**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block:\_\_\_\_\_\_**

**Calorie Counting**

Download a food tracking program, such as **Lose It!** or **MyFitnessPal**, or another.

Track EVERYTHING you eat and drink for 7 days.

Do not change your eating habits until after the assignment: the goal is to see how you eat on a regular basis.

Fill in the chart on the backside.

Answer the following questions after the 7 days on a separate piece of paper:

1. What trends do you notice in your eating habits?
2. How often did you reach your calorie goal? Did you find it difficult to hit that goal, did you often go over/under it?
3. What do you notice about your salt (sodium) intake? What do you notice about your sugar intake? What do you notice about your fat intake? What do you notice about your fruit/vegetable intake?
4. What changes can you make to your eating habits to begin to eat healthier? Are these changes attainable? Why or why not? What can you do to make them more attainable?
5. What do you think influences the choices you make with your eating habits?

**Daily calorie goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total Calories Consumed | Snacks | Dinner | Lunch | Breakfast |  |
|  |  |  |  |  | Day 1 |
|  |  |  |  |  | Day 2 |
|  |  |  |  |  | Day 3 |
|  |  |  |  |  | Day 4 |
|  |  |  |  |  | Day 5 |
|  |  |  |  |  | Day 6 |
|  |  |  |  |  | Day 7 |