

BASIC NUTRITION



WORKBOOK

Basic Nutrition Workbook

About the Basic Nutrition Workbook

This workbook contains activities and test questions that pertain to information in the Basic Nutrition Module as well as some key reference tables. This workbook is your personal copy to use and keep. Feel free to write in it and use it to record your answers to the activities and test questions.

Certain activities will ask you to provide personal information like personal dietary intake, weight, family history, etc. These are designed to help you create personal health goals, so be honest. No one will see this information but you.

Using this Workbook Along with the Basic Nutrition Module

As you read through the main text of the Basic Nutrition Module icons will prompt you to stop and refer to the corresponding activities and test questions in this workbook.



Activities — The activities in this workbook will enhance your learning and help you apply the information in the module.



Test Questions — This workbook contains six sets of test questions that relate to information in the six parts of the module.

Record your final test answers on the answer sheets following this page of the workbook. The answer sheets can be removed from the workbook if you need to submit them to a supervisor. Each local agency has different procedures for checking test answers and making corrections. Check with your supervisor to find out the procedure in your clinic.

Workbook

Things You Will Need to Complete the Workbook Activities:

- Computer with Internet access
- Calculator
- Your current height and weight measurements
- Measuring tape
- Information about your family health history (if available)

Answer Sheets

(Use these pages to mark your final answers to the test questions.)

Name: _____

Answer Sheet: Part 1 Test

1. TRUE FALSE
2. TRUE FALSE
3. TRUE FALSE
4. A B C D E
5. A B C D
6. A B C D
7. A B C D E

Workbook

Name: _____

Answer Sheet: Part 2 Test

1. A B C D

2. TRUE FALSE

3. Age

Gender

Medical conditions

Marital Status

Hair Color

Weight

4. A B C D

5. A B C D

6. TRUE FALSE

7. TRUE FALSE

8. TRUE FALSE

Name: _____

Answer Sheet: Part 3 Test

1. Energy drinks
 Plain milk
 Apple pie
 Bananas
 Fruit punch
 Ice cream
2. TRUE FALSE
3. TRUE FALSE
4. TRUE FALSE
5. Shortening
 Salmon
 Partially-hydrogenated vegetable oil
 Whole milk
 Avocado
6. TRUE FALSE
7. TRUE FALSE
8. TRUE FALSE
9. Tomato
 Egg
 Beef
 Peanut butter
 Olive oil
10. TRUE FALSE
11. TRUE FALSE
12. TRUE FALSE

Workbook

Name: _____

Answer Sheet: Part 4 Test

1. TRUE FALSE
2. TRUE FALSE
3. TRUE FALSE
4. A B C D
5. A B C D
6. A B C D
7. Spinach
 Coffee
 Fortified breakfast cereal
 Black-eyed peas
 Asparagus
 Milk
 Cream Cheese
8. Yogurt
 Chicken
 Canned Salmon with edible bones
 Pork
 Mozzarella cheese
 Calcium-fortified orange juice
 Tea
 Milk
9. A B C D
10. A B C D

Name: _____

Answer Sheet: Part 5 Test

1. Regular soda
 Apple
 Doughnut
 Brown rice
 Pinto beans
 Candy
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. Eating your lunch in the car on your way into work.
 Turning off your cell phone during dinner.
 Watching TV while eating chips out of a bag.
 Taking time to eat meals slowly.
8. A B C D

Workbook

Name: _____

Answer Sheet: Part 6 Test

1. TRUE FALSE
2. TRUE FALSE
3. TRUE FALSE
4. TRUE FALSE
5. TRUE FALSE
6. TRUE FALSE
7. TRUE FALSE
8. A B C D
9. High blood pressure
 High cholesterol and triglycerides
 High blood glucose
 Family history of chronic disease
 Tobacco use

(Note: there are no activities for Part 1)

Part 1 Test

(Record your final answers on the answer sheets in the front of this workbook.)

1. TRUE FALSE

Poor diet and physical inactivity may soon overtake tobacco use as the leading preventable cause of death.

2. TRUE FALSE

Most Americans are physically active on a regular basis.

3. TRUE FALSE

Common sources of calories among children in the U.S. are grain-based desserts, pizza, and high-sugar drinks like sodas and energy drinks.

4. Check the factors that have contributed to obesity and overweight among Americans.

- A. Larger portion sizes.
- B. Not enough physical activity.
- C. More convenience foods in grocery stores.
- D. Less cooking at home.
- E. All of the above.

5. Complete the following sentence by checking all that apply. Food insecurity

- A. Is not related to income.
- B. Means not having enough money or other resources to get food throughout the year.
- C. Is not a concern in the United States.
- D. All of the above.

6. Complete the following sentence by checking all that apply. A food desert is an area where

- A. People don't have reasonable access to healthy foods.
- B. Farmers grow food crops under very hot and dry conditions.
- C. There is an abundant supply of edible cacti and succulents.
- D. None of the above.

Workbook

7. As a WIC staff member, you can
- A. Help participants become more food secure each month.
 - B. Help clients understand the benefits of breastfeeding.
 - C. Help WIC families learn how their diet and physical activity choices can affect their health in the long run.
 - D. Use this module to help make healthy changes in your own lifestyle.
 - E. All of the above.

Activity 2.1 — Using the USDA Nutrient Database

How Much Nutrition is in 1 Medium Carrot?

1. Click on the link for USDA's National Nutrient Database for Standard Reference (<http://www.nal.usda.gov/fnic/foodcomp/search/>).
2. Click "**Start Your Search Here**" and type "**carrot**" into the search box.
3. Click on "**Carrots, raw.**"
4. The next window lists different descriptions of raw carrots (whole, grated, chopped, etc.). You can enter specific amounts. For example, you can get nutrient values for 3 medium carrots, ½ cup of grated carrots, or 56 grams of carrots.
5. The results provide a detailed list of all the nutrients in medium carrots. If you were successful, the results should show you that 1 medium carrot has 25 calories (kcal) of energy, 1.7 grams of dietary fiber, and plenty of other nutrients!
6. Try one more on your own: **How many milligrams of vitamin C are in ½ cup of chopped raw broccoli?** (*Answer: 39.2 mg*)

Activity 2.2 — Keep a One-Day Food Record:

