

FOOD & NUTRIENT ASSESSMENT FOR NORA

Nora is a 15-year-female who engages in 30 - 60 minutes of moderate activity per day. The Super-Tracker Reports that go with this assignment will help you evaluate the nutritional quality of Nora's diet. Here is a summary of her daily calorie needs and Food Group targets:

Calories = 2,000 Grains = 6 oz Veggies = 2 ½ cups Fruits = 2 cups Dairy = 3 cups Protein = 5 ½ oz

REPORT #1 (FOOD TRACKER)

1. Look at the first page of this report. The graph in the upper right-hand corner compares Nora's intake against the recommendations for someone of her same height, weight, age, gender, and activity level. Record what percentage of the recommendation she met for each of the food groups.

% = Whole Grains % = Vegetables % = Whole Fruit % = Milk & Yogurt % = Protein

2. Empty Calories come from foods that are high in fat or added sugar and low in nutrients. Reducing your intake of Empty Calories will improve your health and help you achieve or maintain a healthy body weight. Look at the "Daily Limits" box on this report to answer the following questions.

- (a) What is Nora's Daily "Empty Calorie Limit"?
- (b) How many Empty Calories did she actually consume?
- (c) What was the difference between her allotted Empty Calories and her actual intake of Empty Calories? Remember to SHOW YOUR WORK.

REPORT #2 (MEAL SUMMARY)

3. Look at Nora's food choices listed on this report. Identify TWO (2) foods that she could have replaced with healthier options.

What Nora Ate...	A Healthier Choice She Could Have Replaced It With...

REPORT #3 (NUTRIENT SUMMARY)

4. Fiber is a complex carbohydrate that helps promote satiety (fullness). Whole grains are an excellent source of fiber. Even though it's not absorbed and used for energy, fiber supports GI health and bowel regularity and may help reduce blood cholesterol. Answer the following questions about fiber.

- (a) What is Nora's TARGET goal for Dietary Fiber?
- (b) How many grams of fiber did Nora actually consume? (AVERAGE EATEN Column)
- (c) What is Nora's STATUS for fiber intake? (Over, OK, or Under)?

REPORT #4 (FOOD GROUPS)

5. Not all food choices in a food group are nutrient dense. The GRAINS Group is separated into Whole Grains and Refined Grains (Whole Grains are more nutrient dense). The FRUIT Group is divided into Whole Fruit and Fruit Juice (Whole Fruit is more nutrient dense). And the DAIRY Group is divided into Cheese and Milk & Yogurt (Milk & Yogurt are more nutrient dense). Look at the totals on this report. Compare Nora's intake of Refined Grains vs. Whole Grains, Whole Fruit vs. Fruit Juice, and Milk & Yogurt vs. Cheese by filling in the table below.

Refined Grains (oz)	Whole Grains (oz)	Highest?
Whole Fruit (cups)	Fruit Juice (cups)	Highest?
Milk & Yogurt (cups)	Cheese (cups)	Highest?

REPORT #5 (DETAILS - FOOD GROUPS)

6. Refer to the Food Details Report for Food Groups and fill in the table below.

	Nora's Food Choice
Highest in WHOLE GRAIN Servings	
Highest in VEGETABLE Servings	
Highest in WHOLE FRUIT Servings	
Highest in MILK & YOGURT Servings	
Highest in PROTEIN Servings	

REPORT #6 (DETAILS - LIMITS)

7. What 3 foods contributed MOST to Nora's Empty Calorie Intake? How many Empty Calories came from each one?
8. What do you think about Nora's Empty Calorie results? What specific things can she change or improve?

REPORT #7 (DETAILS - NUTRIENTS)

9. Which of the foods that Nora ate provided the MOST Calcium, Potassium, Iron, Vitamin D, and Folate PER CALORIE? You'll need to SHOW YOUR WORK for full credit. **Example: 300 mg calcium / 100 calories in cup of milk = 3 mg of Calcium per Calorie.** Also, write a sentence or two that highlights an interesting fact or body function about each of these nutrients that you didn't know before taking this class.

(a) CALCIUM

- Food:
- Amount per Calorie (mg):

- Fact:

(b) POTASSIUM

- Food:
- Amount per Calorie (mg):

- Fact:

(c) IRON

- Food:
- Amount per Calorie (mg):

- Fact:

(d) VITAMIN D

- Food:
- Amount per Calorie (mg):

- Fact:

(e) FOLATE

- Food:
- Amount per Calorie (mg):

- Fact:

REPORT #8 (VIEW BY MEAL)

10. (a) Look at the top of this report and fill in the table below.

