What’s on Your Plate? Activity

How are you doing following the guidelines for healthy eating? Let’s find out.

• Write down everything you eat for one day, including all three meals and snacks.

• On three paper or foam plates, draw the outline of the MyPlate graphic as shown here.

• For each meal, draw, paste pictures, or write in the foods you ate in the matching food group on one plate. For example, if you had cereal for breakfast, record that in the grains section of one plate. Add the other foods that you ate for breakfast in the matching food group.

• If you need help deciding which food group a food belongs to, visit the MyPlate website at MyPlate.gov and click on the MyPlate button at the top left of the screen. Then click on each food group for more information.

• On smaller plates, draw, paste pictures, or write in the dairy foods and snacks you ate.

• Answer these questions and decide if your meals are balanced for a healthy diet.

1. Was half of your plate vegetables and fruits for each meal? __________ If not, list some vegetables or fruits that you can add to each meal to make it balanced.

   ____________________________________________  ____________________________________________
   ____________________________________________  ____________________________________________
   ____________________________________________  ____________________________________________

2. Did you have lean protein at each meal or snack? __________ If not, what lean protein could you add or substitute for the protein that you ate?

   ____________________________________________
   ____________________________________________
3. What whole grains did you eat for meals or snacks? ______________________
___________________________________________________________________

4. Did you have three servings of milk or dairy foods? _________________
   Were they fat-free or low-fat? ___________________
   If not, what lower fat dairy product could you substitute? _________________
   ___________________________________________________________________

5. Did you have any sugar sweetened beverages, such as a soft drink or sports
   drink? _________________
   What would be some healthier choices to replace the sweetened beverages?
   ___________________________________________________________________
   ___________________________________________________________________

6. Based on what you learned about healthy eating, how are you doing eating
   healthy, balanced meals and snacks?
   □ Not so good
   □ Better than I thought
   □ Good, but I still have room for improvement
   □ I made good food choices

7. What are two changes you will make to eat a balanced, healthy diet?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Learn More

To learn more about MyPlate and making healthy food choices,
go to ChooseMyPlate.gov