Name____________________________________________

3 Day Diet Analysis for Nutrition 219

Keep a record of everything you eat and drink for 3 days. Be specific. Was it white or wheat bread, 1% or 2% milk, 1 cup or 1½ cups, did you fry it in oil or bake it. If it is a combination food and you cannot find it on the food lists, break it down, ie, a ham and cheese sandwich would be 2 slices of bread, 2 ounces of ham, 1 ounce of cheese, 1 tablespoon of mayonnaise. Do not include vitamin pills in your analysis.

Use one copy of the 3 Day Food Record Intake Form for each day's food intake. When you have completed your record for all three days, you can begin entering the foods and beverages into the computer. Be sure to spell correctly so the computer search can find your entry. There is a tutorial included with your computer program which will help you to complete your diet analysis using the software.

After you enter your data and print your reports, answer all the questions in the following pages uses your diet analysis reports. Follow the directions below for printing and organizing your project.

After you have entered your data for all 3 days, you must print and turn in the following reports (as well as the answered questions):

Using Diet Analysis 10.0
1. Select “Reports” from the top of the page
2. Select “3 Day Average” under Advanced
3. Record the days of your 3 Day Intake.
4. Select: “Print Report”; your report will load
5. Print
6. Please put the Diet Analysis Reports in the order as below

Using Diet Analysis 9.0
1. Select “Print Reports” from the top of the page
2. Select “3 Day Average Reports”
3. Select the days of your recorded intake from the calendar.
4. Select: “Print 3 Day Average”; your report will load
5. Click on the “File” tab at the top left of your screen and select “print”
6. Please put the Diet Analysis Reports in the following order:
   a. Profile DRI Goals
   b. Energy Nutrient and DRI Goal Ranges Compared
   c. Fat as a Percentage of Total Calories
   d. Intake and DRI Goals Compared
   e. My Pyramid Analysis
   f. Energy Balance
   g. Complete Intake Spreadsheets- One for each of your 3 days
7. Now answer all the questions in the following pages using the above reports.
8. Please staple together (or place in a folder):
   a. The answered questions that follow
   b. The Diet Analysis Reports (in the order listed above)
   c. Your 3 Day Record Intakes sheets
9. The Reports section of the project is worth 25 points; the questions are worth 70 points, and the 3 Day Record Intakes are worth 5 points, for a total of 100 points.
SELF STUDY 1: EVALUATE YOUR CARBOHYDRATE INTAKE  (10points)

Take a look at your report. Your 3 days of intake are averaged for you and the results are the Intake vs Goals Report. Questions that refer to your “average daily intake” should be based on the number listed under “Intake” on your Intake vs Goals Report in the first category under “Energy”. (in Diet Analysis 9, this is referred to as “Intake and DRI Goals Compared”)

1. How many grams of carbohydrate did you consume on an average day? This number is listed under “Intake” on the “Intake vs Goals” report under the category of “Energy”. ________________ (This report is called Intake and DRI Goals Compared on Diet Analysis 9)

2. How many kcalories does this represent? ________________
   (Remember, 1 gram of carbohydrate contributes 4 kcalories.)

3. What percentage of your total kcalories is contributed by carbohydrate?
   ________________ (This is on the Macronutrient Ranges bar graph. On Diet Analysis 9, it is called Energy Nutrient Intake and DRI Goal Ranges Compared which is in the small box on its own page)

4. Is your intake within the recommendation that 45-65% of the kcalories in your diet should come from carbohydrate? ________________ (yes or no)

5. From the list below, circle the whole grains that you consumed during the 3 days that you recorded.
   Whole Grains
   Whole wheat bread whole oats cracked wheat bread whole cornmeal bulgur buckwheat whole grain pasta popcorn brown rice wild rice whole wheat couscous graham flour rye All bran
   Cold Cereal
   Cheerios Granola or Muesli Grape-nuts Nutri-grain Raisin Bran Bran flakes Shredded Wheat Total Wheaties Wheat Chex Wheat germ Kashi Go Lean
   Hot Cereal
   Oat bran Oatmeal Quaker Multigrain Ralston High Fiber Wheatena
   Other whole grain ______________________________________________________

6. How many grams of fiber did you consume on an average day? __________
   (This is on your Intake vs Goals report under Carbohydrate)

7. Compare your intake with the recommendation to consume approximately 25 grams of dietary fiber per day. How many grams of fiber were you over or under the 25 gram recommendation? __________over or under (circle one)
SELF STUDY 1: EVALUATE YOUR CARBOHYDRATE INTAKE (continued)
Continue to evaluate your fiber intake.