For this activity write down all the foods that you eat and drink in a typical 24-hour period, including the amounts. Use the form on the following page to record everything (make copies if needed), or create your own form. Start today if possible. Here are some tips:

- **Stick to your usual intake** so that your record reflects a typical day. If today is an unusual day in terms of the foods you eat, start your food record tomorrow.
- **Write down *everything* you eat throughout the day.** Include the milk and sugar you put in your coffee, the water you drink, any food samples you try at the store, etc. Keep your food record with you wherever you go.
- **Be specific when describing the food.** For example, write down “whole-wheat bread” rather than just bread. Write “baked chicken — drumstick,” instead of just chicken. For mixed dishes like casseroles, pizza, sandwiches, etc., make a note of the various ingredients, toppings, etc. The form is there for you — use it however it best suits you.
- **Try to be fairly accurate about amounts.** If you aren’t sure how much cereal you eat, pour it into the bowl you usually use, then take it out and measure the amount. The more accurate you are about amounts, the more you’ll learn about your own nutrient intake and food habits.

Once you finish your food record keep it handy. You won’t need to do a complete analysis of your nutrient intake for this activity, but later in the module you will refer to your food record to see how some of your usual food choices measure up in terms of nutrients.

Note: To keep this food-record activity simple we’ve asked you to track just a single day. But keep in mind a single day doesn’t tell the whole story. What really matters are the nutrients you get over the course of several days.

Workbook

Part 2 Test

(Record your final answers on the answer sheets in the front of this workbook.)

1. Which of the following nutrients provide calories?

- A. Carbohydrates
- B. Fats
- C. Protein
- D. All of the above

2. TRUE FALSE

One teaspoon of sugar has more calories than one teaspoon of oil.

3. Which items influence a person's nutrient needs? (*Check all that apply.*)

- Age
- Medical Conditions
- Hair Color
- Gender
- Marital Status
- Weight

Use this Nutrition Facts Label for questions 4-6

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 250 Calories from Fat 110	
% Daily Value	
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

*Percent Daily Values are based on a diet of 2,000 calories. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories 2,000	2,500
Total Fat	Less than 65g	80g
Sat Fat	Less than 20g	25g
Cholesterol	Less than 300mg	300mg
Sodium	Less than 2,400mg	2,400mg
Total Carbohydrate	300g	375g
Dietary Fiber	25g	30g

(Source: <http://www.eatright.org/Public/content.aspx?id=10935>)

4. How many calories are in one serving of this food?

- A. 110
- B. 250
- C. 470
- D. 500

5. How many calories would you be eating if you consumed the entire package of this food?

- A. 110
- B. 250
- C. 470
- D. 500

6. TRUE FALSE

This food is high in calcium.

7. TRUE FALSE

This food is high in fiber.

8. TRUE FALSE

One serving of this food has 18 grams of fat.

Activity 3.1 — Added Sugars Reality Check.

Eating healthy is a matter of balance and moderation. A healthy diet can include added sugars but if you are always reaching for candy and cookies instead of healthier snacks that’s a problem. If you are trying to eat fewer calories, cutting back on simple sugars will help. Look at your one-day food record and circle *at least two* foods that you know are high in added sugars. If you are not sure, go back to your pantry and check the ingredient labels for added sugars. Answer the following questions for each food the best you can:

	Food #1	Food #2
How often do you eat this food?		
Do you eat this food out of habit?		
How many calories does this food have?		
Does the food provide key vitamins and minerals?		
Is this a food you would like to cut back on?		

Activity 3.2 — Are You Getting the Right Kinds of Fats?

Look at your one-day food record and write down some of the foods you ate that you know are high in fat. If you aren’t sure, go back to your pantry and check the labels for total fat as well as saturated fat, trans fat, and polyunsaturated fat.

_____	_____
_____	_____
_____	_____

Circle the foods that you know contain mostly good fats (olive oil, canola oil, peanut oil, sesame oil, avocados, olives, many nuts, nut butters, seeds, soybean oil, corn oil, safflower oil, and the oils in fatty fish). If your list includes a lot of harmful fats (butter, baked goods, chicken skin, solid fat from beef, pork, bacon, etc.), then think about ways you can cut down on harmful fats in your diet and replace them with good fats.

Activity 3.3 — How Much Protein Did You Eat Yesterday?

Look at your one-day food record and estimate the grams of protein you ate using Table 3.3 in the Basic Nutrition Module. The table is also included here for easy reference. If needed, check food labels for protein content of packaged foods that you ate.

Approximately how much protein did you eat? _____ grams

Approximate Protein Content of Different Foods

Food	Grams of protein
3 ounces meat, fish, poultry	21
3 ounces of tofu, firm	13
8 ounces of lowfat yogurt	11
8 ounces of milk	8
1/2 cup of cooked beans	8
2 tablespoons peanut butter	8
1 ounce of cheese	7
1/4 cup nuts	7
1 large egg	6
1/2 cup cereal	3
1 slice bread	2
1/2 cup of grains/pasta, cooked	2
1/2 cup non-starchy vegetables, cooked	2
Fruits	0
Oils	0

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Part 3 Test

(Record your final answers on the answer sheets in the front of this workbook.)

1. Which of these foods contain added sugars? (*Check all that apply.*)

- Energy drinks
- Plain milk
- Apple pie
- Bananas
- Fruit punch
- Ice cream

2. TRUE FALSE

You can tell if a bread is a whole grain bread by looking at the color.

3. TRUE FALSE

All plant foods contain fiber.

4. TRUE FALSE

A diet high in whole grains can lower risk for heart disease.

5. Which of the following contain harmful fats? (*Check all that apply.*)

- Shortening
- Salmon
- Partially-hydrogenated vegetable oil
- Whole milk
- Avocado

6. TRUE FALSE

Eating large amounts of saturated fats raises the risk for cardiovascular disease.

7. TRUE FALSE

Salmon, tuna, mackerel, herring and trout are good sources of omega-3 fats.

8. TRUE FALSE

If the ingredient list shows “partially-hydrogenated vegetable oil” as an ingredient, then the product contains trans fat.

9. Which of these foods contain cholesterol? (*Check all that apply.*)

- Tomato
- Egg
- Beef
- Peanut butter
- Olive oil

10. TRUE FALSE

You can get all the protein you need by eating only plant foods.

11. TRUE FALSE

The body needs more protein during periods of growth (like childhood and pregnancy).

