Nutrition Assessment (Elementary School Level)

Directions:

* Write down food log for **Sunday, Monday, and Tuesday**.
* Write foods in the Food column under which meal it is.
* Write amounts in the proper food group.
* Add columns down for the **total** of each group.
* Compare your totals to the amounts below.
* Food Group Goals:
	+ Fruit- 1 ½ cups
	+ Vegetables- 2 ½ cups
	+ Grains- 6 oz. (1 oz= 1 slice of bread, 1 cup of cereal)
	+ Meat/Bean- 5 oz. (1 oz= 1 egg)
	+ Milk- 3 cups (1 cup= yogurt cup)



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| **Day 1**  |  |  |  |  |  |
| Food | Fruit | Vegetables | Grains | Meat/Bean | Milk |
| Breakfast: |  |  |  |  |  |
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| Lunch: |  |  |  |  |  |
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| Dinner: |  |  |  |  |  |
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| Snacks: |  |  |  |  |  |
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| **TOTAL** |  |  |  |  |  |

Did you meet the goals? Yes No

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| **Day 2** |  |  |  |  |  |
|  | Fruit | Vegetables | Grains | Meat/Bean | Milk |
| Breakfast: |  |  |  |  |  |
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| Lunch: |  |  |  |  |  |
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| Snacks: |  |  |  |  |  |
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| **TOTAL** |  |  |  |  |  |

Did you meet the goals? Yes No

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| **Day 3** |  |  |  |  |  |
|  | Fruit | Vegetables | Grains | Meat/Bean | Milk |
| Breakfast: |  |  |  |  |  |
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| Lunch: |  |  |  |  |  |
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| Dinner: |  |  |  |  |  |
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| Snacks: |  |  |  |  |  |
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| **TOTAL** |  |  |  |  |  |

Did you meet the goals? Yes No