



Wellington-Dufferin Guelph Public Health • www.wdghu.org

LIVE WELL ONLINE WORKBOOK

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Wellington-Dufferin-Guelph Public Health

MODULE 2 - PORTION SIZE

PRE-QUIZ SCORE: _____

Canada's Food Guide Servings Eating Diary					
Age: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Meal	Daily Food Intake <i>In this column, write down what you had to eat under each meal category</i>	Vegetables and Fruit Servings	Grain Product Servings	Milk and Alternative Servings	Meat and Alternative Servings
Breakfast		→			
Lunch		→			
Dinner		→			
Snacks		→			
Total Number of Food Guide Servings	/	↓	↓	↓	↓
Recommended Food Guide Servings (based upon my age and sex)	/				

List one-two things that you can work on to help you reach your recommended servings from *Canada's Food Guide*.

For example, this may include adding or cutting back on servings from certain food groups.

Be specific- include what you are going to do, and when you will do it.

1) _____

2) _____

These are now your short-term goals to get you on track with *Eating Well with Canada's Food Guide*.

Case Study: John, 25 year-old male.

Estimate how many servings John ate from each of the four food groups:

Vegetables and Fruit: _____

Grain Products: _____

Milk and Alternatives: _____

Meat and Alternatives: _____

Case Study: Alison, 40 year-old female.

Estimate how many servings Alison ate from each of the four food groups:

Vegetables and Fruit: _____

Grain Products: _____

Milk and Alternatives: _____

Meat and Alternatives: _____

Using the pictures, estimate how many servings are in each of the meals:

Fruits and Vegetables = _____ servings
Grain Products = _____ servings
Milk & Alternatives = _____ servings
Meat & Alternatives = _____ serving

Fruits and Vegetables = _____ servings
Grain Products = _____ servings
Milk & Alternatives = _____ servings
Meat & Alternatives = _____ servings

POST-MODULE QUIZ SCORE: _____

MODULE 3 - FAT & FIBRE

PRE-MODULE QUIZ SCORE: _____

Case Study: Sheila

Rate Sheila's fat eating patterns from 1 (best-case scenario) to 3 (worst-case scenario)

___ Sheila eats a large amount of fat in a day, and it is a combination of healthy and unhealthy fats.

___ Sheila eats a small amount of fat in a day, and it's mostly healthy types of fats.

___ Sheila eats a large amount of fat in a day, and it is mostly healthy types of fats.

Reflect upon your current eating patterns, and list two ways in which you can add more fibre into your diet.

Be specific.

1) _____

2) _____

POST-MODULE QUIZ SCORE: _____

MODULE 4: PHYSICAL ACTIVITY

PRE-MODULE QUIZ SCORE: _____

Think about the reasons why you want to be active.

Whether you want to achieve a healthy body weight, reduce your blood pressure or simply feel great, the reasons for being active are personal.

In the space below, state two personal **long-term goals** of your physical activity routine:

Be specific.

1) _____

2) _____

Now it is your turn to develop **short-term goals**.

In the chart below, re-list your long-term goals in the right-hand column. In left-hand column, list a couple short-term goals that will help you achieve your long-term goals.

Short-term Goals	Long-term Goals
	1)
	2)

It's time to think about your own **social support**.

In the space below, list one or two people that you can do activities with to help keep you motivated.

1) _____

2) _____

It's time for you to develop a **physical activity plan**. Notice that in the chart below there is space:

- 1) To set your weekly goal.
- 2) To plan your activities for the week.
- 3) To keep track of completed activities.

Fill out this chart for one week, and see how you do. Each week you can work towards being physically active for 30-60 minutes on most days of the week.