12. TRUE FALSE

Most Americans need to eat more protein than what they are currently eating.

Workbook

Activity 4.1 — How much sodium is in your foods?

Go home and read the nutrition labels on your packaged foods. You will quickly see which items are high in sodium and which foods routinely supply lower amounts of sodium that can add up. If you eat out a lot, get the nutrition information for your favorite entrees.

List the top three sources of sodium either from your pantry or from your 1-day food record:

What steps can you take to start cutting back on sodium? List one thing you are willing to try this month:

Activity 4.2 — What are Your Favorite Sources of Key Vitamins and Minerals?

Review the tables in part 4 that list food sources of various nutrients (or refer to the food lists in Appendix C of this workbook). Write down *at least* one of your favorite foods for each of the following key vitamins and minerals:

- Vitamin A: _____
- Vitamin D: _____
- Vitamin C: _____
- Folate: _____
- Calcium: _____
- Iron: _____
- Potassium: _____

Part 4 Test

(Record your final answers on the answer sheets in the front of this workbook.)

1. TRUE FALSE

High doses of vitamin A from supplements can cause birth defects.

2. TRUE FALSE

Vitamin D is naturally found in many foods.

3. TRUE FALSE

Vitamin C helps the body absorb iron.

4. Which of the following are symptoms of iron-deficiency anemia?

- A. Frequent urination
- B. Decreased energy
- C. Difficulty breathing
- D. Answers (b) and (c) only

5. A diet high in sodium can lead to _____, increasing your risk for _____.

- A. Retinal atrophy, blindness.
- B. High blood pressure, heart disease and stroke.
- C. Slowed development, stunted growth.
- D. Scurvy, slow wound healing and bruising.

6. Which of the following best describes the role of potassium?

- A. Helps with muscle contraction, nerve impulses, and heartbeat.
- B. Lowers blood pressure by balancing the bad effects of sodium.
- C. Can reduce the risk of kidney stones and decrease bone loss.
- D. All of the above.

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7. Place a check next to the foods that are high in folate or folic acid. *(Check all that apply.)*

- Spinach
- Coffee
- Fortified breakfast cereal
- Black-eyed peas
- Asparagus
- Milk
- Cream cheese

8. Place a check next to the foods that are high in calcium. *(Check all that apply.)*

- Yogurt
- Chicken
- Canned salmon with edible bones
- Pork
- Mozzarella cheese
- Calcium-fortified orange juice
- Tea
- Milk

9. _____ is also known as the 'sunshine' vitamin because our body makes it after being exposed to the sun.

- A. Vitamin A
- B. Vitamin C
- C. Vitamin D
- D. Calcium

10. What are key signs that you are getting enough fluids?

- A. Extreme thirst, small amounts of dark yellow urine.
- B. Sunken eyes, small amounts of dark yellow urine.
- C. Frequent urination, light-colored urine, little thirst.
- D. Dry mouth, low blood pressure.

Activity 5.1 — Get a Daily Food Plan at ChooseMyPlate.gov

On the Internet, go to <http://www.ChooseMyPlate.gov>. Hover over "Super Trackers & Other Tools" on the green menu bar. Click on "Daily Food Plans" and go to the Food Plans webpage. Click on "Daily Food Plan" in the first sentence and you will be taken to a page to create your plan. Enter your age, sex, weight, height, and minutes of daily activity, and click submit.

If your weight is above or below the healthy range for your height, the program will ask you if you want to choose a food plan for your current weight or a food plan to help you move toward a healthier weight. Select the option that you desire.

The results will show your estimated daily calorie needs plus the suggested amounts of food that you should eat from each food group. Record the calorie and food group recommendations below. Take a few minutes to explore the website by clicking on some of the links and reading more information.



Based on my Daily Food Plan, I should follow a _____ calorie food pattern. (Your calorie needs may be more or less than this so check your weight regularly. If you see unwanted weight gain, adjust the amount you are eating or the amount of activity you're doing).

Food Group	Recommended Amounts from Daily Food Plan
Grains	_____ Ounces
Vegetables	_____ Cups
Fruits	_____ Cups
Dairy	_____ Cups
Protein Foods	_____ Ounces

Activity 5.2 — Assess Your Activity Level.

Follow the instructions below to estimate how active you were last week.

- Which activities did you do last week?** Read through the lists of moderate and vigorous activities below. Check the activities you did for at least 10 minutes at a time without stopping during the last 7 days.
- How long did you do each activity?** For each activity you checked, estimate the total number of minutes you spent doing the activity. Write it down next to the activity.