7. **a. If you consumed less than 25 grams**, list specifically what foods you could include in your diet to make up the difference.

   **b. List how many grams of fiber each of your suggestions will add.** For example, if you only ate 15 grams, you need to add 10 grams to make up the difference. An example might be: 1 cup of raspberries-8 grams, 2 cups of popcorn-2 grams. Make sure you list foods you would actually eat *and don’t use my examples*.

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   Total Grams Fiber __________  you need to eat to reach 25 grams

7. **c. If you consumed 25 grams or more, great job!** Now review all 3 days of your spreadsheets, circle the top 3 foods highest in fiber you consumed over the 3 days, and list them here and the amount of fiber in each food item.

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<tr>
<th>Food</th>
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8. Another dietary goal is that no more than 10 % of your total kcalories should come from refined and other processed sugars and foods high in added sugars. To assess your intake against this standard, **review your 3 day intake and identify the foods high in processed (simple) sugar and list them below.**

   Include: Foods containing mostly concentrated simple carbohydrates such as sugar, candy, cookies, cakes, pie, doughnuts, pastry, soda pop, sweetened beverages, lemonade, sweetened or flavored iced tea, ice cream, honey, molasses, syrup, jam, jelly, and high sugar cereals (cereals with more than 10 grams of sugar per serving). **Do not list milk, fruit, natural juices; just list foods containing processed sugars.**

   ______________________________________________________________________________________

   ______________________________________________________________________________________

   ______________________________________________________________________________________

   9. What other food choices could you substitute for your high sugar foods to lower your sugar intake?

   ____________________________________________________________
SELF-STUDY 2: FAT (10 points)

1. What is your average daily intake for total grams of fat? ________
   (This is under Intake, under the category of Energy, on your Intake vs Goals report in DA 10, which is called Intake and DRI Goals Compared in DA 9)

2. How many kcalories does this represent? (Remember, 1 gram of fat contributes 9 kcalories per gram) ______________

3. What percentage of your total kcalories is contributed by fat? ______________
   (This is on the Macronutrient Ranges bar graph in DA 10, which is called Energy Nutrient Intake and DRI Goal Ranges Compared in DA 9)
   Did you consume more than the recommendation of 20-35% of your intake should come from fats? ________ (yes or no)

4. Review your Fat Breakdown report. (called Fat as Percentage of Total Calories in DA 9)
   Is your fat intake for saturated fat more than 10% of your total kcalories? ________ (yes or no)

5. Regardless of your saturated fat intake, look over your food records; what specific foods could you cut down on or eliminate to decrease your saturated fat intake?
   What “heart healthier” foods could you replace them with?
   ____________________________________________
   ____________________________________________

6. How much essential fatty acid do you consume? Refer to your Intake vs Goals report under “Essential Fatty Acids”. The percentage number is the number to the right of the yellow bar graph.
   Omega-6 Linoleic ______ grams  What % of your DRI did you meet? ______
   Omega-3 Linolenic ______ grams  What % of your DRI did you meet? ______
   If you did not meet your DRI goal (if your intake was less than 100%) for either of the above, what foods could you add to your diet to meet your needs for essential fatty acid?
   ____________________________________________

7. What is your average daily intake for cholesterol? ________

8. If your intake is over 300 mg, what foods could you cut down on or eliminate to bring your cholesterol intake within suggested limits?
   ____________________________________________
   If your intake is less than 300 mg, list the top 2 foods highest in cholesterol you consumed over the 3 days. ____________________________________________
SELF-STUDY 3: PROTEIN (5 points)

1. What is your average daily intake in grams for protein? (Refer to your Intake vs Goals report, called Intake and DRI Goals Compared in DA 9)

2. How many kcalories does this represent? (Remember, 1 gram of protein contributes 4 kcalories.) ______________

3. What percentage of your total kcalories is contributed by protein? ______________ (This is on the Macronutrient Ranges bar graph, called Energy Nutrient Intake and DRI Goal Ranges Compared on DA 9)

4. Was your protein intake in the range of the recommendation that 10-35% of your total kcalorie intake should come from protein? ______________ (yes or no). If your protein intake is above or below the recommended 10-35%, what foods could you consume more of—or less of—to help it meet the recommendation?

5. Now calculate your RDA for grams of protein. (See page 193 of your text). Start by dividing your weight in pounds by 2.2 to determine your weight in kilograms- ______________ kg. Then multiply your weight in kilograms by 0.8. ______________ grams. This number represents your protein RDA.

SELF STUDY 4: Evaluate Your Health Risk (10 points)

What weight is appropriate for you? When physical health alone is considered, a wide range of weights is acceptable for a person of a given height. Within the safe range, the choice of a weight is up to the individual.

