IS MY DIET BALANCED?

Name			Period	Assign #		
					your own diet to see how vd daily physical activity.	well-balanced
I.	1. How many ca	lories did you plan	to consume ea	ch day?		
	2. How many ac	tual calories did yo	ou consume:			
	Sunday _ Monday Tuesday Wednesd	Fri	Thursday day Saturday TOTAL			
	3. What was you	r average daily cal	orie consumpt	on for this wee	k?	
	Divide th	ne total from part 2	by 7:			
II.					Are you remembering to and list the foods you ate o	
		then list the amou			and list the roods you are o	
Food		-			Number of Servings	
Food	from each group,	then list the amou			<u> </u>	
	from each group, Group	then list the amou			<u> </u>	
Grain	from each group, Group s tables	then list the amou			<u> </u>	
Grain Veget	from each group, Group s tables	then list the amou			<u> </u>	
Grain Veget Fruits Milk	from each group, Group s tables	then list the amou			<u> </u>	
Grain Veget Fruits Milk	from each group, Group s tables	then list the amou			<u> </u>	