the graph below:

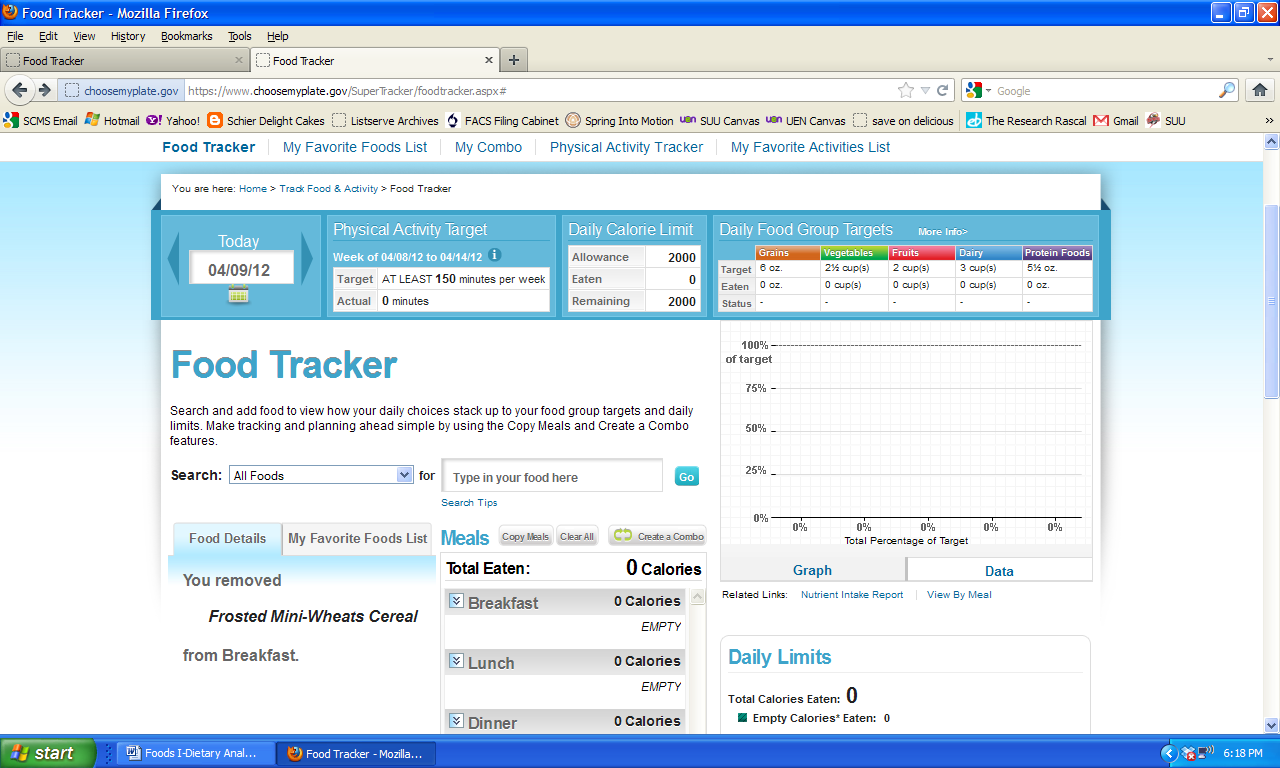
**Day 2 Results**



