

LAB 7.3 • IMPROVING YOUR NUTRITION

Name: _____ Date: _____

Instructor: _____ Section: _____

Purpose: To create a detailed plan for improving your personal nutrition.

Materials: Results from Lab 7.2.

SECTION I: PLANNING CHANGES TO YOUR DIET

- 1.** Look back at your results for Lab 7.2. Which nutrients do you consume too little of?

List at least three foods you could add to your diet in order to increase your consumption of these nutrients:

Food: _____ Rich in: _____

Food: _____ Rich in: _____

Food: _____ Rich in: _____

- 2.** Do you consume too much protein, fat, saturated fat, cholesterol, or sodium? If so, what foods high in these substances could you reduce or eliminate from your diet? List at least 3:

Food: _____ High in: _____

Food: _____ High in: _____

Food: _____ High in: _____

- 3.** How closely did your diet match up with the USDA recommendations? Fill in the blanks below.

Current Milk Intake: _____ cups

Recommended Milk Intake: _____ cups

Current Meat and Beans Intake: _____ oz.

Recommended Meat and Beans Intake: _____ oz.

Current Vegetables Intake: _____ cups

Recommended Vegetables Intake: _____ cups

Current Fruits Intake: _____ cups

Recommended Fruits Intake: _____ cups

Current Grains Intake: _____ oz.

Recommended Grains Intake: _____ oz.

How can you adjust your diet to more closely meet recommended intake levels for each food group?

- I would like to increase/decrease my milk intake by _____ cups.
- I would like to increase/decrease my meat and beans intake by _____ oz.
- I would like to increase/decrease my vegetables intake by _____ oz.
- I would like to increase/decrease my fruits intake by _____ cups.
- I would like to increase/decrease my grains intake by _____ oz.

SECTION II: SHORT- AND LONG-TERM GOALS

Create short- and long-term goals for your healthy eating plan. Be sure to use SMART (specific, measurable, action-oriented, realistic, time-limited) goal-setting guidelines and the information obtained from Section I of this lab and all of your Lab 7.2 materials. Choose appropriate target dates and rewards for completing your goals.

1. Short-Term Goal (3–6 Months)

- a. Goal: _____

- b. Target Date: _____
- c. Reward: _____

2. Long-Term Goal (12+ Months)

- a. Goal: _____

- b. Target Date: _____
- c. Reward: _____

SECTION III: BARRIERS TO GOOD NUTRITION; STRATEGIES FOR OVERCOMING THEM

1. What barriers or obstacles might hinder your plan for nutrition changes? Indicate your top three nutritional barriers here:

- a. _____
- b. _____
- c. _____

2. Overcoming these barriers to change will be an important step in reaching your goals. List three strategies for overcoming the obstacles listed:

- a. _____
- b. _____
- c. _____

SECTION IV: GETTING SUPPORT

List resources you will use to help you change your nutritional behavior and how each of these resources will support your goals:

Friend/partner/relative: _____
School-based resource: _____
Community-based resource: _____
Other: _____

To submit the completed lab, save the form to your computer and email it to your instructor or upload it to their digital dropbox as directed.