

# NUTRITION JOURNAL

7<sup>th</sup> Grade

NAME \_\_\_\_\_

Due date: \_\_\_\_\_ (10% less if turned in late)

**Learning Target: Record all foods and liquids consumed for two days. Avoid all foods and liquids with added sugar. (Bread is an exception because it is difficult to find any without added sugar)**

## **PART ONE**

**Step 1:** Log onto [www.focusedfitness.org](http://www.focusedfitness.org)

Click LOGIN; This opens a second login; Login the same way you would for school.

**Step 2:** Click on BEHAVIOR LOGS

**Step 3:** To enter the foods you eat, you will click on the green + sign

**Step 4:** Select the day of the month, the foods you eat, the serving size, the quantity measured in cups or ounces and the time of day.

**Step 5:** SAVE entry. You will have to repeat this for each item that you have entered. Select the time of the meal to differentiate breakfast, lunch and dinner.

**Step 6:** Print this page after entering all foods and beverages. *Uncheck the oils category before printing.* Make sure to be on the day that you entered food choices, then place the cursor on the middle of the page, right click, then select PRINT PAGE. If your graphs don't have percentages, you are on the wrong date.

**Step 7:** Label each food item with the meal it represents. Give explanation for skipped meals.

**Step 8:** Describe any food allergies on the print out.

**NOTE:** If you want to delete a food item click on the red X, if you want to edit your food item because you put in the wrong time of day or amount click on the pencil.

## **PART TWO**

Record your day of food to the My Meal Chart on the back of this sheet.

Color in each "O" or "U" for every ounce or cup (respectively) consumed.

If recording less than a full amount, only color in that percentage of the "O" or "U."

80% would be 4/5 of each, and so on. **If you exceed the allowance, put amounts outside the plate.**

## **PART THREE – on a separate sheet**

Write reflections on the topics from the box below. Each paragraph should begin with a topic sentence. Include in the body commentary, data, evidence, supporting details, and reasons. The last sentence should be a conclusion. At least eight sentences are necessary to exceed standard.

**Topic #1:** What was challenging about avoiding the added sugar? What foods that you normally eat did you have to avoid because of added sugar? What strategies will you use to avoid sugar in the future? How did it feel after two days without sugar?