<p>MODERATE Activities: If your breathing and heart rate are faster, but you can still carry on a conversation, the activity you're doing is probably a moderate activity.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Walking (3-4 mph)</td> <td><input type="checkbox"/> Mowing the lawn</td> </tr> <tr> <td><input type="checkbox"/> Bicycling at a casual pace</td> <td><input type="checkbox"/> Rowing or sailing</td> </tr> <tr> <td><input type="checkbox"/> Carpentry</td> <td><input type="checkbox"/> Volleyball</td> </tr> <tr> <td><input type="checkbox"/> Light yard work, gardening</td> <td><input type="checkbox"/> Washing car</td> </tr> <tr> <td><input type="checkbox"/> Housework</td> <td><input type="checkbox"/> Calisthenics (moderate)</td> </tr> <tr> <td><input type="checkbox"/> Lifting, carrying < 50 lbs.</td> <td><input type="checkbox"/> Golfing (walking; no cart)</td> </tr> <tr> <td><input type="checkbox"/> Playing with children</td> <td><input type="checkbox"/> Horseback riding</td> </tr> <tr> <td><input type="checkbox"/> Tai Chi, Qi gong</td> <td><input type="checkbox"/> Ping pong</td> </tr> <tr> <td><input type="checkbox"/> Water aerobics</td> <td><input type="checkbox"/> Roller skating</td> </tr> <tr> <td><input type="checkbox"/> Bowling</td> <td><input type="checkbox"/> Roller blading</td> </tr> <tr> <td><input type="checkbox"/> Ballroom dancing</td> <td><input type="checkbox"/> Yoga, stretching</td> </tr> <tr> <td><input type="checkbox"/> Frisbee</td> <td><input type="checkbox"/> Weight lifting (light)</td> </tr> <tr> <td><input type="checkbox"/> Gymnastics</td> <td><input type="checkbox"/> Tennis (doubles)</td> </tr> <tr> <td><input type="checkbox"/> Elliptical (moderate)</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Walking (3-4 mph)	<input type="checkbox"/> Mowing the lawn	<input type="checkbox"/> Bicycling at a casual pace	<input type="checkbox"/> Rowing or sailing	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Light yard work, gardening	<input type="checkbox"/> Washing car	<input type="checkbox"/> Housework	<input type="checkbox"/> Calisthenics (moderate)	<input type="checkbox"/> Lifting, carrying < 50 lbs.	<input type="checkbox"/> Golfing (walking; no cart)	<input type="checkbox"/> Playing with children	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Tai Chi, Qi gong	<input type="checkbox"/> Ping pong	<input type="checkbox"/> Water aerobics	<input type="checkbox"/> Roller skating	<input type="checkbox"/> Bowling	<input type="checkbox"/> Roller blading	<input type="checkbox"/> Ballroom dancing	<input type="checkbox"/> Yoga, stretching	<input type="checkbox"/> Frisbee	<input type="checkbox"/> Weight lifting (light)	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Tennis (doubles)	<input type="checkbox"/> Elliptical (moderate)	<input type="checkbox"/> Other	<p>VIGOROUS activities: When you do a vigorous activity, you breathe so hard that you can only speak a few words at a time.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Racewalking, Jogging, Running</td> </tr> <tr> <td><input type="checkbox"/> Carrying loads > 50 pounds</td> </tr> <tr> <td><input type="checkbox"/> Bicycling fast or up hills</td> </tr> <tr> <td><input type="checkbox"/> Elliptical (vigorous)</td> </tr> <tr> <td><input type="checkbox"/> Walking upstairs</td> </tr> <tr> <td><input type="checkbox"/> Judo, Karate, Kick Boxing</td> </tr> <tr> <td><input type="checkbox"/> Stair Climbing, Stairmaster</td> </tr> <tr> <td><input type="checkbox"/> Swimming laps</td> </tr> <tr> <td><input type="checkbox"/> Aerobics (high impact)</td> </tr> <tr> <td><input type="checkbox"/> Calisthenics (vigorous)</td> </tr> <tr> <td><input type="checkbox"/> Jumping Rope</td> </tr> <tr> <td><input type="checkbox"/> Soccer, Basketball</td> </tr> <tr> <td><input type="checkbox"/> Tennis (singles), or Racquetball</td> </tr> <tr> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Racewalking, Jogging, Running	<input type="checkbox"/> Carrying loads > 50 pounds	<input type="checkbox"/> Bicycling fast or up hills	<input type="checkbox"/> Elliptical (vigorous)	<input type="checkbox"/> Walking upstairs	<input type="checkbox"/> Judo, Karate, Kick Boxing	<input type="checkbox"/> Stair Climbing, Stairmaster	<input type="checkbox"/> Swimming laps	<input type="checkbox"/> Aerobics (high impact)	<input type="checkbox"/> Calisthenics (vigorous)	<input type="checkbox"/> Jumping Rope	<input type="checkbox"/> Soccer, Basketball	<input type="checkbox"/> Tennis (singles), or Racquetball	<input type="checkbox"/> Other
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<input type="checkbox"/> Other																																											

- Total up the minutes** you spent doing moderate activities and vigorous activities.
Moderate: _____ total minutes **Vigorous:** _____ total minutes
- Compare your totals to the recommendations.** *Adults should get 150 minutes per week of moderate activity, or 75 minutes each week of vigorous activity or an equivalent combination of both. Also keep in mind that some activity is better than none at all.*

Adapted with permission from Physical Activity Assessment, East Carolina University, Brody School of Medicine, Department of Family Medicine (n.d.). Retrieved from http://www.ecu.edu/cs-dhs/fammed/customcf/resources/fitness/physical_activity_assessment.pdf

Part 5 Test

(Record your final answers on the answer sheets in the front of this workbook.)

1. Place a check mark next to the 'empty-calorie' foods. (*Check all that apply.*)
 - Regular soda
 - Apple
 - Doughnut
 - Brown rice
 - Pinto beans
 - Candy

2. Which of the following activities would burn the most calories per hour for a 154-pound person?
 - A. Stretching
 - B. Walking
 - C. Swimming laps
 - D. Light yard work

3. Which of the following best describes the benefits of cooking at home?
 - A. Usually costs less than eating out.
 - B. Food can be prepared healthier than at restaurants.
 - C. Children build stronger family relationships.
 - D. All of the above.

4. The four principles of food safety include
 - A. Clean, chop, dry, chill.
 - B. Separate, store, cook, trash.
 - C. Clean, separate, cook, chill.
 - D. Sink, stove, refrigerator, freezer.

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5. A serving of your favorite salad dressing is 2 tablespoons.
Which of the following common objects would be about the same size as 2 tablespoons?
- A. Two poker chips
 - B. Golf ball
 - C. Yo-Yo
 - D. Both answers (a) and (c)
6. Based on the 2008 Physical Activity Guidelines, how many minutes of activity should adults get each week?
- A. 210 minutes of activity
 - B. 150 minutes of moderate activity, or 75 minutes of vigorous activity, or the equivalent
 - C. The equivalent of 10 minutes of activity each day
 - D. None of the above
7. How can you practice mindful eating? (*Check all that apply.*)
- Eating lunch in the car on your way to work.
 - Turning off your cell phone during dinner.
 - Watching TV while eating chips out of a bag.
 - Taking time to eat meals slowly.
8. Which of the following best represents USDA's MyPlate recommendations?
- A. Eat more calories from protein.
 - B. Include a grain-based dessert with each meal.
 - C. Make half your plate fruits and vegetables.
 - D. Select more high-sodium foods.

Activity 6.1 — Determine Your BMI

(Note: Pregnant women should use their pre-pregnancy weight)

First you need to know your height and weight in order to determine your BMI.