Month:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Weekly goal:							
Planned Activity							
Completed Activity							
Weekly goal:							
Planned Activity							
Completed Activity							
Weekly Goal:							
Planned Activity							
Completed Activity							
Weekly Goal:							
Planned Activity							
Completed Activity							

POST-MODULE QUIZ SCORE: _____

MODULE 5 – READING FOOD LABELS

PRE-MODULE QUIZ SCORE: _____

Using two products from home, compare which one has higher amounts of:

Product #1 Name:	Product #2 Name:
Fibre =	Fibre =
Sodium =	Sodium =
Fat =	Fat =
Protein =	Protein =
Carbohydrate =	Carbohydrate =
Iron =	Iron =
Vitamin A =	Vitamin A =
Calcium =	Calcium =

MODULE 6 – MENU PLANNING

PRE-MODULE QUIZ SCORE: _____

Its time to think about when you eat and why you eat it. Do you crave certain foods during the day? Are you hungry mid-morning? Do you have no time to eat during the day, and end up starving at night? Check out the next slide in the module for a hunger scale to help you rate your hunger.

TIME OF DAY	WHAT TYPES OF FOOD YOU EAT	HUNGER LEVEL
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
After dinner		

Write down how the pictures of different foods make you feel:

1 _____

2 _____

3 _____

4 _____

5 _____

Step 1: Write out your schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Step 2: Plan your weekly menu

Start by transferring some key activities from Step 1 that might influence the amount of time you have to plan meals. Start by planning your dinners. Double the recipe to have leftovers you can use for lunches and dinners on busy days.

<i>Weekday- list activities</i>	Breakfast	Lunch	Dinner
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Step 3: Make your shopping list

Let the Heart and Stroke Foundation help you grocery shop!

<p>PRODUCE</p> <p>Fruits</p> <input type="checkbox"/> Apples <input type="checkbox"/> Bananas <input type="checkbox"/> Grapes <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Ham <input type="checkbox"/> _____ <p>Chicken</p> <input type="checkbox"/> Breast <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Fish & Seafood</p> <input type="checkbox"/> Salmon <input type="checkbox"/> Halibut <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Low Trans Fat Popcom <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>BEVERAGES</p> <input type="checkbox"/> Fruit Juice <input type="checkbox"/> Tomato Juice <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Kidney Beans <input type="checkbox"/> Navy Beans <input type="checkbox"/> Chick Peas <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Seafood/Meats</p> <input type="checkbox"/> Salmon <input type="checkbox"/> Tuna <input type="checkbox"/> _____
<p>Vegetables</p> <input type="checkbox"/> Broccoli <input type="checkbox"/> Carrots <input type="checkbox"/> Yams <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>DAIRY</p> <input type="checkbox"/> Non-Hydrogentated Margarine <input type="checkbox"/> Lower-Fat Cheese <input type="checkbox"/> Milk (1%) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>CONDIMENTS</p> <input type="checkbox"/> Mustard <input type="checkbox"/> Lower-Fat Salad Dressing <input type="checkbox"/> Low Sodium Soy Sauce <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>BULK FOOD</p> <input type="checkbox"/> Grains <input type="checkbox"/> Nuts <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>DELI</p> <input type="checkbox"/> Lean Meats <input type="checkbox"/> Olives <input type="checkbox"/> Lower-Fat Cheese <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>FROZEN FOODS</p> <p>Fruits</p> <input type="checkbox"/> Blueberries <input type="checkbox"/> Melon <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>OILS</p> <input type="checkbox"/> Olive Oil <input type="checkbox"/> Canola Oil <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>CRACKERS</p> <input type="checkbox"/> Melba Toast <input type="checkbox"/> Low Trans Fat Triscuits <input type="checkbox"/> _____
<p>BREADS</p> <input type="checkbox"/> Whole Grain Loaf <input type="checkbox"/> Tortilla <input type="checkbox"/> Whole Grain Pita <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Vegetables</p> <input type="checkbox"/> Carrots <input type="checkbox"/> Corn <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>DRESSINGS</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>GRAINS/RICE</p> <input type="checkbox"/> Brown Rice <input type="checkbox"/> Cous Cous <input type="checkbox"/> Oats <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>MEATS/ SEAFOOD/FISH</p> <p>Beef</p> <input type="checkbox"/> Ground Beef <input type="checkbox"/> Roast <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Dinners</p> <input type="checkbox"/> Lasagna <input type="checkbox"/> Pizza <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>CANNED ITEMS</p> <p>Fruits</p> <input type="checkbox"/> Mixed Fruit <input type="checkbox"/> Peaches <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>PASTA</p> <input type="checkbox"/> Whole Wheat Spaghetti <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>Pork</p> <input type="checkbox"/> Tenderloin	<p>Desserts</p> <input type="checkbox"/> Frozen Yogurt <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Vegetables</p> <input type="checkbox"/> Corn <input type="checkbox"/> Green Bean <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>CEREALS</p> <input type="checkbox"/> Bran <input type="checkbox"/> _____ <p>INTERNATIONAL</p> <input type="checkbox"/> Tofu <input type="checkbox"/> Curry Paste <input type="checkbox"/> Pasta Sauce <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<p>SNACKS</p> <input type="checkbox"/> Nuts	<p>Legumes</p> <input type="checkbox"/> Lentils	<p>BABY ITEMS</p> <input type="checkbox"/> Diapers <input type="checkbox"/> Wipes <input type="checkbox"/> Baby Cereal <input type="checkbox"/> _____ <input type="checkbox"/> _____
			<p>PET ITEMS</p> <input type="checkbox"/> Pet Food <input type="checkbox"/> Cat Litter <input type="checkbox"/> _____
			<p>TOILETRIES</p> <input type="checkbox"/> Soap <input type="checkbox"/> Deodorant <input type="checkbox"/> Shampoo <input type="checkbox"/> _____ <input type="checkbox"/> _____
			<p>PAPER/FOOD STORAGE</p> <input type="checkbox"/> Foil <input type="checkbox"/> Plastic Wrap <input type="checkbox"/> Tissue <input type="checkbox"/> _____ <input type="checkbox"/> _____
			<p>CLEANING</p> <input type="checkbox"/> Dish Soap <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
			<p>MISC.</p> <input type="checkbox"/> Batteries <input type="checkbox"/> Light Bulbs <input type="checkbox"/> _____ <input type="checkbox"/> _____