	Meal (Breakfast, Lunch, Dinner, or Snack)
Highest in WHOLE GRAINS	
Highest in VEGETABLES	
Highest in WHOLE FRUIT	
Highest in MILK & YOGURT	
Highest in PROTEIN	
Highest in CALORIES	

(b) What conclusions can you make? Which of Nora’s meals would you consider the healthiest? Why? Which one would you consider the least healthy? Why?

11. Look at the table at the bottom of this report. Indicate Nora’s intake status (OK, Over, or Under) by marking an “X” in the appropriate box for each of the following Food Groups.

FOOD GROUP	OK (Met Rec’d)	OVER (Exceeded Rec’d)	UNDER (Did Not Meet Rec’d)
GRAINS			
VEGETABLES			
FRUIT			
DAIRY			
PROTEIN			
OILS			

12. Look back over all of your answers. In the remaining space, summarize what you discovered. What is Nora doing well? What specific changes could she make to improve her diet?

YOUR EATING STYLE

Which of the following statements best describes you?

- a) Usually I eat solely based on health and feel guilty if I overeat
- b) Usually I think about food a lot and I diet often because I feel fat
- c) Usually I eat while I'm doing something else or going somewhere
- d) Usually I eat when I'm hungry, stop when I'm almost full, and allow myself to eat foods I enjoy
- e) Usually I eat whatever is available and visible, whether I'm hungry or not
- f) I rarely think about food and I'm not very particular about what I eat

Discuss at least TWO (2) things you discovered about your eating patterns and/or food choices as a result of keeping a 3-day food record.

Were you surprised by any of your behaviors? Why or why not?

Using the hunger scale below, at what point did you typically START eating while recording your food intake for your MyDietAnalysis Assessment?

- 0 = Starving (Empty, Can't Concentrate, Dizzy, Headache, No Energy)
- 1 = Ravenous (Irritable, Perhaps Almost Nauseous)
- 2 = Very Hungry (Stomach Pangs, Have Difficulty Focusing)
- 3 = Hungry (Empty, Thinking about Food)
- 4 = Barely Hungry (Just Noticing the First Signs of Hunger)
- 5 = Neutral (Not Hungry, Not Full, Not Thinking about Food)

Using the fullness scale below, at what point did you typically STOP eating while recording your food intake for your MyDietAnalysis Assessment?

- 5 = Neutral (Not Hungry, Not Full, Not Thinking about Food)
- 6 = Barely Full (Just Noticing the First Signs of Fullness)
- 7 = Satisfied (Stomach is Adequately Full and Comfortable)
- 8 = Full (Feel You Have Eaten a Bit Too Much)
- 9 = Stuffed, Uncomfortably Full
- 10 = Extremely Stuffed, Painfully Full (Thanksgiving Full)

During your 3-day recording period, what PERCENTAGE of the time would you say that you ate only when you were truly hungry?

Ideally, it's recommended that you START eating between a 3 and 4 on the hunger scale and STOP eating between a 6 and 7. List TWO (2) strategies that you think would help you avoid getting too hungry or overeating.

Discuss at least ONE (1) thing you feel you are doing WELL in terms of your diet / eating habits / food choices right now.

Based on what you've learned so far, write down at least ONE (1) thing you want to IMPROVE or CHANGE in terms of your eating habits or food choices. Your goal needs to be SPECIFIC, REALISTIC, and MEASURABLE. A measurable goal usually has numbers and/or a time frame in it (i.e. **“Right now, I drink a lot of soda (about four 20-oz bottles per day). By the end of the semester, I want to be down to no more than ONE 20-oz soda a WEEK”**).

YOUR FOOD & NUTRIENT ASSESSMENT

Your Age? _____ Your Level of Activity? _____ minutes of moderate activity per day

Keep a record of your food intake and enter your information into Super-Tracker (www.supertracker.usda.gov). Use your Super-Tracker reports to answer the following questions.

What are your daily calorie needs and Food Group targets?

Calories = _____ Grains = _____ Veggies = _____ Fruits = _____ Dairy = _____ Protein = _____

FOOD TRACKER HOMEPAGE

1. The graph in the upper right-hand corner compares your intake against the recommendations for someone of your same height, weight, age, gender, and activity level. Record what percentage of the recommendation you met for each of the food groups.

% = Whole Grains % = Vegetables % = Whole Fruit % = Milk & Yogurt % = Protein

2. Empty Calories come from foods that are high in fat or added sugar and low in nutrients. Reducing your intake of Empty Calories will improve your health and help you achieve or maintain a healthy body weight. Look at the "Daily Limits" box (right side of computer screen) to answer the following questions.