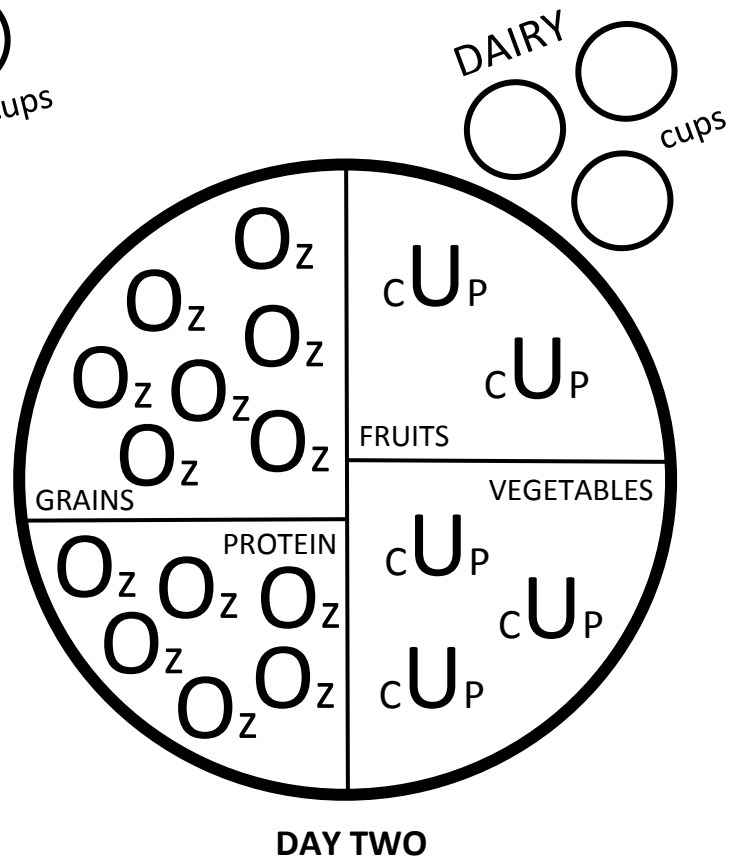
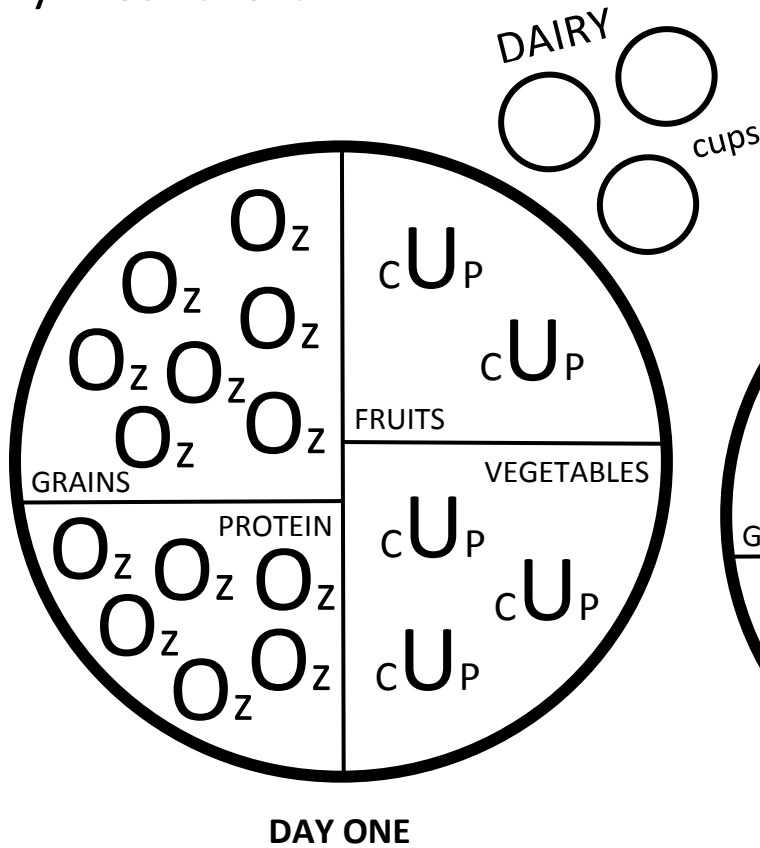
**Topic #2:** Assess the obstacles that are preventing healthy food choices. What are the reasons? If you could, what would you do differently?

## **PART FOUR**

Assemble project in the following order:

- 1) Cover page with Name, Teacher and Period
- 2) Print out from Focused Fitness with graphs and foods/beverages consumed
- 3) Reflections on a separate sheet
- 4) My Meal Chart w/checklist

# My Meal Chart



## PROJECT CHECKLIST

### Completed Nutrition Log (5 pts/day)

	Day 1	Day 2
<input type="checkbox"/> Date	5	5
<input type="checkbox"/> Time	5	5
<input type="checkbox"/> Food	5	5
<input type="checkbox"/> Serving Size	5	5
<input type="checkbox"/> Amount	5	5

### My Meal Chart

<input type="checkbox"/> Amounts agree with report	5	5
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### First Topic Reflection

<input type="checkbox"/> Topic sentence	5
<input type="checkbox"/> Details, evidence, data, rationale	5
<input type="checkbox"/> Conclusion	5
<input type="checkbox"/> Spelling / Grammar	5

### Second Topic Reflection

	points
<input type="checkbox"/> Topic sentence (Second paragraph)	5
<input type="checkbox"/> Details, evidence, data, rationale	5
<input type="checkbox"/> Conclusion	5
<input type="checkbox"/> Spelling / Grammar	5

### Presentation

<input type="checkbox"/> Stapled	2
<input type="checkbox"/> Cover w/name, per., teacher	3
<input type="checkbox"/> No folds/wrinkles/stains	2
<input type="checkbox"/> Legible	3

Total out of 110

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