

Directions:

1. Answer the three questions below.
2. Circle the correct answer.

1. How many food groups are there? **a.** Four **b.** Five **c.** Six **d.** Seven
2. Does a balanced dinner include five food groups? **Yes** **No**
3. Do all foods fit in a food group? **Yes** **No**

Balancing Food Choices

Directions:

1. Review the list of foods that Chelsey ate yesterday.
2. For each serving of food:
 - a. List each of Chelsey’s food choices in the correct food-group column.
 - b. Once all foods are listed, total the number of servings Chelsey ate for the day for each food group.
 - c. Write the main nutrient and health benefit for each food group.
 - d. Answer the questions below the chart.

CHELSEY’S DAILY MEALS

Breakfast—muffin, tomato juice, low-fat yogurt

Lunch—½ whole-wheat tuna sandwich (slice of bread, tuna, mayonnaise), grapes, carrot sticks, celery sticks, carton low-fat milk

Snack—bag of chips, sports drink

Dinner—stir-fry (tofu, vegetables), rice, sliced melon, almond cookie, low-fat milk

Snack—pretzels, punch

All foods listed above are 1 serving.

| | Dairy Milk, Yogurt, Cheese | Vegetables | Fruits | Grains Breads, Cereals, Pasta | Protein Meat, Beans, Nuts | “extras” |
|-----------------------|-------------------------------|------------|--------|----------------------------------|------------------------------|----------|
| | | | | Example: muffin | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Servings | | | | | | |
| Main Nutrient | | | | | | |
| Health Benefit | | | | | | |

1. Have the recommended number of daily servings been met for each food group? (circle one) **Yes No**

If not, what is missing? _____

2. What food could you add? _____

3. What is the main nutrient and health benefit of any food group that Chelsey missed?

MAIN NUTRIENT











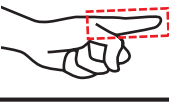

HEALTH BENEFIT

Serving Size

Directions:

1. Look at pictures of the foods below.
2. Look at the hand symbols and measurements below the pictures of the foods.
3. Fill in the bubble for the correct serving size that matches the picture.

Example: Look at the two slices of whole-wheat bread below.
If you ate two slices of bread (two flat hands' worth), you had 2 servings.

| | | |
|--|---|---|
|  |  |  |
| <p>EXAMPLE: Whole-wheat bread</p> | <p>Apple</p> | <p>Low-fat milk</p> |
| <p>Two flat hands (2 slices)</p>  | <p>One handful (1/2 medium apple)</p>  | <p>One fist (1 cup)</p>  |
| <p><input type="radio"/> 1/2 serving <input type="radio"/> 1 serving <input checked="" type="radio"/> 2 servings</p> | <p><input type="radio"/> 1/2 serving <input type="radio"/> 1 serving <input type="radio"/> 2 servings</p> | <p><input type="radio"/> 1/2 serving <input type="radio"/> 1 serving <input type="radio"/> 2 servings</p> |
|  |  |  |
| <p>Peanut butter</p> | <p>String cheese</p> | <p>Lettuce</p> |
| <p>One thumb (1 tablespoon)</p>  | <p>Pointer finger (1 1/2 ounces)</p>  | <p>Two fists (2 cups)</p>  |
| <p><input type="radio"/> 1/2 serving <input type="radio"/> 1 serving <input type="radio"/> 2 servings</p> | <p><input type="radio"/> 1/2 serving <input type="radio"/> 1 serving <input type="radio"/> 2 servings</p> | <p><input type="radio"/> 1/2 serving <input type="radio"/> 1 serving <input type="radio"/> 2 servings</p> |

Physical Activity

1. How many minutes each day should you have of moderate-vigorous physical activity?
(fill in correct bubble)

15 minutes
 30 minutes
 45 minutes
 60 minutes
 75 minutes

PHYSICAL ACTIVITY CHART

Directions:

1. Look at the following list of activities for each of the students.
2. Fill in the appropriate bubble that shows if a student did or did not meet his or her physical-activity requirement for the day.
3. For those students who have not met their physical-activity requirements for the day, add an activity and the amount of time they would need to help them meet their requirement.



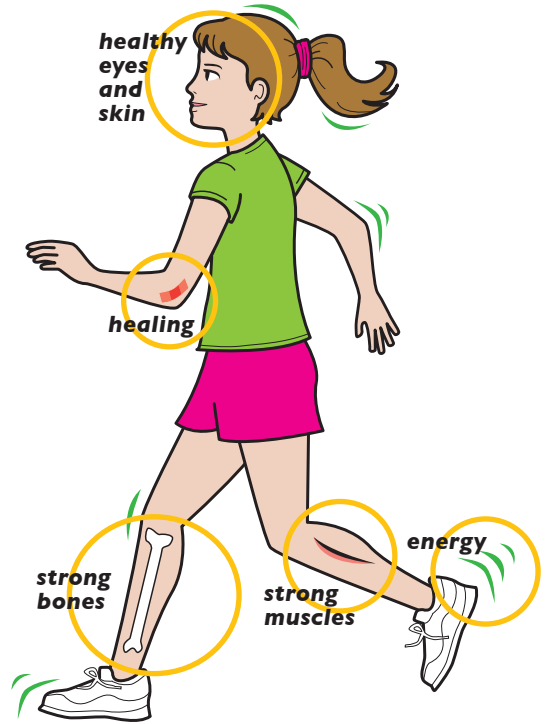
| Met Physical-Activity Recommendations | Did Not Meet Physical-Activity Recommendations | |
|---------------------------------------|---|--|
| <input type="radio"/> | Example: <input checked="" type="radio"/> | Kris: <ul style="list-style-type: none"> • 40 minutes dancing • 30 minutes shopping • 15 minutes walking Activity: <u> Ride a bike </u> Time: <u> 20 minutes </u> |
| <input type="radio"/> | <input type="radio"/> | Jeff: <ul style="list-style-type: none"> • 45 minutes playing softball • 20 minutes playing video games • 30 minutes on the computer Activity: _____ Time: _____ |
| <input type="radio"/> | <input type="radio"/> | Tori: <ul style="list-style-type: none"> • 40 minutes playing soccer • 20 minutes playing tetherball • 15 minutes walking • 30 minutes watching television • 15 minutes on the computer Activity: _____ Time: _____ |
| <input type="radio"/> | <input type="radio"/> | Kyle: <ul style="list-style-type: none"> • 20 minutes skateboarding • 40 minutes playing basketball • 60 minutes watching television Activity: _____ Time: _____ |

My Five Food Groups

Directions:

1. Look at the chart below.
2. Fill in your favorite food for each food group.
3. Fill in the main nutrient for each food group.
4. Draw a line from the main nutrient to its health benefit in the picture.

| Food Group | Example | My Favorite Food | Main Nutrient |
|--|-----------------|------------------|---------------|
| Dairy Milk, Yogurt, Cheese | Low-fat milk | | |
| Vegetables | Salad | | |
| Fruits | Apple | | |
| Grains Breads, Cereals, Pasta | Spaghetti | | |
| Protein Meat, Beans, Nuts | Meatballs | | |
| "extras" | Cookie | | |



1. Write at least two sentences explaining why it is important to eat foods from each food group every day.



Physical Activity

Directions:

1. Look at “John’s Daily Activity” below.
2. Identify the listed exercise as low level or moderate-vigorous and put an “X” in the appropriate box.
3. If the exercise is moderate-vigorous level, copy the number of minutes in the first column over to the last column.
4. Once the chart is complete, add up only the total minutes of moderate-vigorous physical activity.
5. Answer the questions below the chart.