Step 4: Put the plan into action

Look back at your menu and think about what you could pre-prepare:

PRE-PREP	LIST ITEM(S)
Pre-wash	
Pre-cut	
Pre-thaw (only in the refrigerator, the day before the meal will be prepared)	
Freeze in marinade	
Portion pre-cut veggies and fruit	
Prepare meals, portion and freeze	
Portion healthy snacks	
Prepare in slow cooker	

POST-MODULE QUIZ SCORE: _____

MODULE 7 – HELP YOUR CHILD EAT WELL

PRE-MODULE QUIZ SCORE: _____

Start by thinking about your child's current eating pattern:

Would you describe your child as a picky eater?

Is your child offered only foods that you know he will eat?

Does your child often ask for food between meal or snack times?

Does your child drink more than ½ to ¾ cup (125 ml-175 ml) of juice a day?

Does your child drink more than 2 to 3 cups of milk a day?

Does your child want to eat the same thing every day?

Do you think your child eats s too little or too much food most days?

Is mealtime pleasant?

Does your child have special requirements at mealtimes (i.e. he will only eat from a special plate, or the food can't touch each other)?

Are meals and snacks served at a table?

Is the TV on during mealtimes?

List a few of your responses from the questions below:

List a few goals you have to help your child eat well:

Ways to Help Your Child Eat Well...

List some ways you can get your child involved in mealtime:

List some ways you will help your child try new foods:

Next, plan how you will provide regularly scheduled meals and snacks. List your activities and plan for consistent snack and meal times:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Reflect on your own eating habits. Do you eat a variety of healthy foods and follow *Canada's Food Guide*? Are there healthy foods that you dislike, and your child does as well? Think about the importance of being a good role model for healthy eating.

Roles in the Feeding Relationship

List three goals you have to improve the feeding relationship and follow the 'golden rule to feeding kids'. Make sure these goals are specific and time-oriented.

1. _____

2. _____

3. _____

POST-MODULE QUIZ SCORE: _____