- (a) What is your Daily "Empty Calorie Limit"?
- (b) How many Empty Calories did you actually consume?
- (c) What was the difference between your allotted Empty Calories and your actual intake of Empty Calories? Remember to SHOW YOUR WORK.

MEAL SUMMARY REPORT

3. Look at your food choices listed on this report. Identify TWO (2) foods that you could have replaced with healthier options.

What You Ate...	A Healthier Choice You Could Have Replaced It With...

NUTRIENTS REPORT

4. Fiber is a complex carbohydrate that helps promote satiety (fullness). Whole grains are an excellent source of fiber. Even though it's not absorbed and used for energy, fiber supports GI health and bowel regularity and may help reduce blood cholesterol. Answer the following questions about fiber.

- (a) What is your TARGET goal for Dietary Fiber?
- (b) How many grams of fiber did you actually consume? (AVERAGE EATEN Column)
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FOOD GROUPS & CALORIES REPORT

5. Not all food choices in a food group are nutrient dense. The GRAINS Group is separated into Whole Grains and Refined Grains (Whole Grains are more nutrient dense). The FRUIT Group is divided into Whole Fruit and Fruit Juice (Whole Fruit is more nutrient dense). And the DAIRY Group is divided into Cheese and Milk & Yogurt (Milk & Yogurt are more nutrient dense). Look at the totals on this report. Compare your intake of Refined Grains vs. Whole Grains, Whole Fruit vs. Fruit Juice, and Milk & Yogurt vs. Cheese by filling in the table below.

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Whole Fruit (cups)	Fruit Juice (cups)	Highest?
Milk & Yogurt (cups)	Cheese (cups)	Highest?

FOOD DETAILS REPORT, FOOD GROUPS (Select "Food Details Report", Click "Select All" in Food Groups Column)

6. Refer to the Food Details Report for Food Groups and fill in the table below.

	Your Food Choice
Highest in WHOLE GRAIN Servings	
Highest in VEGETABLE Servings	
Highest in WHOLE FRUIT Servings	
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Highest in PROTEIN Servings	

FOOD DETAILS REPORT, LIMITS (Select "Food Details Report", Click "Select All" in Limits Column)

7. What 3 foods contributed MOST to your Empty Calorie Intake? How many Empty Calories came from each one?
8. What do you think about your Empty Calorie results? What specific things can you change or improve?

FOOD DETAILS REPORT, NUTRIENTS (Select "Food Details Report", Click "Select All" in Nutrients Column)

9. Which of the foods that you ate provided the MOST Calcium, Potassium, Iron, Vitamin D, and Folate PER CALORIE? You'll need to SHOW YOUR WORK for full credit. **Example: 300 mg calcium / 100 calories in cup of milk = 3 mg of Calcium per Calorie.** Also, write a sentence or two that highlights an interesting fact or body function about each of these nutrients that you didn't know before taking this class.

(f) CALCIUM

- Food:
- Amount per Calorie (mg):

- Fact:

(g) POTASSIUM

- Food:
- Amount per Calorie (mg):

- Fact:

(h) IRON

- Food:
- Amount per Calorie (mg):

- Fact:

(i) VITAMIN D

- Food:
- Amount per Calorie (mg):

- Fact:

(j) FOLATE

- Food:
- Amount per Calorie (mg):

- Fact:

FOOD TRACKER HOMEPAGE (Click on the “VIEW BY MEAL” link under the bar graph in the upper-right hand corner)

10. (a) Look at the top of this report and fill in the table below.

	Meal (Breakfast, Lunch, Dinner, or Snack)
Highest in WHOLE GRAINS	
Highest in VEGETABLES	
Highest in WHOLE FRUIT	
Highest in MILK & YOGURT	
Highest in PROTEIN	
Highest in CALORIES	

(b) What conclusions can you make? Which of your meals would you consider the healthiest? Why? Which one would you consider the least healthy? Why?

11. Look at the table at the bottom of this report. Indicate your intake status (OK, Over, or Under) by marking an “X” in the appropriate box for each of the following Food Groups.

FOOD GROUP	OK (Met Rec’d)	OVER (Exceeded Rec’d)	UNDER (Did Not Meet Rec’d)
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PROTEIN			
OILS			

12. Look back over all of your answers. In the remaining space, summarize what you discovered. What are you doing well? What specific changes could you make to improve your diet?