JOHN’S DAILY ACTIVITY

| Activity and Time | Low Level Physical Activity | Moderate-Vigorous Level Physical Activity | Time (minutes of moderate-vigorous physical activity) |
|--|-----------------------------|---|---|
| Example: walking; 15 minutes | X | | |
| Example: playing soccer; 30 minutes | | X | 30 minutes |
| Listening to music; 15 minutes | | | |
| Rollerblading; 15 minutes | | | |
| Dancing; 30 minutes | | | |
| Watching television; 45 minutes | | | |
| Moderate-Vigorous Physical Activity Total | | | |

1. How many minutes of moderate-vigorous level physical activity do you need each day? _____
2. Did John reach his minimum daily amount of physical activity? (circle one) **Yes** **No**










What I Learned

1. Which activities of John’s would you choose for yourself? _____
2. List two activities that you will add this week to make sure you reach the recommended daily amount of physical activity.
 1. _____
 2. _____
3. Why is it important for you to be physically active every day? _____

Balanced Dinner

Directions:

1. Look at the dinner menu choices below.
2. Plan a balanced dinner using the “5 out of 5” model by choosing from the list below.
3. Write the foods you select in the “My Dinner” section.
4. Answer the questions below your selections.

| | | |
|---|--|---|
| <h3>DINNER MENU CHOICES</h3> <p>Main items: Turkey and cheese sandwich (turkey, cheese, bread) Yogurt parfait (yogurt, fruit, granola) Cheeseburger (hamburger, cheese, lettuce, bun) Spaghetti with tomato sauce Cheese and crackers</p>   | | <p>Beverages: Glass of low-fat chocolate milk Soft drink Glass of apple juice Water Glass of low-fat milk</p>   |
| <p>Side items: Celery sticks Carrot sticks Apple</p>   | <p>Peach Peanut butter Hardboiled egg</p>   | <p>Slice of bread Cupcake</p>  |

MY DINNER:

1. Does your dinner complete the “5 out of 5” food model? (circle one) **Yes** **No**
2. If **Yes**, good job! If **No**, what menu item(s) could you add to make your dinner balanced?



Balanced Breakfast

Directions:

1. Fill out the first section using the “3 out of 5” model.
2. Look at the breakfast menu choices below.
3. Plan a balanced breakfast using the “3 out of 5” model by choosing from the list below.
4. Write the foods you select in the “My Breakfast” section.
5. Answer the questions below your selections.

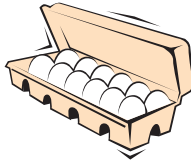
1. What are the “3 out of 5” food-group groupings?

| | | | | | | |
|-------------------|---|-------------------|---|-------------------|---|--------------|
| | + | | + | | = | |
| (food group name) | | (food group name) | | (food group name) | | “3 out of 5” |
| | | OR | | OR | | |
| | | | | | | |
| | | (food group name) | | (food group name) | | |

BREAKFAST MENU CHOICES

Main items:

- Cereal with milk
- Scrambled eggs with toast and jam
- Egg burrito (tortilla, eggs, cheese)
- Oatmeal
- Pancake with syrup
- Omelet (eggs, broccoli, cheese)
- Slice of ham



Beverages:

- Water
- Glass of low-fat milk
- Orange juice
- Vegetable juice



Side items:

- Cup of sliced strawberries
- Banana
- Bacon



- Carrots
- Yogurt



- Muffin
- Toast



MY BREAKFAST:

2. Is your breakfast a complete “3 out of 5” breakfast? (circle one) **Yes** **No**
3. If **Yes**, great job! If **No**, how could you change your choices to make your breakfast complete?



What I Learned

Directions:

1. Set two goals below that will help you eat balanced meals every day.

Example: I will talk with my parents about breakfast every morning and trade foods to make it balanced; I will add one food-group food to my breakfast each morning until it is always balanced.

My Goals:

1. _____

2. _____

2. Why is moderation important?





Name: _____ Return by: _____

Family Activity

Directions:

1. Interview an adult and ask what he or she usually eats for breakfast and dinner.
2. Write down the foods on the charts below and on the next page.
3. Place a check mark (✓) in the column that represents each food group.
4. Compare the foods in the meals to the “3 out of 5” model for breakfast and the “5 out of 5” model for dinner.
5. Together with the adult, determine if the meals were balanced by answering the questions below.

| BREAKFAST Food and Beverage Choices | | Grains | Vegetables | Fruits | Dairy | Protein | “extras” |
|--|-----------|--------|------------|--------|-------|---------|----------|
| BREAKFAST | Food Name | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| BEVERAGE | | | | | | | |
| YOUR TOTAL SERVINGS | | | | | | | |

“3 OUT OF 5” MODEL MEANS:

1 serving from **Grains – Breads, Cereals, Pasta**

+

1 serving from **Vegetables OR Fruits**

+

1 serving from **Dairy – Milk, Yogurt, Cheese OR Protein – Meat, Beans, Nuts**

1. Was the breakfast balanced? (circle one) **Yes** **No**
2. If **Yes**, great job! If **No**, what would you like to add to make it balanced?





| DINNER | | Dairy | Vegetables | Fruits | Grains | Protein | "extras" |
|---------------------------|-----------|-------|------------|--------|--------|---------|----------|
| Food and Beverage Choices | | | | | | | |
| DINNER | Food Name | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| BEVERAGE | | | | | | | |
| YOUR TOTAL SERVINGS | | | | | | | |

"5 OUT OF 5" MODEL MEANS:

1 serving from **Dairy – Milk, Yogurt, Cheese**

+

1 serving from **Vegetables**

+

1 serving from **Fruits**

+

1 serving from **Grains – Breads, Cereals, Pasta**

+

1 serving from **Protein – Meat, Beans, Nuts**

1. Was the dinner balanced? (circle one) **Yes** **No**

2. If **Yes**, great job! If **No**, what would you like to add to make it balanced?

Student signature: _____

Parent signature: _____





Nombre: _____ Fecha de entrega: _____

Actividad Familiar

Instrucciones:

1. Entrevista a un adulto y pregúntale qué es lo que desayuna y come regularmente.
2. Escribe los alimentos en las tablas de abajo y en la siguiente página.
3. Palomea (✓) la columna que representa cada grupo alimenticio.
4. Compara los alimentos en los platillos con el modelo “3 de 5” para el desayuno y con el modelo “5 de 5” para la cena.
5. En conjunto con el adulto determina si las comidas fueron balanceadas contestando las preguntas de abajo.

| DESAYUNO | | Granos | Verduras | Frutas | Lácteos | Proteína | “extras” |
|-----------------------------------|---------------------|--------|----------|--------|---------|----------|----------|
| Alimentos y Bebidas Seleccionadas | | | | | | | |
| DESAYUNO | Nombre del Alimento | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| BEBIDAS | | | | | | | |
| TU TOTAL DE PORCIONES | | | | | | | |

EL MODELO “3 DE 5” SIGNIFICA:

1 porción de **Granos** – Panes, Cereales, Pasta

+

1 porción de **Verduras** **O** **Frutas**

+

1 porción de **Lácteos** – Leche, Yogur, Queso **O** **Proteína** – Carne, Frijoles, Nueces