1. Determine whether your current weight is appropriate for your height. Height: _____ in (or cm) Weight: _____ lb (or kg)

2. Locate your BMI on the chart and record it. ________

3. Circle your BMI Category:
   - Underweight
   - Healthy weight
   - Overweight
   - Obese

4. Does your body weight fit in the healthy weight range? ________
SELF STUDY 4: Evaluate Your Health Risk (cont)

If you are underweight according to the table on the inside back cover of the text and your BMI is below 19, you may need to gain weight for your health’s sake. If your weight is over the acceptable weight range your BMI value may be associated with an increased risk of disease.

5. The distribution of body fat may be more critical than the amount of fat alone. Determine whether your fat distribution is associated with health risks.
   • Record your waist measurement: _____________ in (or cm)

Women with a circumference of greater than 35 inches and men with a circumference of greater than 42 inches are at a high risk for obesity-related health problems, regardless of your BMI.

6. Other risk factors for chronic disease: Circle your response.
   • Do you have a personal or family history of heart disease       Yes/No
   • Are you a male older than 45 or a postmenopausal female        Yes/No
   • Do you smoke cigarettes?                                     Yes/No
   • Do you have a sedentary lifestyle?                           Yes/No
   • Have you been diagnosed with high blood pressure             Yes/No
   • Abnormal blood lipid profile                                 Yes/No
   • Do you have diabetes?                                       Yes/No

The higher your BMI and waist measurement, coupled with multiple risk factors, the more likely your overall health will benefit from weight loss.

7. Look at your **Intake vs Goals Report** for kcalories under the Energy category. Did you exceed your estimated daily intake for kcalories or were you below your estimated daily calorie intake? **Circle one:** exceed  below

8. Regardless of whether you exceeded or you were below your kcalorie goal, answer both of the following questions:

What effect could your eating habits have on your weight over several months, or years, if you significantly overate more than the recommended calorie level?

What effect could your eating habits have on your weight over several months, or years, if you significantly ate less than the recommended calorie level?

9. List your usual physical activities, sports and exercise, minutes per day and times per week.______________________________________

If you are not physically active, how could you incorporate physical activity into your daily life? ___________________________________________
Review your average daily percent of your vitamin and mineral goals compared to your DRI. This is the number to the right of the yellow bar graph on your Intake vs. Goals Report. In the table below, note the following:

1. Column 1: list the **percentage** of your recommended intake that you consumed for the vitamins and minerals from your Intake vs. Goals Report. (This is the number to the right of the yellow bar or arrow; **Do not list the DRI number**)

2. Column 2: if your intake was less than 100% for any of the nutrients, list 3 specific foods rich in that nutrient you would consume to include more of this nutrient in your diet. List foods not included on your 3 Day Food Record.

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Percent of your DRI (1 pt each)</th>
<th>For those nutrients less than 100%, list 3 specific foods rich in the nutrient you would consume to include more of this nutrient in your diet. (1 pt each)</th>
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</thead>
<tbody>
<tr>
<td>Thiamin</td>
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<td>Riboflavin</td>
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<td>Niacin</td>
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<td>Vitamin B6</td>
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<td>Folate</td>
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<td>Vitamin C</td>
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<td>Vitamin D</td>
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<td>Vitamin A (RAE)</td>
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<td>Vitamin E (alpha-tocopherol)</td>
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<td>Calcium</td>
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<td>Iron</td>
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<td>Potassium</td>
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SELF STUDY 5: VITAMINS AND MINERALS (continued)

2. Compare your average intake with your DRI for sodium. What percent of your recommended intake of sodium did you consume? __________

3. Review your food records and circle the top 3 foods highest in sodium over the past 3 days.

4. List them here and the grams of sodium in each:

   Food__________  Grams__________
   Food__________  Grams__________
   Food__________  Grams__________

In what ways could you change your diet to decrease your sodium intake if you consumed more than 200% of your goal? (What could you consume less of to decrease your sodium intake?)
________________________________________________________________________

4. Do you currently take a vitamin or mineral supplement? _______________

After completing the vitamin/mineral exercise on the previous page, do you feel you could benefit from a supplement? ________________________________

________________________________________________________________________

Overall Review (4 points)
1. Have you made any changes in your diet or lifestyle since taking this class to improve your nutrition intake and what are they?
________________________________________________________________________

If you have not made any changes, list 2 changes you could make to improve your overall nutrition status
________________________________________________________________________

2. What were you most surprised about regarding your intake after completing this assignment?
________________________________________________________________________