

## Recommended Number of Food Guide Servings per Day

Profile of the week of (your name): \_\_\_\_\_

		Vegetables and Fruit	Grain Products	Milk and Alternatives	Meat and Alternatives
		SERVINGS /DAY	SERVINGS /DAY	SERVINGS /DAY	SERVINGS /DAY
Teens 14-18 years	Girls	7	6	3-4	2
	Boys	8	7	3-4	3
Adults 19-50 years	Females	7-8	6-7	2	2
	Males	8-10	8	2	3
Adults 51 + years	Females	7	6	3	2
	Males	7	7	3	3

Check the number of servings of the 4 food groups that you consume daily to meet your needs for vitamins, minerals and other nutrients.

	Sunday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Monday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Tuesday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Wednesday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Thursday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Friday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Saturday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Example of one serving	Fresh, frozen or canned vegetables or fruits 125 mL (½ cup)	Cooked pasta, rice, bulgur, quinoa or couscous 125 mL (½ t.)	Yogourt or kefir 175 g (¾ t.)	Cooked fish, shellfish, lean meat, poultry 75 g (2½ oz) / 125 mL (½ t.)
	100% juice (vegetable or fruit) 125 mL (½ t.)	Bread (35 g), ½ bagel (45 g), ½ pita or ½ tortilla (35 g)	Milk or fortified soy beverage 250 mL (1 t.)	2 eggs or tofu or cooked legumes 175 g (¾ t.)
			Cheese 50 g (1½ oz)	Shelled nuts 60 mL (¼ t.) or peanut or nut butter 30 mL (2 tbsp)