1. ¿Fue un desayuno balanceado? (circula uno) **Sí** **No**

2. Si la respuesta es **Sí**, ¡bien hecho! Si **No**, ¿qué te gustaría añadir para lograr que tu desayuno sea balanceado?





| CENA | | Lácteos | Verduras | Frutas | Granos | Proteína | "extras" |
|-----------------------------------|---------------------|---------|----------|--------|--------|----------|----------|
| Alimentos y Bebidas Seleccionadas | | | | | | | |
| CENA | Nombre del Alimento | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| BEBIDAS | | | | | | | |
| TU TOTAL DE PORCIONES | | | | | | | |

EL MODELO "5 DE 5" SIGNIFICA:





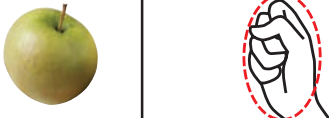



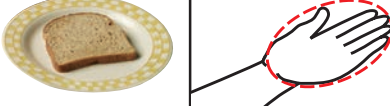
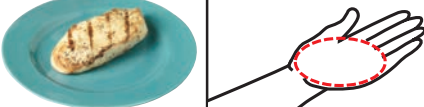

- 1** porción de **Lácteos** – Leche, Yogur, Queso
- +
- 1** porción de **Verduras**
- +
- 1** porción de **Frutas**
- +
- 1** porción de **Granos** – Panes, Cereales, Pasta
- +
- 1** porción de **Proteína** – Carne, Frijoles, Nueces

1. ¿Fue un desayuno balanceado? (circula uno) **Sí** **No**
2. Si la respuesta es **Sí**, ¡bien hecho! Si **No**, ¿qué te gustaría añadir para lograr que tu cena sea balanceada?

Firma del estudiante: _____

Firma del padre: _____

Serving-Size Comparison Chart




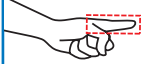

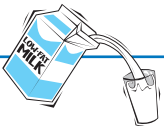

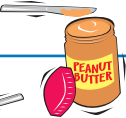

















| FOOD | SYMBOL | COMPARISON | SERVING SIZE |
|--|---|----------------|--------------|
| Dairy – Milk, Yogurt, Cheese | | | |
| Cheese (string cheese) |  | Pointer finger | 1 ½ ounces |
| Milk and yogurt (glass of milk) |  | One fist | 1 cup |
| Vegetables | | | |
| Cooked carrots |  | One fist | 1 cup |
| Salad (bowl of salad) |  | Two fists | 2 cups |
| Fruits | | | |
| Apple |  | One fist | 1 medium |
| Canned peaches |  | One fist | 1 cup |
| Grains – Breads, Cereals, Pasta | | | |
| Dry cereal (bowl of cereal) |  | One fist | 1 cup |
| Noodles, rice, oatmeal (bowl of noodles) |  | Handful | ½ cup |
| Slice of whole-wheat bread |  | Flat hand | 1 slice |
| Protein – Meat, Beans, Nuts | | | |
| Chicken, beef, fish, pork (chicken breast) |  | Palm | 3 ounces |
| Peanut butter (spoon of peanut butter) |  | Thumb | 1 tablespoon |

Sydney's Servings

Directions:

- In the symbol column write or draw the correct hand symbol for the foods with blanks.
- As a class, review the foods and complete the bar graph on Page 17 for Sydney's breakfast.

SYDNEY'S DAILY MEALS

| Breakfast—Egg Burrito | | Serving Size | Symbol |
|--|---|--------------|--|
| Tortilla |  | 1 tortilla | |
| Eggs |  | 2 servings | Two eggs |
| Cheese |  | 1½ ounces |  One pointer finger |
| Strawberries |  | 1 cup | |
| Glass of low-fat milk |  | 1 cup |  One fist |
| Lunch—Peanut Butter and Jelly Sandwich | | | |
| Bread |  | 2 slices |  Two flat hands |
| Peanut butter |  | 1 tablespoon | |
| Jelly |  | 1 serving | |
| Carrot sticks |  | ½ cup |  One handful |
| Punch |  | 1 serving | |
| Snack—Crackers | | | |
| Crackers |  | ½ cup |  One handful |
| Dinner—Spaghetti with Tomato Sauce | | | |
| Spaghetti |  | ½ cup | |
| Tomato sauce |  | ½ cup | |
| Slice of bread |  | 1 slice |  One flat hand |
| Water |  | 1 cup |  One fist |
| Snack | | | |
| Apple |  | 1 medium |  One fist |
| Yogurt |  | 1 cup | |

- Continue to fill in the number of servings Sydney had today in the bar graph labeled “Servings Chart.”
- The servings will be filled in on top of each other as Sydney has more than one serving of food in the same food group.
- Use the completed bar graph below to answer the questions in the “What I Learned” section.
- You can use the chart on Page 15 as a reference.

SERVINGS BAR GRAPH

| Number of Servings | | | | | | |
|--------------------------------------|-------------------------------|------------|--------|----------------------------------|------------------------------|----------|
| 7 | | | | | | |
| 6½ | | | | | | |
| 6 | | | | | | |
| 5½ | | | | | | |
| 5 | | | | | | |
| 4½ | | | | | | |
| 4 | | | | | | |
| 3½ | | | | | | |
| 3 | | | | | | |
| 2½ | | | | | | |
| 2 | | | | | | |
| 1½ | | | | | | |
| 1 | | | | Example: Tortilla | | |
| ½ | | | | | | |
| Food Group | Dairy Milk, Yogurt, Cheese | Vegetables | Fruits | Grains Breads, Cereals, Pasta | Protein Meat, Beans, Nuts | “extras” |
| Daily Recommended Number of Servings | 3 | 3 | 2 | 6 | 2 | |

For each glass of water consumed, check a box:

What I Learned

- Did Sydney eat the right number of servings for each food group for the day? Explain. _____

- List three reasons why it may be difficult to get the right number of servings every day?
Example: We don’t have any fruit I like at home.
1. _____
2. _____
3. _____



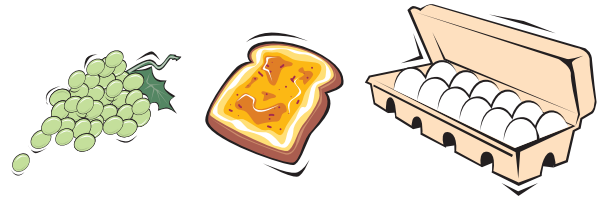
Building My Daily Meals

Directions:

1. In the boxes below, you will be building balanced meals.
2. Breakfast has been done for you.
3. Plan your own meals for lunch and dinner. Write your meal in the boxes titled "My Lunch" and "My Dinner" below.
4. Answer the questions below each of the three meals.
5. Be sure to review the breakfast meal for the "3 out of 5" model and use the "5 out of 5" model for lunch and dinner to make sure your meals are balanced!

MY BREAKFAST

Two eggs _____
 Toast _____
 Grapes _____



1. Which food groups are represented in the menu above? _____

2. Is your breakfast balanced? (3 out of 5) (circle one) **Yes** **No**
 If **No**, what could you add? _____

MY LUNCH

1. Which food groups are represented in the menu above? _____

2. Is your lunch balanced? (5 out of 5) (circle one) **Yes** **No**
 If **No**, what could you add? _____

MY DINNER

1. Which food groups are represented in the menu above? _____

2. Is your dinner balanced? (5 out of 5) (circle one) **Yes** **No**
 If **No**, what could you add? _____

My Menu Analysis

Directions:

1. Use the “My Balanced Day” breakfast, lunch and dinner menus that you created on Page 18 to tally the number of servings for each food and fill in the charts below.
2. Place a check mark (✓) in the “Number of Servings for Day” for each food in your menu into the correct food group. Breakfast has been done for you.
3. Fill in chart for Main Nutrient and Health Benefit for each food group listed.
4. You can use the chart on Pages 36 – 37 as a reference.