Height (in.): _____ Weight (lb.): _____

Next, calculate your BMI using the BMI equation, a BMI Chart in your clinic, or on-line BMI calculator, like this one from CDC: <http://www.cdc.gov/healthyweight/assessing/bmi/index.html>

BMI: _____

Circle the weight category you are in based on your BMI:

If your BMI is	then your Weight Category is
below 18.5	Underweight
18.5 – 24.9	Normal
25 – 29.9	Overweight
30.0 and above	Obese

BMI =

$$\frac{\text{_____ weight (lb.)}}{\text{_____ height (in.)}^2} \times 703 = \text{BMI _____}$$

BMI ranges:

- <18.5 = underweight
- 18.5-24.9 = normal weight
- 25-29.9 = overweight

Activity 6.2 — Measure Your Waist Circumference

(Note: this activity does not apply to pregnant women).

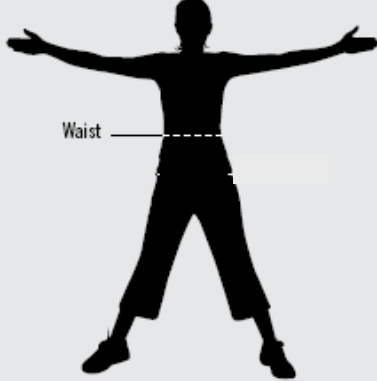
To Measure Your Waist

Place a tape measure around your bare abdomen just above the top of your iliac crest (hip bone) and level with your navel. Be sure the tape is parallel to the floor, not slanted up or down. Make sure the tape is snug but does not compress your skin. Relax, exhale, and measure your waist.

Waist Measurement: _____

For Good Health:

- Women’s waists should measure less than **35 inches**.
- Men’s waists should measure less than **40 inches**.



Activity 6.3 — Rate Your Plate

Think about the foods you usually eat: your breakfast choices, your usual lunches, your most frequent evening meals and your typical snacks. Then answer the questions below. For each question choose the best answer based on what you normally eat. (Note: some questions may not apply to you. Simply answer these as best you can or skip them if you can't choose an answer.) And be honest, no one else needs to see your answers.

1. Which of these would you most likely choose for breakfast?
 - A. Whole grain cereal with fat-free milk or soymilk
 - B. Bagel with cream cheese
 - C. Eggs, sausage and biscuits
2. Do you ever skip breakfast?
 - A. Rarely
 - B. Sometimes
 - C. Usually
3. How many ounces of regular non-diet soda, energy drinks, sports drinks, or fruit drinks do you drink during a typical day? (1 can soda = 12 ounces)
 - A. 0 to 8 ounces
 - B. 8 to 18 ounces
 - C. 18 ounces or more
4. How often do you eat high-fat processed meats (salami, corned beef, hot dogs, sausage, bacon, etc.)?
 - A. Rarely/never
 - B. Sometimes
 - C. Often
5. Which would you order for lunch at a fast food restaurant?
 - A. Tossed salad (with or without chicken) with low-fat dressing and water.
 - B. Small or “junior” burger and small drink.
 - C. Double bacon cheeseburger with large fries and a milkshake.

6. How often does your lunch include a vegetable serving? (ex: carrot or celery sticks, tossed salad, spaghetti sauce, cooked veggie, beans, veggie burger, etc.)
- A. Very Often/always
 - B. Sometimes
 - C. Rarely/never
7. Which group of snack foods is most like the snack foods you eat?
- A. Veggie sticks, fresh or dried fruit, low-fat popcorn, whole-wheat mini bagels, small servings of nuts.
 - B. “100-calorie” packaged snacks, crackers, snack bars.
 - C. Regular chips, cheese puffs, candy and candy bars, doughnut holes.
8. How often do you eat meatless meals for dinner?
- A. Often/always
 - B. Every once in awhile
 - C. Rarely/never
9. Which would you most likely put on top of your salad?
- A. Either oil and vinegar, fat-free or low-fat dressing, or nothing at all.
 - B. Regular creamy salad dressing.
 - C. Extra cheese, bacon bits and LOTS of creamy dressing.
10. How often does your dinner plate include a whole-grain like brown rice, whole-wheat pasta, or whole-grain bread?
- A. Often
 - B. Sometimes
 - C. Rarely
11. Which item would you most likely order at a restaurant for dinner?
- A. Veggie burger on whole-grain bun and fresh fruit.
 - B. Oven-fried fish or chicken and buttered veggies.
 - C. Chicken-fried steak with gravy and biscuits and a side of fried okra.

Workbook

12. Which would you usually put on top of a baked potato?

- A. Steamed veggies, salsa, or vegetarian chili.
- B. Butter and cheddar cheese.
- C. The works: butter, regular sour cream, bacon bits, and cheddar cheese.

13. How many times a week do you eat fried foods (fried chicken/ fish/ okra, French fries, etc.)

- A. 0-1
- B. 2-3
- C. 4 or more

14. Which chocolate item would you be most likely to choose for a typical treat?

- A. A small piece of dark chocolate.
- B. A large scoop of fancy chocolate ice cream.
- C. A big slice of “Death by Chocolate” triple-layer cake.

15. How many times a week do you eat legumes (ex: black beans, pinto beans, black-eyed peas, soybeans, refried beans, split peas, lentils, etc.)

- A. 2 or more
- B. 1
- C. 0

16. Which kind of pizza would you choose?

- A. Veggie pizza on whole-wheat crust, easy on the cheese.
- B. Regular pizza with one meat and one veggie.
- C. Pizza lover’s supreme with pepperoni, sausage, and extra cheese on a cheese-filled crust.

17. How many servings of vegetables do you eat each day (don’t count corn and potatoes)?

- A. 3 or more
- B. 2
- C. 0-1

18. How often do you choose fat-free or low-fat milk or soy products?

- A. Very often
- B. Sometimes
- C. Rarely/never

19. Which dessert would you be likely to serve your guests?

- A. Berry and melon kabobs.
- B. A scoop of gourmet ice cream paired with a cookie.
- C. Cheesecake.

20. You're starving and your only option is the vending machine. Which one do you buy?

- A. The small bag of roasted peanuts.
- B. The bag of tortilla chips.
- C. The Cheese Danish.

Rate Your Plate Scoring (Check the one that describes the majority of your answers.)

