

Name \_\_\_\_\_

Period \_\_\_\_\_

## Nutrition Analysis

1. What were your total calories IN for Day 1? \_\_\_\_\_

What were your total calories OUT for Day 1? \_\_\_\_\_

2. What were your total calories IN for Day 2? \_\_\_\_\_

What were your total calories OUT for Day 2? \_\_\_\_\_

3. Did you have more calories IN or OUT for Day 1 \_\_\_\_\_

Day 2 \_\_\_\_\_

4. What do you notice about your calories IN and OUT?

5. What can happen if you have too many calories IN and not enough OUT?

6. How many total servings did you have for each group?

Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_

Fats, Oils, Sweets \_\_\_\_\_

Fats, Oils, Sweets \_\_\_\_\_

Milk, Yogurt, Cheese \_\_\_\_\_

Milk, Yogurt, Cheese \_\_\_\_\_

Meat, Poultry, Eggs etc . \_\_\_\_\_

Meat, Poultry, Eggs etc. \_\_\_\_\_

Vegetables \_\_\_\_\_

Vegetables \_\_\_\_\_

Fruits \_\_\_\_\_

Fruits \_\_\_\_\_

Bread, Cereal, Pasta \_\_\_\_\_

Bread, Cereal, Pasta \_\_\_\_\_

7. What could you change about your diet to make it better?

**8. What is one thing about your diet that is good?**

**9. State your own feelings regarding your current body weight.**

**10. Select two aerobic activities that you will participate regularly.**

**11. What 5 things did you learn from doing this assignment?**

**1.**

**2.**

**3.**

**4.**

**5.**

**12. Are you going to change how you eat/exercise because of this assignment?**

\_\_\_\_\_

**Why yes, or why no?**