_____'s Food and Drink Record

Step 1: Write down everything you eat and drink today; include the amount you had.

Step 2: Sort the items into the food groups they belong to. Write down how many servings you had of each in the columns below.

	Vegetables and Fruit	Grain Products	Milk and Alternatives	Meat and Alternatives	Non-food-group food
Morning					
e.g. One slice of toast with peanut butter and a small carton of milk					
Lunch					
Snack					
Dinner					
Snack					
Step 3: Add the total number of servings you had from each group:					
Servings I need from each group:					
Put a ✓ if you had at least the number of servings above.					

ACTIVITY

Healthy Eating for Me

Name: _____

1. According to Canada's Food Guide, every day I need:

____servings of Vegetables and Fruit

____servings of Grain Products

____servings of Milk and Alternatives

____servings of Meat and Alternatives

2. My average intake (determine this using your completed food records):

____servings of Vegetables and Fruit

____servings of Grain Products

____servings of Milk and Alternatives

____servings of Meat and Alternatives

3.1 I met my serving recommendations for (check all that apply):

☐ Vegetables and Fruit

☐ Grain Products

☐ Milk and Alternatives

☐ Meat and Alternatives

3.2 I did not meet my serving recommendations for (check all that apply):

☐ Vegetables and Fruit

☐ Grain Products

☐ Milk and Alternatives

☐ Meat and Alternatives

4. Choose your area for goal setting:

☐ Meet recommended number of Food Guide Servings in a food group

☐ Increase variety in a food group

☐ Replace a Non-Food group choice with a Food Group choice

5. Write a SMART nutrition goal for yourself:

S pecific – describes exactly what food will be eaten

M easureable – allows change to be easily identified

A chievable – includes foods a person likes and enjoys eating

R ealistic – fits lifestyle, food preferences and budget

T ime-tagged – describes when the plan will be implemented

e.g. I will drink a 250 mL carton of chocolate milk at lunch Monday, Wednesday and Friday next week.

My Healthy Eating Goal:

_____

_____

_____

_____

List three barriers that might prevent your plan from happening. How will you overcome each?

Barrier / Solution 1: _____

_____

_____

_____

Barrier / Solution 2: _____

_____

_____

_____

Barrier / Solution 3: _____

_____

_____

_____

_____