MY DAY’S MENU

| Food Groups | Number of Servings for Day | Total | Main Nutrient | Health Benefit |
|---------------------------------|----------------------------|-------|---------------|----------------|
| Dairy – Milk, Yogurt, Cheese | | | | |
| Vegetables | | | | |
| Fruits | ✓ | | | |
| Grains – Breads, Cereals, Pasta | ✓ | | | |
| Protein – Meat, Beans, Nuts | ✓ ✓ | | | |

Did you meet the daily recommended servings for each food group? (circle one) **Yes** **No**
 If **No**, what could be added to balance your days’ choices?

What I Learned

Directions:

1. Think about a food goal that you would like to achieve.
2. On the line below, write your goal.
3. On the lines below your goal, write why you would like to achieve this goal and how you plan to achieve it.

1. Goal: _____

2. Why and how I plan to achieve the above goal: _____

Don’t forget to fill in the rest of your daily record!



Directions:

1. You may turn to resource Pages 36 – 37 to help you complete the record.
2. Be sure to count each food-group food within all mixed foods.

Examples: Bean and cheese burrito, cereal with milk.

Daily Food and Beverage Record—Day 1

| | | Dairy Milk, Yogurt, Cheese | Vegetables | Fruits | Grains Breads, Cereals, Pasta | Protein Meat, Beans, Nuts | “extras” |
|--------------------------------------|-----------|----------------------------------|------------|---------|-------------------------------------|---------------------------------|----------|
| | Food Name | Serving | Serving | Serving | Serving | Serving | Serving |
| BREAKFAST | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| LUNCH | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| SNACK(S) | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| DINNER | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| Total Daily Servings | | | | | | | |
| Daily Recommended Number of Servings | | 3 | 3 | 2 | 6 | 2 | |

For each glass of water consumed, check a box:

Daily Physical-Activity Record—Day 1

| Low Level Physical Activity | Minutes | Moderate-Vigorous Level Physical Activity | Minutes |
|--|---------|--|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Low Level Physical-Activity Minutes | | Total Moderate-Vigorous Physical-Activity Minutes | |
| Recommended Number of Minutes | | | 60 |





Name: _____ Return by: _____

Family Activity

Directions:

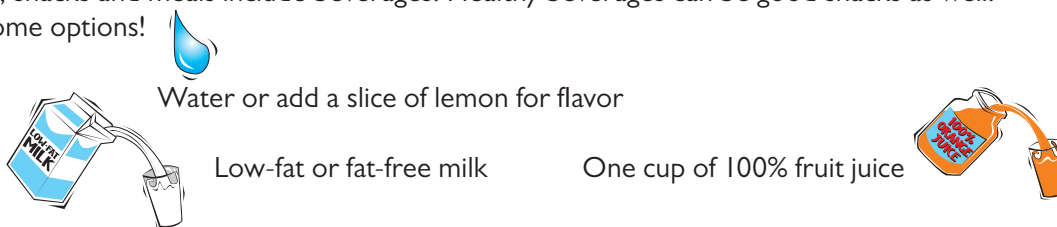
1. Interview an adult and ask what foods he or she ate from snacks today and what beverages he or she had. Be sure to record the beverages consumed all day—for breakfast, lunch, dinner and at snack times.
2. Write down all of the snacks and beverages.
3. Circle the snacks and beverages that are not part of a food group.
4. Next to any circled snacks and beverages, write a food or beverage from a food group to trade in place of the “extras.” Read about beverage substitutes below.

Snacks

Beverages

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Many times, snacks and meals include beverages. Healthy beverages can be good snacks as well. Here are some options!



Water or add a slice of lemon for flavor

Low-fat or fat-free milk

One cup of 100% fruit juice

Directions:

1. Ask the adult what he or she has done for physical activity for the day.
2. List the type of physical activity, the amount of time and the level of activity on the chart below.
3. Total only the minutes of moderate-vigorous level physical activity and write it in the box.

| Physical Activity Today | How Many Minutes | Low Level or Moderate-Vigorous Level Physical Activity |
|---|-------------------|--|
| Example: Jogging | 15 minutes | Moderate-Vigorous Level |
| | | |
| | | |
| | | |
| Total Number of Moderate-Vigorous Physical-Activity Minutes: | | |

1. Did he or she reach 60 minutes of moderate-vigorous level physical activity for today?
(circle one) **Yes** **No**
2. If **Yes**, great work! If **No**, what else could he or she do to reach 60 minutes? _____

Student signature: _____ Parent signature: _____





Nombre: _____ Fecha de entrega: _____

Actividad Familiar

Instrucciones:

1. Entrevista a un adulto y pregúntale que alimentos comió hoy entre comidas y qué bebidas tomó. Asegúrate de anotar las bebidas que tomó todo el día: en el desayuno, el almuerzo, la cena y entre comidas.
2. Anota todos los bocadillos y bebidas.
3. Encierra en un círculo los bocadillos y bebidas que no pertenecen a un grupo alimenticio.
4. Enseguida de cualquier bocadillo y bebida encerrados en círculos, sugiere un alimento o bebida de algún grupo alimenticio para remplazar a los "extras." Lee acerca de los substitutos abajo.

Bocadillos

Bebidas

Muchas veces, los bocadillos y las comidas incluyen bebidas. Las bebidas saludables pueden ser buenos bocadillos también. ¡Aquí hay algunas opciones!



Agua o agrega una rebanada de limón para darle sabor

Leche baja en grasa o sin grasa

Una taza de jugo 100% de fruta



Instrucciones:

1. Pregunta a algún adulto que actividad física ha realizado durante el día.
2. Anota el tipo de actividad física, el tiempo y el nivel de actividad en la tabla de abajo que se encuentra enseguida.
3. Suma el total de minutos de actividad física de nivel moderado-vigoroso y escríbelo en el cuadro.

| Actividad Física Hoy | Cuántos Minutos | Actividad Física de Bajo Nivel o de Nivel Moderado-Vigoroso |
|--|-------------------|---|
| Ejemplo: Trotar | 15 minutos | Nivel Moderado-Vigoroso |
| | | |
| | | |
| | | |
| Número Total de Minutos de Actividad Física de Nivel Moderado-Vigoroso: | | |

1. ¿Alcanzó a completar los 60 minutos de actividad física de nivel moderado-vigoroso el día de hoy? (circula uno) **Sí** **No**
2. Si la respuesta es **Sí**, ¡buen trabajo! Si **No**, ¿qué más pudo haber hecho para poder cumplir con los 60 minutos?