- Mostly As** — Great job! It looks like you know how to make a lot of healthy food choices. You're making choices that will help lower your risk for chronic diseases. Look back at the questions where you answered "b" or "c" to see if there are any changes you could make to move toward an even healthier diet.
- Mostly Bs** — You're headed in the right direction but you probably have room for improvement. Try choosing protein sources like beans and nuts more often and eat fewer added fats, sauces and processed foods. Be sure to include enough servings of calcium sources, fruits, vegetables, legumes, and whole grains.
- Mostly Cs** — Maybe you haven't thought a lot about your food choices in the past. But there's no better time than now to start making some healthy changes. It's likely that you're eating a lot of high-fat, high-sodium processed foods and not enough fruits, vegetables, legumes and whole grains. Look back at the questions to see how you can move toward a "b" or "a" answer. What types of changes might be practical for you? Try focusing on one or two small changes at a time for a better score next time.

Activity 6.4 — Think About Being Physically Active

The 2008 Physical Activity Guidelines state that you should get 150 minutes per week of moderate activity, or 75 minutes each week of vigorous activity, or an equivalent combination of both. You should do muscle-strengthening activities on 2 or more days a week.

Based on the guidelines above, how physically active do you plan to be over the next 6 months?

- I am not currently active and do not plan to become physically active in the next 6 months.
- I am thinking about becoming more physically active.
- I plan to become more physically active in the next 6 months.
- I have started being more physically active.
- I am physically active and I plan to increase my activity to meet the guidelines.
- I currently meet the guidelines and have been this active for _____ (*fill in number of weeks, months, or years*).

What are the 3 biggest reasons you would consider increasing your physical activity?
(*Check the 3 reasons that matter most to you.*)

- | | |
|--|--|
| <input type="checkbox"/> Improve my health | <input type="checkbox"/> Lower my risk of heart disease |
| <input type="checkbox"/> Make more time for myself | <input type="checkbox"/> Feel good about taking care of myself |
| <input type="checkbox"/> Control my weight | <input type="checkbox"/> Lower my blood pressure |
| <input type="checkbox"/> Lower my stress | <input type="checkbox"/> Set a good example for my family or friends |
| <input type="checkbox"/> Look better | <input type="checkbox"/> Lower my cholesterol |
| <input type="checkbox"/> Feel better | <input type="checkbox"/> Improve my fitness |
| <input type="checkbox"/> Get my partner, child, friend to be more active with me | <input type="checkbox"/> Control my diabetes |
| | <input type="checkbox"/> Other: _____ |

Would any of your family, friends, or coworkers encourage you or help you get regular physical activity by helping you take care of some of your other responsibilities? (Check one).

- Yes No

If yes, who can help you and how can they help? _____

How confident are you that you could increase your physical activity if you decided to do so? (Check one)

- Very confident Fairly confident
 Somewhat confident Not at all confident

Adapted with permission from Physical Activity Assessment, East Carolina University, Brody School of Medicine, Department of Family Medicine. (n.d.). Retrieved from http://www.ecu.edu/cs-dhs/fammed/customcf/resources/fitness/physical_activity_assessment.pdf

Activity 6.5 — Check Your Family History

List the most significant health issues in your family that you are aware of. Talk to other family members if need be. Then take it a step further and talk with your healthcare provider about what you can do to avoid or lessen health problems that affect other members of your family.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Activity 6.6 — Health Habit Inventory/Goal Setting Exercise

Read through health habit statements below. Answer the questions based on your **current** lifestyle, not how you want to be. There are no right or wrong answers. For each health habit, mark whether:

- 1) it is something you already do, or
- 2) it is something you would like to start doing or
- 3) it is something you haven't thought about very much.

Health Habit Inventory*

Health Habit	I already do this	I want to start doing this	I have not thought about this very much
I am taking steps to reach or stay at a healthy weight for me.			
I eat at least 3 servings of vegetables on most days.			
I eat at least 2 servings of fruit on most days.			
I eat foods that are low in fat.			
I eat foods that are high in fiber.			
I avoid eating refined sugar.			
I cook most of my foods at home using fresh ingredients and not too many processed items.			
I pay attention to what I eat (in terms of variety, serving sizes, and general calorie amounts).			
I do muscle-strengthening activities on 2 or more days a week.			
I am moderately active for at least 150 minutes a week, or vigorously active for at least 75 minutes a week.			
I stay flexible by stretching or doing yoga several times a week.			
I know what my usual blood pressure is, and have talked to my healthcare provider about any concerns.			
I know my cholesterol levels and have talked to my healthcare provider about any concerns.			
I know my blood glucose level and have talked to my healthcare provider about any concerns.			
I do not smoke.			
I have learned all I can about my family's health history and have talked to my healthcare provider about any concerns.			
I have at least one health professional with whom I feel comfortable talking about medical problems.			

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Setting Goals — Go back and read through any health practices that you indicated you would like to start doing. Choose one or two things that you’re especially interested in and use these to create your new **personal health goals**. If you’ve thought about changing other health habits that the Health Habit Inventory didn’t cover, you can use those for your personal health goals.

Start with small able steps to create your goals. For example, if you currently aren’t active but want to be more active, start by walking for 15 minutes 3 times a week. After a few weeks, walk for 20 minutes each time and increase the minutes until your reach your goal. Here are some more goal-setting tips:

- **Be specific** — If your goal isn’t defined very well you might not meet it. So instead of something too general like “I’ll start walking” a better goal would be: “During the next month I plan to walk at least 3 days a week for 15 minutes at a time.”
- **Be flexible** — It’s not unusual to hit a few bumps in the road when you’re working on a goal. Maybe you have plans for an early-morning walk, only to find that it’s storming outside when you wake up. So be flexible! Have a back-up plan for dealing with various situations that might arise. You may find that you’ve over- or underestimated the time it will take to reach your goal. If that’s the case, go ahead and modify your goal.
- **Be realistic** — Change takes time, so be mindful of that as you set your goals. Don’t set a goal that you know is simply impossible.
- **Write it down** — Research shows that people who write their goals down are more likely to achieve them. This can also help you decide what you want to achieve and create accountability for follow through.
- **Get support** — Talk with your family, friends, and health-care provider about your goals and steps for reaching those goals. Getting their support and encouragement can make a big difference in your success.
- **Reward Yourself** — Once you reach your goal, how will you reward yourself? Perhaps a night out with your spouse? A book from the bookstore? A massage? By congratulating yourself, you’ll recognize your success as a real achievement and you’ll be that much more confident with future goals.

Write Your Personal Goals Here:

1. _____
2. _____

Workbook

Part 6 Test

(Record your final answers on the answer sheets in the front of this workbook.)

