

What do you eat?

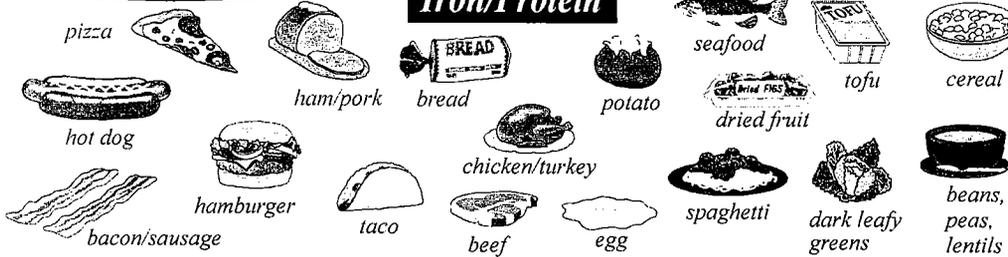
What did you eat yesterday? List everything you ate and drank. How much? What time?

Time	Amount	Food or Drink
10:00 a.m.	½ cup	Carrots

Was yesterday a typical day? Yes No

Circle the foods you eat often.

Iron/Protein



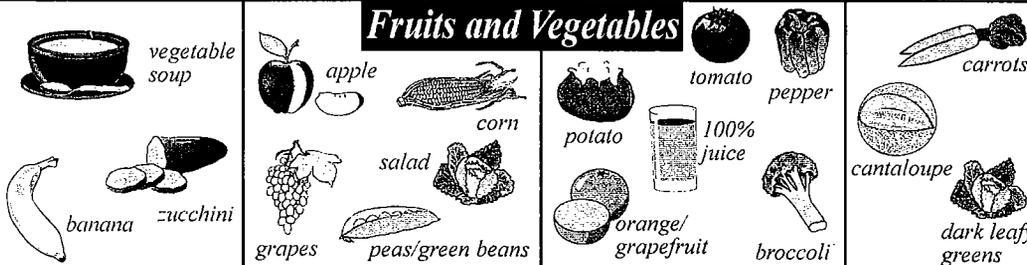
Iron/Protein

(Check (✓) topics discussed)

- Continue eating healthy
- ↑ regular meals/snacks
- Encourage breakfast
- Inadequate food supply
- Encourage lower fat
- Encourage lower sugar
- Weight management
- Disordered eating
- Other _____

- 2 - 3 servings daily
- ↑ high iron foods
- ↑ alternate protein sources for vegetarian diets
- ↑ beans, lentils, peas
- Limit high fat meats

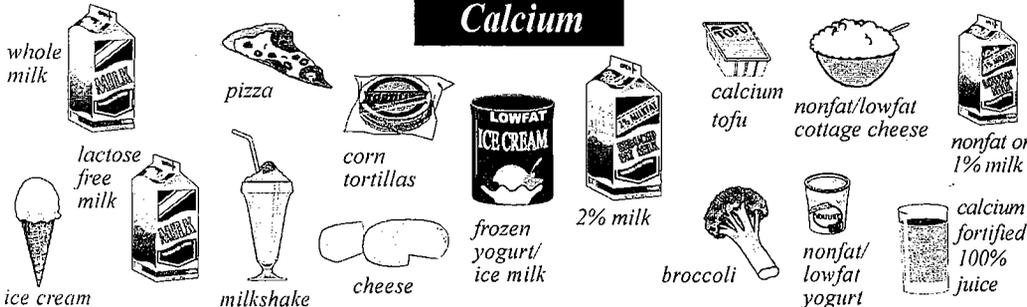
Fruits and Vegetables



Fruits and Vegetables

- 2 - 4 Fruits daily or more
- 3 - 5 Vegetables daily or more
- Vitamin C sources
- Vitamin A sources

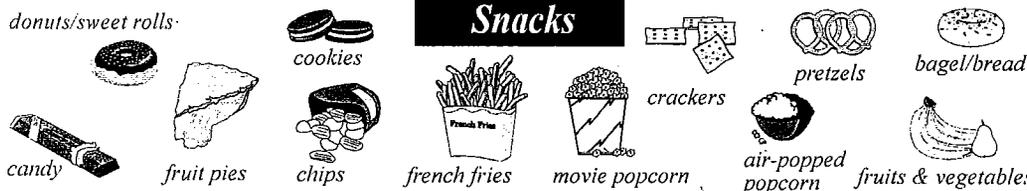
Calcium



Calcium

- 3 - 4 servings daily
- Encourage nonfat or 1% milk
- ↓ high fat choices
- ↑ low lactose alternatives
- ↑ calcium-fortified foods

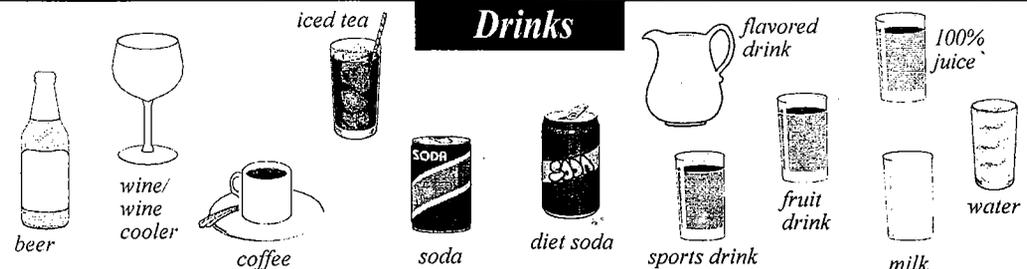
Snacks



Snacks

- ↓ high sugar snacks
- ↓ high fat snacks
- ↑ fruit/vegetable snacks
- ↓ fast food

Drinks



Drinks

- Limit juice: 1/day (4-8 oz. total)
- Drink 100% juice
- Drink 8-12 glasses water/day (8 oz. each)
- Discourage fruit drinks
- Discourage soda/caffeine
- Discourage alcohol

Name _____ Age _____ Date of Birth _____ Date _____