Firma del estudiante: _____

Firma del padre: _____

Daily Food and Beverage Record—Day 2

| | | Dairy Milk, Yogurt, Cheese | Vegetables | Fruits | Grains Breads, Cereals, Pasta | Protein Meat, Beans, Nuts | “extras” |
|--------------------------------------|-----------|----------------------------------|------------|---------|-------------------------------------|---------------------------------|----------|
| | Food Name | Serving | Serving | Serving | Serving | Serving | Serving |
| BREAKFAST | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| LUNCH | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| SNACK(S) | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| DINNER | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| Total Daily Servings | | | | | | | |
| Daily Recommended Number of Servings | | 3 | 3 | 2 | 6 | 2 | |

For each glass of water consumed, check a box:

Daily Physical-Activity Record—Day 2

| Low Level Physical Activity | Minutes | Moderate-Vigorous Level Physical Activity | Minutes |
|--|---------|--|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Low Level Physical-Activity Minutes | | Total Moderate-Vigorous Physical-Activity Minutes | |
| Recommended Number of Minutes | | | 60 |





Name: _____ Return by: _____

Family Activity

Eating out or getting a take-out meal can be fun and different than eating meals made at home. Look at the tips below for making healthier choices when eating out.

Directions:

1. As a family or with an adult, check (✓) TWO tips that you can do the next time you eat out.

Eating Healthier at Fast-Food Restaurants

- Skip the soft drinks.** They are “extra” foods high in calories and have no main nutrients. *Instead of soft drinks, I will have milk, water or a small 100% fruit juice.*
- Downsize your order.** Remember, serving sizes count when you eat out! Order the smallest size or share items like fries or dessert. *Instead of super-sizing my order, I'll only eat until I am no longer hungry.*
- Choose wisely when you eat out.** Restaurant and fast-food meals are a treat. Try to limit eating out. *Instead of asking to go out every time we are in a rush, I will help at home to make a quick meal.*
- Stay away from fried options.** Choose grilled beef, chicken and fish. Choose soft-tortilla offerings. *Instead of a crispy taco, I will order a soft taco.*
- Just because it's \$! doesn't mean it's healthy.** Look for fruits, vegetables or yogurt if they're available. *Instead of choosing a meal just for price, I will make sure it is a balanced meal with all five food groups.*
- Order your sandwich without the mayonnaise and other creamy sauces.** *Instead of mayonnaise, I will ask for ketchup, salsa or mustard.*
- Look at the restaurant calorie posting before you order.** Many restaurants post calorie facts on the menu inside the store (not on the drive-through menu). *I will look at the calories in my meal choices and make sure my choice is not too high in calories.*
- Make meals balanced.** Choose meals that have all five food groups. *Instead of getting a dessert, I will have a piece of fruit when I get home.*
- Skip fast food at school.** Asking your parents to bring you a fast-food meal to school takes a lot of time for them and the school staff. Pack a lunch to bring to school or purchase a meal from the school cafeteria. *Instead of asking my parents to bring me a fast-food meal at school, I will pack my lunchbox.*

2. Look at what you checked.

3. As a family, make a pledge or goal.

As a family, we will: _____

Student signature: _____ Parent signature: _____





Nombre: _____ Fecha de entrega: _____

Actividad Familiar

Salir a comer o comprar comida rápida para llevar puede ser una actividad divertida y diferente a comer platillos hechos en casa. Lee abajo las sugerencias que se te dan para ayudarte a tomar decisiones saludables cuando comas en la calle.

Instrucciones:

1. Como familia o con un adulto, marca (✓) DOS sugerencias que pueden seguir la próxima vez que coman fuera de casa.

Comiendo de Manera Saludable en Restaurantes de Comida Rápida

- No bebas sodas.** Estas bebidas son “extras” altos en calorías y sin ningún valor nutricional. *En su lugar voy a tomar leche, agua o algún jugo pequeño 100% natural.*
- Ordena una porción más pequeña del platillo.** ¡Recuerda que el tamaño de la porción importa! En vez de pedir que hagan tu orden más grande, pide el platillo que tenga menos cantidad de comida o comparte cosas como las papas fritas o el postre. *Únicamente comeré hasta que haya quedado satisfecho, no comeré si no tengo más hambre.*
- Escoge tus alimentos de manera inteligente cuando comas fuera de casa.** Comer en un restaurante y comer comida rápida fuera de casa son actividades especiales. Trata de limitar las comidas en la calle. *En vez de pedir que comamos en la calle cada vez que tenemos prisa, voy a ayudar en casa para preparar algo rápido.*
- Evita la comida frita.** Escoge carnes, pollo o pescado a la parrilla. En vez de pedir tacos con tortillas fritas; pide tortillas blandas. *En lugar de pedir un taco frito pediré un taco sin freír.*
- Sólo porque algo cuesta \$1 no significa que sea saludable.** Busca frutas, verduras o yogur si están disponibles. *En vez de escoger un alimento basado en su precio, me aseguraré que sean alimentos bien balanceados con ingredientes de los cinco grupos alimenticios.*
- Ordena tu(s) sándwich(es) sin mayonesa y ningún tipo de aderezo cremoso.** *En vez de mayonesa voy a pedir kétchup, salsa o mostaza.*
- Antes de ordenar consulta el contenido de calorías.** Muchos restaurantes incluyen el contenido calórico de los platillos en el menú de adentro del local (no los tienen en el menú que se ve cuando se pide desde el automóvil). *Me fijaré en el contenido de calorías antes de ordenar y me aseguraré que lo que pida no tenga demasiadas calorías.*
- Preparar comidas balanceadas.** Escoge comidas que contengan ingredientes de los cinco grupos alimenticios. *En vez de pedir postre, me comeré una fruta cuando llegue a la casa.*
- Evita comidas rápidas en la escuela.** Pedirles a tus padres que te lleven comida rápida a la escuela les quita mucho tiempo a ellos y al personal de la escuela. Empaca tu propio almuerzo para llevarlo a la escuela o compra uno de la cafetería. *En vez de pedirle a mis padres que me traigan comida rápida a la escuela, voy a empacar mi almuerzo.*

2. Observa las opciones que marcaste.
3. Como familia, prométanse hacer lo que se propusieron o fíjense metas.

Como familia vamos a: _____

Firma del estudiante: _____

Firma del padre: _____

Create an Ad

Directions:

1. You will be placed into one of five groups, and you will be assigned a food group.
2. Choose a food from your assigned food group and decide whether to create a commercial (skit) or a poster advertisement for your product.
3. You will need to include the nutrients and the health benefits of your chosen food.
4. Be sure to include some of the advertising techniques you learned in class.
5. Be prepared to share your project.

Notes for creating an ad:

1. Foods that could be used for the ad:

2. Nutrients and health benefits of the chosen food:

3. Describe how you will incorporate the advertising techniques discussed in class:

Health and/or nutrition claims: _____

Graphics: _____

Endorsements by celebrities: _____

Persuasive language: _____

Facts, numbers and statistics: _____

Don't forget to fill in the rest of your daily record!



Daily Food and Beverage Record—Day 3

| | | Dairy Milk, Yogurt, Cheese | Vegetables | Fruits | Grains Breads, Cereals, Pasta | Protein Meat, Beans, Nuts | “extras” |
|--------------------------------------|----------|----------------------------------|------------|---------|-------------------------------------|---------------------------------|----------|
| Food Name | | Serving | Serving | Serving | Serving | Serving | Serving |
| BREAKFAST | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| LUNCH | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| SNACK(S) | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| DINNER | | | | | | | |
| | | | | | | | |
| | BEVERAGE | | | | | | |
| Total Daily Servings | | | | | | | |
| Daily Recommended Number of Servings | | 3 | 3 | 2 | 6 | 2 | |

For each glass of water consumed, check a box:

Daily Physical-Activity Record—Day 3

| Low Level Physical Activity | Minutes | Moderate-Vigorous Level Physical Activity | Minutes |
|--|---------|--|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Low Level Physical-Activity Minutes | | Total Moderate-Vigorous Physical-Activity Minutes | |
| Recommended Number of Minutes | | | 60 |





Name: _____ Return by: _____

Family Activity

Directions:

1. Choose a television commercial or magazine advertisement that you have seen for a food, beverage or restaurant.

_____ (NAME OF FOOD, BEVERAGE OR RESTAURANT)

2. With an adult, analyze the commercial or advertisement using the checklist below.

| ADVERTISEMENT TECHNIQUES CHECKLIST |
|---|
| Describe the health and/or nutrition claims. |
| Describe the graphics used. |
| Who endorsed your chosen product? |
| Describe the persuasive language used. |
| What facts, numbers and statistics were used? |

3. Answer the question below together.

Would you buy this product because of the advertisement?