1. TRUE FALSE

In general, the higher the BMI, the more body fat a person has.

2. TRUE FALSE

BMI is a good screening tool but BMI is not always accurate for determining a person's body fatness.

3. TRUE FALSE

Your waist circumference is an excellent predictor of your blood pressure.

4. TRUE FALSE

Light physical activity has no important health benefits.

5. TRUE FALSE

A normal blood pressure is 120/80 mm Hg or lower.

6. TRUE FALSE

LDL cholesterol is known as "bad" cholesterol.

7. TRUE FALSE

Ideally, you want to lower your LDL levels and raise your HDL levels.

8. Approximately what percent of the U.S. population has prediabetes?

- A. 3 percent
- B. 10 percent
- C. 20 percent
- D. 35 percent

9. Which of the following are risk factors for chronic diseases like heart disease? (*Check all that apply.*)

- High blood pressure
- High cholesterol and triglycerides
- High blood glucose
- Family history of chronic disease
- Tobacco use

Congratulations!

You have completed the Basic Nutrition Module, so give yourself a pat on the back! We hope you now have a better understanding of how healthy eating habits, physical activity, and weight maintenance form the basis of a healthy lifestyle and help prevent long-term disease. We wish you success — not only in promoting these concepts with WIC clients but also in achieving your own personal health goals.

Appendix A Nutrient Needs Based on Age and Gender (USDA, 2010a)

This table does not include data for pregnant or breastfeeding moms.

Macronutrients

Nutrient (units)	Source of Goal ^a	Child 1-3	Female 4-8	Male 4-8	Female 9-13	Male 9-13	Female 14-18	Male 14-18	Female 19-30	Male 19-30	Female 31-50	Male 31-50	Female 51+	Male 51+
Protein (g)	RDA ^b	13	19	19	34	34	46	52	46	56	46	56	46	56
(% of calories)	AMDR ^c	5-20	10-30	10-30	10-30	10-30	10-30	10-30	10-35	10-35	10-35	10-35	10-35	10-35
Carbohydrate (g)	RDA	130	130	130	130	130	130	130	130	130	130	130	130	130
(% of calories)	AMDR	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65
Total fiber (g)	IOM ^d	14	17	20	22	25	25	31	28	34	25	31	22	28
Total fat (% of calories)	AMDR	30-40	25-35	25-35	25-35	25-35	25-35	25-35	20-35	20-35	20-35	20-35	20-35	20-35
Saturated fat (% of calories)	DG ^e	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%
Linoleic acid (g)	AI ^f	7	10	10	10	12	11	16	12	17	12	17	11	14
(% of calories)	AMDR	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10
alpha-Linolenic acid (g)	AI	0.7	0.9	0.9	1.0	1.2	1.1	1.6	1.1	1.6	1.1	1.6	1.1	1.6
(% of calories)	AMDR	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2	0.6-1.2
Cholesterol (mg)	DG	<300	<300	<300	<300	<300	<300	<300	<300	<300	<300	<300	<300	<300

Minerals

Nutrient (units)	Source of Goal ^a	Child 1-3	Female 4-8	Male 4-8	Female 9-13	Male 9-13	Female 14-18	Male 14-18	Female 19-30	Male 19-30	Female 31-50	Male 31-50	Female 51+	Male 51+
Calcium (mg)	RDA	700	1,000	1,000	1,300	1,300	1,300	1,300	1,000	1,000	1,000	1,000	1,200	1,200
Iron (mg)	RDA	7	10	10	8	8	15	11	18	8	18	8	8	8
Magnesium (mg)	RDA	80	130	130	240	240	360	410	310	400	320	420	320	420
Phosphorus (mg)	RDA	460	500	500	1,250	1,250	1,250	1,250	700	700	700	700	700	700
Potassium (mg)	AI	3,000	3,800	3,800	4,500	4,500	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700
Sodium (mg)	UL ^g	<1,500	<1,900	<1,900	<2,200	<2,200	<2,300	<2,300	<2,300	<2,300	<2,300	<2,300	<2,300	<2,300
Zinc (mg)	RDA	3	5	5	8	8	9	11	8	11	8	11	8	11
Copper (mcg)	RDA	340	440	440	700	700	890	890	900	900	900	900	900	900
Selenium (mcg)	RDA	20	30	30	40	40	55	55	55	55	55	55	55	55

Vitamins

Nutrient (units)	Source of Goal ^a	Child 1-3	Female 4-8	Male 4-8	Female 9-13	Male 9-13	Female 14-18	Male 14-18	Female 19-30	Male 19-30	Female 31-50	Male 31-50	Female 51+	Male 51+
Vitamin A (mcg RAE)	RDA	300	400	400	600	600	700	900	700	900	700	900	700	900
Vitamin D ^h (mcg)	RDA	15	15	15	15	15	15	15	15	15	15	15	15	15
Vitamin E (mg AT)	RDA	6	7	7	11	11	15	15	15	15	15	15	15	15
Vitamin C (mg)	RDA	15	25	25	45	45	65	75	75	90	75	90	75	90
Thiamin (mg)	RDA	0.5	0.6	0.6	0.9	0.9	1.0	1.2	1.1	1.2	1.1	1.2	1.1	1.2
Riboflavin (mg)	RDA	0.5	0.6	0.6	0.9	0.9	1.0	1.3	1.1	1.3	1.1	1.3	1.1	1.3
Niacin (mg)	RDA	6	8	8	12	12	14	16	14	16	14	16	14	16
Folate (mcg)	RDA	150	200	200	300	300	400	400	400	400	400	400	400	400
Vitamin B ₆ (mg)	RDA	0.5	0.6	0.6	1.0	1.0	1.2	1.3	1.3	1.3	1.3	1.3	1.5	1.7
Vitamin B ₁₂ (mcg)	RDA	0.9	1.2	1.2	1.8	1.8	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4
Choline (mg)	AI	200	250	250	375	375	400	550	425	550	425	550	425	550
Vitamin K (mcg)	AI	30	55	55	60	60	75	75	90	120	90	120	90	120

a Dietary Guidelines recommendations are used when no quantitative Dietary Reference Intake value is available; apply to ages 2 years and older.

b Recommended Dietary Allowance, Institute of Medicine (IOM).

c Acceptable Macronutrient Distribution Range, IOM.

d 14 grams per 1,000 calories, Institute of Medicine.

e Dietary Guidelines recommendation.

f Adequate Intake, IOM.

g Upper Limit, IOM.

h 1 mcg of vitamin D is equivalent to 40 IU.