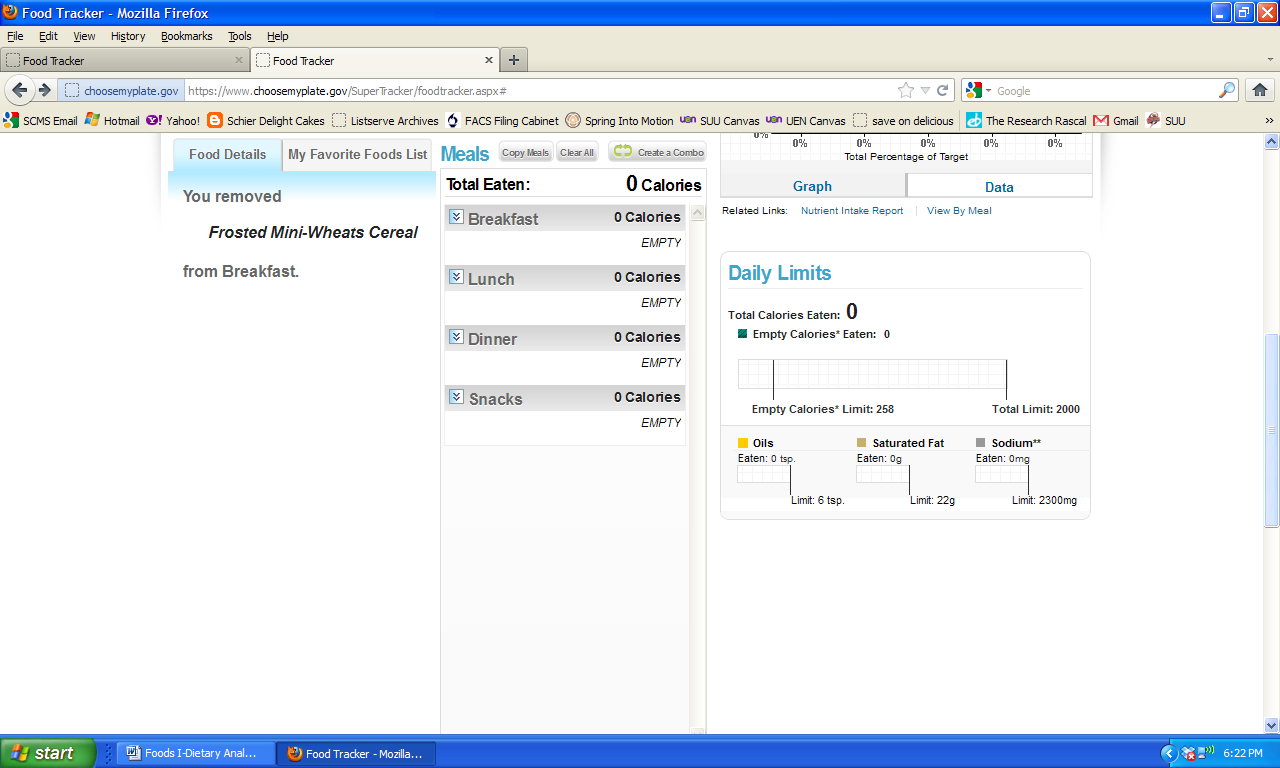
1. Fill in the graph below:

**Day 2 Results**

1. Fill in the graph below:

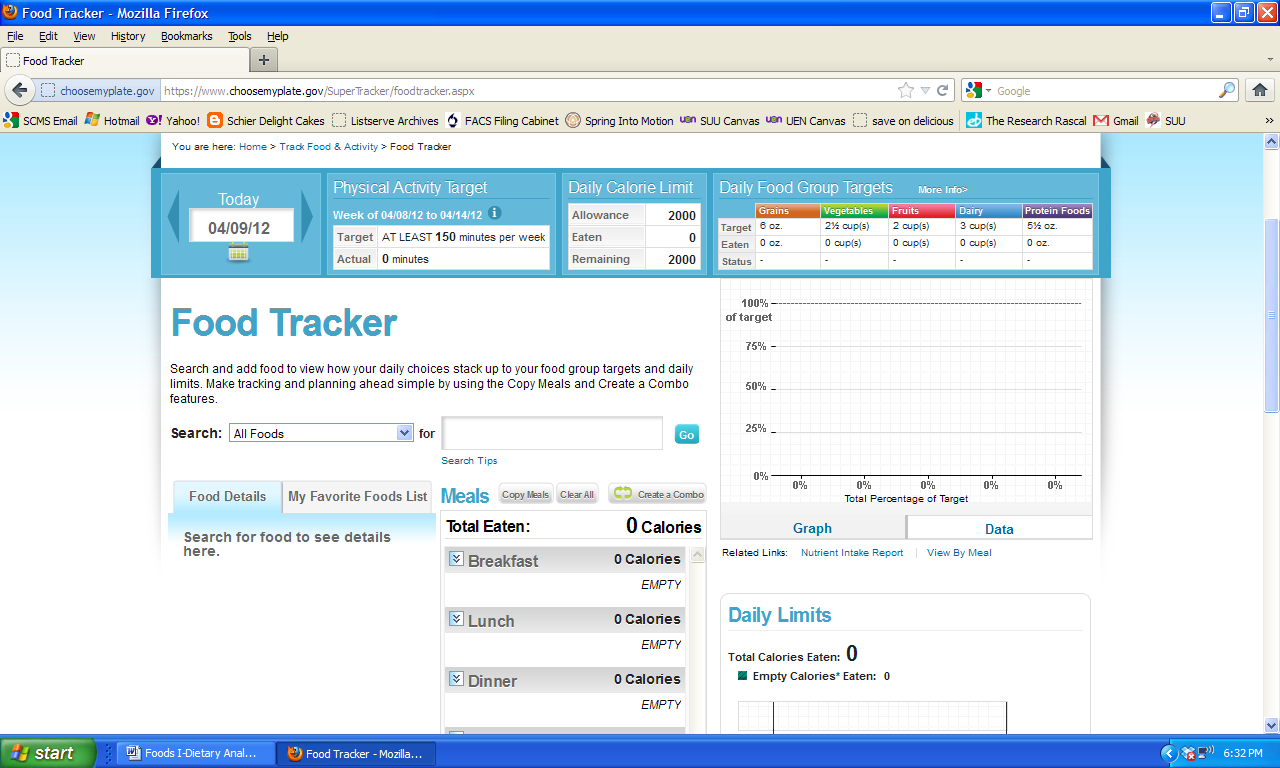


2. Fill in the graphs below:



3. Fill in the graph below:

**Day 2 Results**



1. Fill in the graph below:

**Additional Info**

1. Go to: [**http://www.choosemyplate.gov/myplate/index.aspx**](http://www.choosemyplate.gov/myplate/index.aspx)
2. Enter all of your information: *Age, Sex, Weight, Height and Physical Activity*
3. Click SUBMIT at the bottom of the page.
4. Fill in the information below based on your results.

**Eat these amounts from each food group daily. This plan is a \_\_\_\_\_\_\_\_\_ calorie food pattern. It is based on average needs for someone like you. (A \_\_\_\_ year old \_\_\_\_\_\_, \_\_\_ feet \_\_\_ inches tall, \_\_\_\_\_\_ pounds, physically active \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a day.) Your food needs also depend on your rate of growth and other factors. See a health care provider who can track your height and weight over time to identify your specific needs.**

|  |  |  |
| --- | --- | --- |
| [Description: Grains](http://www.choosemyplate.gov/foodgroups/home_grains.html) |  | [tips](http://www.choosemyplate.gov/foodgroups/grains_tips.html) |
| [Description: Vegetables](http://www.choosemyplate.gov/foodgroups/home_vegetables.html) |  | [tips](http://www.choosemyplate.gov/foodgroups/vegetables_tips.html) |
| [Description: Fruits](http://www.choosemyplate.gov/foodgroups/home_fruits.html) |  | [tips](http://www.choosemyplate.gov/foodgroups/fruits_tips.html) |
| [Description: Dairy](http://www.choosemyplate.gov/foodgroups/home_dairy.html) |  | [tips](http://www.choosemyplate.gov/foodgroups/dairy_tips.html) |
| [Description: Protein Foods](http://www.choosemyplate.gov/foodgroups/home_proteinfoods.html) |  | [tips](http://www.choosemyplate.gov/foodgroups/proteinfoods_tips.html) |