Why or why not? _____

Go to **HealthyEating.org** to find more foods to try with your family.

Student signature: _____ Parent signature: _____





Nombre: _____ Fecha de entrega: _____

Actividad Familiar

Instrucciones:

1. Elige un comercial de televisión o un anuncio en una revista que promueva alimentos, bebidas o algún restaurante.

(NOMBRE DEL ALIMENTO, BEBIDA O RESTAURANTE)

2. Con un adulto, analiza el comercial o anuncio publicitario usando la siguiente lista.

| LISTA DE IDENTIFICACIÓN DE TÉCNICAS DE PUBLICIDAD |
|---|
| Describe los beneficios de nutrición y/o salud que afirman tener. |
| Describe las ilustraciones utilizadas. |
| ¿Quién endosa el producto que elegiste? |
| Describe el lenguaje persuasivo utilizado. |
| ¿Qué datos, números y estadísticas se utilizaron? |

3. Respondan juntos las preguntas de abajo.

¿Comprarías este producto basado en su publicidad?

¿Por qué sí o por qué no? _____

Visita HealthyEating.org para encontrar más opciones de alimentos para probar con tu familia.

Firma del estudiante: _____

Firma del padre: _____

My Plan!

Directions:

1. Review your 3 daily food and physical-activity records.
2. Fill in the chart below with information from your 3 daily records on Pages 20, 24 and 28.
3. Fill in the total number of servings for each food group for each day.
4. Fill in the number of minutes for moderate-vigorous physical activity for each day.
5. Circle **Yes** or **No** in the “Met Daily Recommended Amount” column.
6. Answer the questions below the chart and at the top of Page 32 by using the chart and your daily food records.

| Food Group/extras | Daily Recommended Number | Day 1 (see Page 20) | Met Daily Recommended Amount | Day 2 (see Page 24) | Met Daily Recommended Amount | Day 3 (see Page 28) | Met Daily Recommended Amount |
|---|--------------------------|---------------------|------------------------------|---------------------|------------------------------|---------------------|------------------------------|
| Dairy | 3 | | Yes or No | | Yes or No | | Yes or No |
| Vegetables | 3 | | Yes or No | | Yes or No | | Yes or No |
| Fruits | 2 | | Yes or No | | Yes or No | | Yes or No |
| Grains | 6 | | Yes or No | | Yes or No | | Yes or No |
| Protein | 2 | | Yes or No | | Yes or No | | Yes or No |
| “extras” | | | | | | | |
| Total Minutes Moderate-Vigorous Physical Activity | 60 minutes | | Yes or No | | Yes or No | | Yes or No |

1. Were there any food group(s) for which you did NOT meet the daily requirements? List them below.

DAY 1

DAY 2

DAY 3

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. What food-group foods could you add to make your days more balanced? Refer to number 1 above.

| Food Group | Food or Beverage Choice |
|-----------------------|-------------------------|
| Example: Dairy | Yogurt |
| | |
| | |
| | |
| | |

3. Circle any day(s) that you did not meet your daily requirements for moderate-vigorous level physical activity.

DAY 1

DAY 2

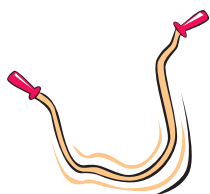
DAY 3

4. Name one or two moderate-vigorous level physical activities and the amount of time needed to add to your day(s) to reach the daily requirements.

Day: _____ Activity: _____ Minutes: _____

Day: _____ Activity: _____ Minutes: _____

Day: _____ Activity: _____ Minutes: _____



GOALS: How did you do?



1. Refer back to your personal goals on Page 10 for how to make improvements.

2. Did you meet your goals? Explain.

3. Would you like to add or change a goal? Explain.



Directions:

1. Answer the three questions below.
2. Circle the correct answer.

1. How many food groups are there? **a.** Four **b.** Five **c.** Six **d.** Seven
2. Does a balanced dinner include five food groups? **Yes** **No**
3. Do all foods fit in a food group? **Yes** **No**

Balancing Food Choices

Directions:

1. Review the list of foods that Bret ate yesterday.
2. For each serving of food:
 - a. List each of Bret’s food choices in the correct food-group column.
 - b. Once all foods are listed, total the number of servings Bret ate for the day for each food group.
 - c. Write the main nutrient and health benefit for each food group.
 - d. Answer the questions below the chart.

BRET’S DAILY MEALS

Breakfast—toaster pastry, low-fat milk

Lunch—hot dog, bun, canned fruit, brownie

Snack—string cheese, snap peas

Dinner—spaghetti (noodles, tomato sauce, meatballs), green salad, French bread, soft drink

Snack—apple

All foods listed above are 1 serving.

| | Dairy Milk, Yogurt, Cheese | Vegetables | Fruits | Grains Breads, Cereals, Pasta | Protein Meat, Beans, Nuts | “extras” |
|------------------------------------|-------------------------------|------------|--------|----------------------------------|------------------------------|----------|
| Example: Low-fat milk | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Servings | | | | | | |
| Main Nutrient | | | | | | |
| Health Benefit | | | | | | |

1. Have the recommended number of daily servings been met for each food group? (circle one) **Yes No**
If not, what is missing? _____
2. What food could you add? _____
3. What is the main nutrient and health benefit of any food group that Bret missed?

MAIN NUTRIENT

HEALTH BENEFIT

Serving Size

Directions:

1. Look at pictures of the foods below.
2. Look at the hand symbols and measurements below the pictures of the foods.
3. Fill in the bubble for the correct serving size that matches the picture.

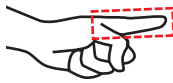
Example: Look at the picture of the string cheese below.

If you ate one string cheese (one pointer finger's worth), you had 1 serving.