AT = alpha-tocopherol; DFE = dietary folate equivalents; RAE = retinol activity equivalent.

Appendix B Estimated Calorie Needs Based on Age, Gender and Activity Level (USDA, 2010a)

Estimated amounts of calories^a needed to maintain calorie balance for various gender and age groups at three different levels of physical activity. The estimates are rounded to the nearest 200 calories. An individual's calorie needs may be higher or lower than these average estimates.

Age (years)						
Gender/ Activity Level ^b	Male/ Sedentary	Male/ Moderately Active	Male/Active	Female ^c / Sedentary	Female ^c / Moderately Active	Female ^c /Active
2	1,000	1,000	1,000	1,000	1,000	1,000
3	1,200	1,400	1,400	1,000	1,200	1,400
4	1,200	1,400	1,600	1,200	1,400	1,400
5	1,200	1,400	1,600	1,200	1,400	1,600
6	1,400	1,600	1,800	1,200	1,400	1,600
7	1,400	1,600	1,800	1,200	1,600	1,800
8	1,400	1,600	2,000	1,400	1,600	1,800
9	1,600	1,800	2,000	1,400	1,600	1,800
10	1,600	1,800	2,200	1,400	1,800	2,000
11	1,800	2,000	2,200	1,600	1,800	2,000
12	1,800	2,200	2,400	1,600	2,000	2,200
13	2,000	2,200	2,600	1,600	2,000	2,200
14	2,000	2,400	2,800	1,800	2,000	2,400
15	2,200	2,600	3,000	1,800	2,000	2,400
16	2,400	2,800	3,200	1,800	2,000	2,400
17	2,400	2,800	3,200	1,800	2,000	2,400
18	2,400	2,800	3,200	1,800	2,000	2,400
19–20	2,600	2,800	3,000	2,000	2,200	2,400
21–25	2,400	2,800	3,000	2,000	2,200	2,400
26–30	2,400	2,600	3,000	1,800	2,000	2,400
31–35	2,400	2,600	3,000	1,800	2,000	2,200
36–40	2,400	2,600	2,800	1,800	2,000	2,200
41–45	2,200	2,600	2,800	1,800	2,000	2,200
46–50	2,200	2,400	2,800	1,800	2,000	2,200
51–55	2,200	2,400	2,800	1,600	1,800	2,200
56–60	2,200	2,400	2,600	1,600	1,800	2,200
61–65	2,000	2,400	2,600	1,600	1,800	2,000
66–70	2,000	2,200	2,600	1,600	1,800	2,000
71–75	2,000	2,200	2,600	1,600	1,800	2,000
76+	2,000	2,200	2,400	1,600	1,800	2,000

a. Based on Estimated Energy Requirements (EER) equations, using reference heights (average) and reference weights (healthy) for each age-gender group. For children and adolescents, reference height and weight vary. For adults, the reference man is 5 feet 10 inches tall and weighs 154 pounds. The reference woman is 5 feet 4 inches tall and weighs 126 pounds. EER equations are from the Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington (DC): The National Academies Press; 2002.

b. Sedentary means a lifestyle that includes only the light physical activity associated with typical day-to-day life. Moderately active means a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life. Active means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.

c. Estimates for females do not include women who are pregnant or breastfeeding.

Source: Britten P, Marcoe K, Yamini S, Davis C. Development of food intake patterns for the MyPyramid Food Guidance System. J Nutr Educ Behav 2006;38(6 Suppl):S78-S92.

Appendix C Food Sources of Key Vitamins and Minerals

Food Sources of Vitamin A

- Sweet potato
- Carrots
- Spinach or kale
- Vegetable juice
- Cantaloupe
- Apricots
- Papaya
- Mango

Food Sources of Vitamin D

- Oily fish like salmon and mackerel*
- Mushrooms, sliced, exposed to UV light
- Tuna
- Milk
- Orange juice fortified with vitamin D
- Yogurt

* *Young children and women who could become pregnant should not eat King Mackerel*

Food Sources of Vitamin C

- Red and green peppers
- Orange juice, grapefruit juice
- Kiwifruit
- Oranges
- Grapefruit
- Strawberries
- Brussels sprouts
- Broccoli
- Tomato juice
- Cantaloupe
- Cabbage
- Potatoes

Food Sources of Folate or Folic Acid

- Fortified breakfast cereals
- Dried beans and peas
- Asparagus
- Enriched white rice
- Leafy green vegetables like spinach and turnip greens
- Broccoli
- Avocados
- Citrus fruits and juices

Appendix C Food Sources of Key Vitamins and Minerals (continued)

Food Sources of Calcium

- Calcium-fortified cereals and pastas
- Tofu prepared with calcium sulfate
- Calcium-fortified orange juice
- Yogurt
- Milk
- Cheese
- Fish with edible bones
- Calcium-fortified soy milk
- Spinach, kale, Chinese cabbage
- Almonds

Food Sources of Potassium

- Potatoes
- Prune juice
- Carrot juice
- Tomato juice
- Plain yogurt
- Sweet potato, baked in skin
- Orange juice
- Fish, Pacific cod or Rockfish
- Milk
- Banana
- Spinach
- Pork loin
- Dried beans and peas

Food Sources of Iron

- Ready-to-eat cereal, iron-fortified
- Oatmeal
- Soybeans
- Dried beans and peas
- Blackstrap molasses
- Tofu
- Spinach
- Beef
- Chicken, turkey, fish
- Peanut butter, dried fruit*

** these foods have small amounts of iron, but they are notable sources of iron in some people's diets.*

High-Sodium Foods

- Soy sauce
- Soup
- Tomato juice
- Instant noodles
- Pizza
- Macaroni & cheese
- Spaghetti Sauce
- Lunch meat, ham, bologna
- Pretzels, salted
- Cottage cheese
- Processed cheese
- Canned vegetables
- Barbeque Sauce
- Salad dressing

Nutrition Services Section
Nutrition Education / Clinic Services Unit
Texas Department of State Health Services

Stock No. 13-33-1
July 2012

A companion publication, Basic Nutrition Module,
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