**Nutritional Needs Worksheet**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_Period\_\_\_\_\_**

**Instructions:**

1. **Read the Dietary Guidelines Consumer Brochure**

**(**[**http://myplate.gov/food-groups/downloads/MyPlate/DG2010Brochure.pdf**](http://myplate.gov/food-groups/downloads/MyPlate/DG2010Brochure.pdf)**)**

1. **Fill in the blanks below**
2. **On a separate piece of paper: Draw, color and label a meal that follows the dietary guidelines. On the back side of the paper draw, color and label the activities that you will do that will help you be physically active.**

* Build a **­­­\_\_\_\_\_\_\_\_\_\_** plate:
	+ Make **\_\_\_\_\_\_** your plate **\_\_\_\_\_\_\_\_\_** and **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	+ Switch to **\_\_\_\_\_\_\_\_** or **\_\_\_\_\_\_** milk
	+ Make at least **\_\_\_\_\_\_\_\_\_\_**your **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** whole
	+ **\_\_\_\_\_\_\_\_\_\_** your **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**food choices
	+ Keep your food **\_\_\_\_\_\_\_\_\_\_\_** to **\_\_\_\_\_\_\_\_**
	+ Cut back on foods high in **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**, **\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**, and **\_\_\_\_\_\_\_\_**
	+ Choose **\_\_\_\_\_\_\_\_\_** and drinks with little or no added **\_\_\_\_\_\_\_\_\_\_**.
	+ Look out for **\_\_\_\_\_**\_\_(sodium) in foods you buy - it all **\_\_\_\_\_\_\_** up.
	+ Eat **\_\_\_\_\_\_\_\_\_\_\_** foods that are **\_\_\_\_\_\_\_\_\_\_** in **\_\_\_\_\_\_\_\_\_\_** fats.
	+ Eat the **\_\_\_\_\_\_\_\_\_\_** amount of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**for you
	+ Enjoy your **\_\_\_\_\_\_\_\_\_\_\_**, but eat **\_\_\_\_\_\_\_\_\_\_\_**.
	+ Cook more often at **\_\_\_\_\_\_\_\_\_\_\_**, where you are in **\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_**of what's in your food.
	+ When **\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**, choose **\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** menu options.
	+ **\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_** what you eat to keep **\_\_\_\_\_\_\_\_\_\_** of how much you eat.
	+ If you drink **\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**- limit to 1 drink a day for **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and2 drinks a day for **\_\_\_\_\_\_\_\_\_\_**.
* Be physically **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** your way
	+ Pick **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** that you **\_\_\_\_\_\_\_** and start by doing what you **\_\_\_\_\_\_\_**, at least **\_\_\_\_\_\_** minutes at a time. **\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**adds up, and the health benefits **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** as you spend more time **\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_.**