EXAMPLE: String cheese

Pointer finger
(1 1/2 ounces)



- 1/2 serving
- 1 serving
- 2 servings



Green beans

One handful
(1/2 cup)



- 1/2 serving
- 1 serving
- 2 servings



Low-fat chocolate milk

One fist
(1 cup)

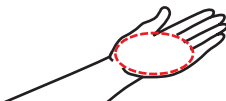


- 1/2 serving
- 1 serving
- 2 servings



Chicken breast

Palm
(3 ounces)



- 1/2 serving
- 1 serving
- 2 servings



Orange juice

One handful
(1/2 cup)



- 1/2 serving
- 1 serving
- 2 servings



2 slices of bread

Two flat hands
(2 halves)



- 1/2 serving
- 1 serving
- 2 servings

Physical Activity

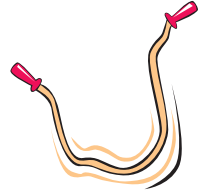
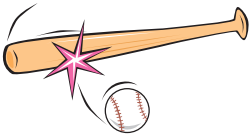
1. How many minutes each day should you have of moderate-vigorous level physical activity?
(fill in correct bubble)

- 15 minutes
- 30 minutes
- 45 minutes
- 60 minutes
- 75 minutes

PHYSICAL-ACTIVITY CHART

Directions:

1. Look at the following list of activities for each of the students.
2. Fill in the appropriate bubble that shows if the student did or did not meet his or her physical-activity requirement for the day.
3. For those students who have not met their physical-activity requirements for the day, add an activity and the amount of time they would need to help them meet their requirement.



| Met Physical-Activity Recommendations | Did Not Meet Physical-Activity Recommendations | | |
|---------------------------------------|---|--|--|
| <input type="radio"/> | Example: <input checked="" type="radio"/> | Dylan: <ul style="list-style-type: none"> • 45 minutes watching television • 30 minutes on the computer | <ul style="list-style-type: none"> • 45 minutes playing tennis |
| | | Activity: <u>Eg. Play soccer</u> | Time: <u>15 minutes</u> |
| <input type="radio"/> | <input type="radio"/> | Kayla: <ul style="list-style-type: none"> • 40 minutes swimming • 30 minutes watching television | <ul style="list-style-type: none"> • 15 minutes walking • 20 minutes rollerblading |
| | | Activity: _____ | Time: _____ |
| <input type="radio"/> | <input type="radio"/> | Matt: <ul style="list-style-type: none"> • 30 minutes playing video games • 60 minutes snowboarding | <ul style="list-style-type: none"> • 30 minutes playing cards |
| | | Activity: _____ | Time: _____ |
| <input type="radio"/> | <input type="radio"/> | Stacy: <ul style="list-style-type: none"> • 30 minutes shopping • 20 minutes playing hula hoop | <ul style="list-style-type: none"> • 30 minutes cooking dinner • 30 minutes listening to music |
| | | Activity: _____ | Time: _____ |

What changes have you made in your food and physical-activity choices since you began this program?

1. _____
2. _____
3. _____
4. _____
5. _____





What about beverages?

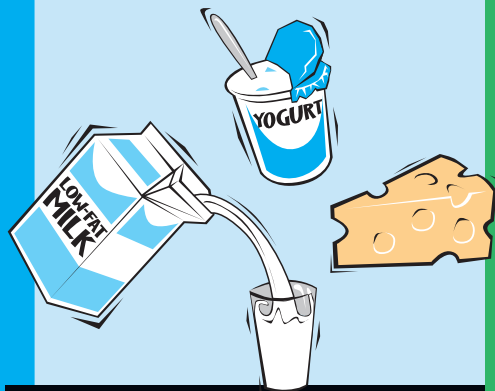
All food and beverage choices matter.

Fuel up with milk at meals or snacks to meet your nutrient needs. Lactose free milk and fortified soy beverages are good choices for those with lactose intolerance.

With the exception of fortified soy beverage, drinks made with almonds and other nuts, rice or coconuts often contain little or no protein and lack other key nutrients for growth.

One hundred percent fruit juices are in the fruit group; limit to no more than 8 ounces daily.

Water does not belong to any food group, but next to air (oxygen), it is the most important substance you need to survive. Water is essential for maintaining body temperature and transporting nutrients through the body. Drink plenty of water between meals.



Dairy – Milk, Yogurt, Cheese

Main Nutrient = _____

Why your body needs it:

- Milk
 - fat-free
 - lactose free
 - low-fat (1%)
 - reduced fat (2%)
- Milk, flavored
 - fat-free
 - low-fat (1%)
 - reduced fat (2%)
- Yogurt
 - fat-free
 - low-fat
- Cheese
 - cheddar cheese
 - cottage cheese
 - Monterey Jack cheese
 - mozzarella or string cheese
- Dairy Desserts
 - frozen yogurt
 - ice cream
 - pudding, custard or flan
- Calcium-fortified soy beverages

Servings per day =



Vegetables

Main Nutrient = _____

Why your body needs it:

- Fresh, frozen or canned vegetables
 - artichoke
 - bok choy
 - broccoli
 - cabbage
 - cactus
 - carrots
 - cauliflower
 - corn
 - green beans
 - lettuce or salad
 - peas
 - peppers
 - potato
 - spinach
 - squash
 - sweet potatoes,
 - yams
 - tomato
 - zucchini
- Hash browns
- Oven-baked fries
- Salsa
- Tomato sauce or pizza sauce
- Vegetable juice
- Vegetable soup

Servings per day =

No Nutrients = No Health Benefit

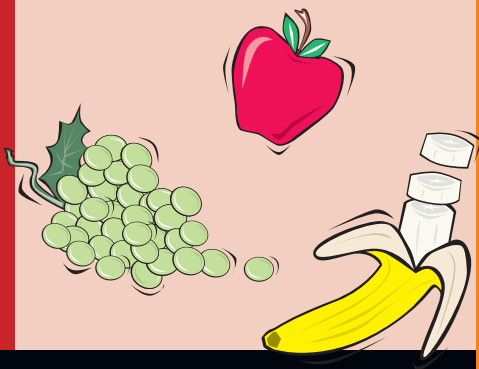
- Soft drinks
- Syrup, honey or sugar
- Mustard or ketchup
- Candy
- Salad dressing or mayonnaise
- Margarine

“extras”

- Cream cheese or sour cream
- Whipped cream
- Butter

“extras”

- Pickles, olives or relish
- Fried onion rings
- Fast-food french fries
- Potato or corn chips



Fruits

Main Nutrient = _____

Why your body needs it:

Fresh, frozen or canned fruits

- apple
- apricot
- banana
- blueberries
- cantaloupe
- cherries
- grapefruit
- grapes
- honeydew
- kiwi
- mango
- orange
- papaya
- peach
- pear
- pineapple
- plum
- raspberries
- strawberries
- tangerine
- watermelon

100% fruit juice
Cranberries, raisins, dried fruit

Servings per day =



Grains – Breads, Cereals, Pasta

Main Nutrient = _____

Why your body needs it:

Breads

- bagel or English muffin
- bun or roll
- cornbread or biscuit
- pita bread
- tortilla (flour or corn)

Cereals

- cereal
- oatmeal
- other cooked cereal

Pasta

- macaroni
- noodles
- spaghetti, other pasta

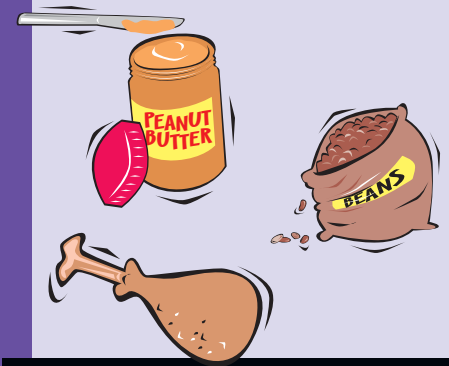
Rice, brown or white

Snack grains

- granola, granola bar
- pancake or waffle
- popcorn
- pretzels
- whole-grain or graham crackers

**Whole-grains are best*

Servings per day =



Protein – Meat, Beans, Nuts

Main Nutrient = _____

Why your body needs it:

Meat

- beef, hamburger
- chicken or turkey
- fish or shrimp
- ham
- lunch meat
- pork chop