|  |
| --- |
| **Make Half Your Grains Whole** |
| Description:   Aim for at least [\_\_\_\_\_\_\_\_\_\_](http://www.choosemyplate.gov/foodgroups/grains.html)ounces of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a day. |
| **Vary Your Veggies** |
| Description:   Aim for this much every week: [Dark Green Vegetables](http://www.choosemyplate.gov/foodgroups/vegetables.html) = \_\_\_\_\_\_\_\_\_cups weekly [Orange Vegetables](http://www.choosemyplate.gov/foodgroups/vegetables.html) = \_\_\_\_\_\_\_\_\_\_\_\_cups weekly [Dry Beans & Peas](http://www.choosemyplate.gov/foodgroups/vegetables.html) = \_\_\_\_\_\_\_\_\_\_\_\_\_cups weekly [Starchy Vegetables](http://www.choosemyplate.gov/foodgroups/vegetables.html) = \_\_\_\_\_\_\_\_\_\_\_\_cups weekly [Other Vegetables](http://www.choosemyplate.gov/foodgroups/vegetables.html) = \_\_\_\_\_\_\_\_\_\_\_\_\_cups weekly |
| **Oils & Empty Calories** |
| Description:   Aim for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a day. Limit your empty calories (extra fats & sugars) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Calories. |

**Paper Requirements**

Your paper must have *at least* one paragraph per numbered subgroup listed below.  (Remember that a paragraph must have a *minimum of three sentences*.)  The bullets under each subgroup are questions to get you thinking and guide your writing. This MUST be typed!!

1. Personal Profile
   * Include information about your age, gender, height, weight and physical activity level. Feel free to include information about your habits, personality, hobbies, family, etc.
   * Recommended daily allowances
   * Actual daily intake information
   * Describe what you discovered about your personal nutritional needs.  Were you surprised by how much you need in certain areas?
2. Explanations of dietary strengths
   * For which food groups or nutrients was your intake adequate?
   * Why do you think your intake was adequate in these areas?  What are your dietary habits that contribute to your adequate intakes?  What foods are you eating that are contributing to your adequate intakes?
   * What other personal factors contribute to your dietary strengths?
3. Insufficient nutrients
   * For which food groups or nutrients was your intake inadequate?
   * Why do you think your intake was inadequate in these areas?  What are your dietary habits that contribute to your inadequate intakes?  What foods are you eating that are contributing to your inadequate intakes?
   * What other personal factors contribute to your dietary insufficiencies?
4. Excessive nutrients
   * For which food groups or nutrients was your intake excessive (eating more than is recommended)?
   * Why do you think your intake was excessive in these areas?  What are your dietary habits that contribute to your excessive intakes?  What foods are you eating that are contributing to your excessive intakes?
   * What other personal factors contribute to your dietary excesses?
5. Dietary recommendation
   * In order to follow what MyPlate recommends for your personal diet, what are *specific* changes that you need to make in your diet?
   * What are foods that you should get *more* of in your diet in order to better meet the MyPlate recommendations for your overall diet and health?
   * What are foods that you should get *less* of in your diet in order to better meet the MyPlate recommendations for your overall diet and health?
   * What other changes might you need to make in your life to help you meet this dietary recommendations for yourself?
6. Reflection and analysis of intake assessment
   * What surprised you?
   * What do you know now that you didn’t know before?
   * What are some changes you need to make in your life in order to follow what MyPlate recommends?

**2-Day Food Tracker**

for Dietary Analysis

Use this sheet to help you complete your dietary analysis. It will help you complete the assignment quickly and accurately. Write down everything you eat AND drink, remembering to also write down how much of that particular food you ate. Use the food wrappers to help you determine serving sizes and remember to be specific. Use the spaces below to keep track.

Day 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Foods Consumed** | **Serving Size** | **Number of Servings You Ate** |
|  |  |  |
| Example: |  |  |
| Pizza Rolls (Pizza Bites) | 1 mini roll | 10 |
|  |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
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| 24. |  |  |

**2-Day Food Tracker**

for Dietary Analysis

Day 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Foods Consumed** | **Serving Size** | **Number of Servings You Ate** |
|  |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
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