RM 3–NU: How Do I Measure Up?

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| Name |  | Class |  | Date |  |

Directions/Description

Reflect on your personal food intake and analyze your intake relative to recommendations in *Eating Well with Canada’s Food Guide* (Health Canada).

* Record the foods that you ate for one day on the chart below.
* Use *Canada’s Food Guide* and RM 2–NU: A Guide to Food Guide Serving Sizes to determine the number of Food Guide Servings for each food you ate.
* Total the number of Food Guide Servings for each food group and compare your findings to the recommended number at the bottom of each column.
* Answer the questions on the next page.

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| Foods I Ate  (For One Day) | Vegetables and Fruit | Grain Products | Milk and Alternatives | Meat and Alternatives | Foods to Limit |
| Morning | | | | | |
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| Snack? | | | | | |
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| Midday | | | | | |
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| Snack? | | | | | |
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| Evening | | | | | |
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|  |  |  |  |  |  |
| Total | | | | | |
| Recommended number of Food Guide Servings per day for males and females (14 to 18 years of age) | M: 8  F: 7 | M: 7  F: 6 | M: 3–4  F: 3–4 | M: 3  F: 2 |  |

*Continued*

RM 3–NU: How Do I Measure Up? *(Continued)*

How Do You Measure Up?

1. In what food group(s) have you eaten the recommended number of Food Guide Servings?

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1. In what food group(s) do you need to consume more food choices to meet recommended eating patterns?

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1. Choose **one** food group in which to improve your food choices:
2. How many more Food Guide Servings do you need to eat to meet your recommended

number?

1. Review the list of foods you ate. Are there substitutions you can make? Explain.

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1. Make a very specific healthy eating goal.

Consider the following:

* What foods will you really eat?
* Where will you be?
* What foods are available?
* What time of day is the plan for?

My healthy eating goal for (food group):

Servings still needed:

|  |  |
| --- | --- |
| Goal: |  |

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| Example  My healthy eating goal for (food group) grain products Servings still needed: 1  Goal: ­I will substitute a small bagel and peanut butter for a bag of chips in the morning. |

1. What might prevent you from acting on your goal?

Think about the following:

* When will you start on your healthy eating goal?
* Where will you be or what will you be doing at this time (e.g., at school, doing homework)?
* What might interfere with this goal? How will you overcome it?
* Should you plan for a snack or a meal?
* Will you *really* do this? If not, go back to Question 4 and write another goal.

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6. Transfer your healthy eating goal to RM 4–FM: Goal Manager.