Beans

- black garbanzo
- kidney
- pinto
- refried beans
- white

Nuts

- almonds
- peanuts, peanut butter
- walnuts

Seeds

- pumpkin
- sunflower

Chili

- Eggs
- Hummus
- Tofu

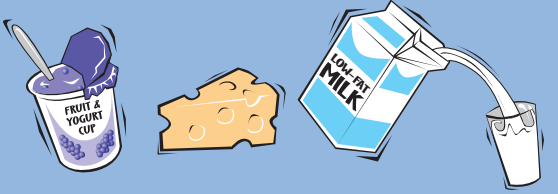
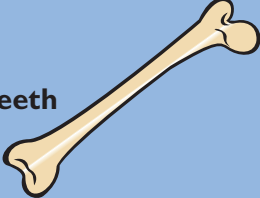



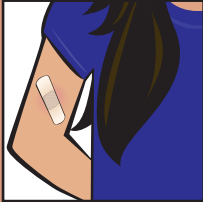
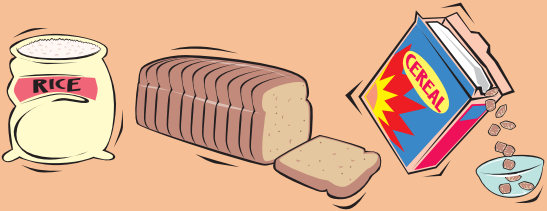
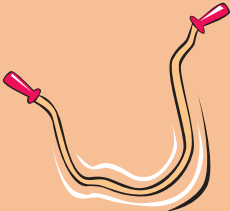
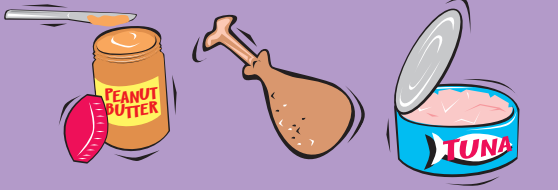


Servings per day =

- Jam or jelly
- Fruit roll or fruit snack
- Fruit drink or punch
- Fruit gelatin

- Cookies, cakes or pie
- Toaster pastry
- Doughnut or pastry

- Bacon
- Beef jerky

Main Nutrients and Their Health Benefits

| FOOD GROUP | MAIN NUTRIENT | WHY YOUR BODY NEEDS IT |
|---|----------------------------|--|
| <p>Dairy – Milk, Yogurt, Cheese</p>  | <p>Calcium</p> | <p>Strong bones and teeth</p>  |
| <p>Vegetables</p>  | <p>Vitamin A</p> | <p>Healthy skin and eyes</p>  |
| <p>Fruits</p>  | <p>Vitamin C</p> | <p>Healing</p>  |
| <p>Grains – Breads, Cereals, Pasta</p>  | <p>B-vitamins</p> | <p>Energy</p>  |
| <p>Protein – Meat, Beans, Nuts</p>  | <p>Protein</p> | <p>Strong muscles</p>  |
| “extras” | | |
|  | <p>No nutrients</p> | <p>No health benefit</p> |

Glossary of Terms

Lesson 1

Energy—power or the ability to be active; foods are like fuel and are changed into energy to make our bodies run.

“extra” foods—foods that do not contain enough nutrients to fit into one of the five food groups.

Food group—a way to group the different foods we eat each day; a given food group will have the same main nutrient in common.

Healthy—foods or physical activities that help build strong bodies that are well, free from sickness.

Low level physical activity—an activity that does not make your heart beat fast. Examples include sitting or walking at a slow pace.

Main nutrient: the most important nutrient we get from a certain food group.

Moderate-vigorous level physical activity—an activity that makes your heart beat faster. Examples include walking at a fast pace, biking, running, swimming or jumping rope.

Nutrient—what we get from food to help our bodies grow strong, develop and stay healthy.

Protein—substance found in foods we eat that our bodies need for growth and repair of tissues.

Vitamins and minerals—substances found in the foods we eat that our bodies need for growth and to work properly.

Lesson 2

Balanced—to eat foods from different food groups.

“5 out of 5” model—a balanced lunch or dinner contains at least one food from each of the “5 out of 5” food groups: Dairy; Vegetables; Fruits; Grains; Protein.

Hydration—water provided for a person to keep a correct fluid balance in his or her body.

Moderation—making most of your food choices those with little or no added fats or sugars; eating fewer “extras.”

“3 out of 5” model—a balanced breakfast contains at least one food from each of the “3 out of 5” food groupings: Grains; Vegetables OR Fruits; Dairy OR Protein.

Lesson 3

Hand symbols—a way to measure the amount of food, using your hand to compare to the proper serving size.

Measure—a way to find the amount of something ... in this case, food.

Serving number—the number of servings needed each day from the five food groups to ensure that the recommended amount of the main nutrients are obtained.

Serving size—the right amount of a given food to eat at a meal or snack.

Lesson 4

Balanced—to eat foods from different food groups.

Calorie—a measure of the amount of energy provided by a food.

“extra” foods—foods that do not contain enough nutrients to fit into one of the five food groups.

Moderation—making most of your food choices those with little or no added fats or sugars; eating fewer “extras.”

Serving number—the number of servings needed each day from the five food groups to ensure that the recommended amounts of the main nutrients are obtained.

Snack—a mini-meal; food eaten between meals.

Lesson 5

Balanced—to eat foods from different food groups.

“5 out of 5” model—a balanced lunch or dinner contains at least one food from each of the “5 out of 5” food groups: Dairy; Vegetables; Fruits; Grains; Protein.

Moderation—making most of your food choices those with little or no added fats or sugars; eating fewer “extras.”

Nutritious—a food containing minerals, vitamins or other nutrients needed for good health.

“3 out of 5” model—a balanced breakfast contains at least one food from each of the “3 out of 5” food groupings: Grains; Vegetables OR Fruits; Dairy OR Protein.

Lesson 6

Advertise—to give information to a person about a product or event. This can be shared through media like television or the Internet, on billboards, on food packages and more.

Commercial—a paid advertisement or promotional announcement that can be communicated through television, radio or the Internet.

Energy—power or the ability to be active; foods are like fuel and are changed into energy to make our bodies run.

“extra” foods—foods that do not contain enough nutrients to fit into one of the five food groups.

Healthy—foods or physical activities that help build strong bodies that are well, free from sickness.

Main nutrient—the most important nutrient we get from a certain food group.

Persuade—to urge or advise a person to do something such as purchase a specific food product.

Protein—substance found in foods we eat that our bodies need for growth and repair of tissues.

Vitamins and minerals—substances found in the foods we eat that our bodies need for growth and to work properly.

Lesson 7

Balanced—to eat foods from different food groups.

Calorie—a measure of the amount of energy provided by a food.

“extra” foods—foods that do not contain enough nutrients to fit into one of the five food groups.

Food group—a way to group the different foods we eat each day; a given food group will have the same main nutrient in common.

Main nutrient—the most important nutrient we get from a certain food group.

Moderation—making most of your food choices those with little or no added fats or sugars; eating fewer “extras.”

Nutrient—what we get from food to help our bodies grow strong, develop and stay healthy.

Nutritious—a food containing minerals, vitamins or other nutrients needed for good health.

Physical activity—any activity that causes your heart to beat faster.

Serving size—the right amount of a given food to eat at a meal or snack.

Serving number—the number of servings needed each day from the five food groups to ensure that the recommended amount of the main nutrients are obtained.

Snack—a mini-meal; food eaten between meals.



This program, brought to you by Dairy Council of California, aligns with the Dietary Guidelines for Americans.

