

EATracker Assignment

In this unit, we will be learning about nutrition and wellness. It is important to evaluate your eating habits to determine if you are allowing your body to function at its optimal level. This activity will help you do so.



Part 1 – Food Journal and Activity Log

You will complete a food journal and activity log for the three days (see attached log sheets)

Part 2 – EATracker evaluation

Complete the following steps and prepare a word document as outlined below

1. Go to <http://www.eatracker.ca>
2. Click on "Are you new here? Take to Assessment."
3. Enter your information and click on "get results"
4. Read the results
 - a. Will you try one or more of the suggestions?
5. Click on the "Sign up for EATracker"
6. Enter a password in case you want to log on again
7. Once you have read the privacy terms, check off "agree" box
8. A small green calendar should come up, click on the day you started recording your daily meals.
9. Use the box at the top of the screen to search for foods.
10. Click on the appropriate item, select the meal, identify the number of servings (use the Canada Food Guide <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/index-eng.php> if you are unsure)
11. Continue with the Activity Diary for Day 1
12. Go to Daily Assessment for Day 1
13. Click on "View Food Group Feedback"
14. Cut and paste the following parts of this page onto a word document - title it Food Group Assessment-
 - a. Food Groups
 - b. Nutrients (Protein, fat, carbohydrates)
 - c. Nutrients (Vitamins and minerals)
15. *Title these 3 charts with the date of the day your tracked your food
16. Click on the "Select a Day" tab found on the top left corner of the page
17. Repeat steps 10-16 for Day 2 and 3.
18. You are finished on the computer.

Alternative option:

Download the
MyFitnessPal app.

You can even scan
bar codes!

Eating Diary

Date: _____

Breakfast:

Morning Snack:

Lunch:

Afternoon Snack:

Dinner:

Evening Snack:

Supplements/vitamins:

Activity Diary

Activity:
Duration (minutes): _____

Activity:
Duration (minutes): _____

Activity:
Duration (minutes): _____

Eating Diary

Date: _____

Breakfast:

Morning Snack:

Lunch:

Afternoon Snack:

Dinner:

Evening Snack:

Supplements/vitamins:

Activity Diary

Activity:
Duration (minutes): _____

Activity:
Duration (minutes): _____

Activity:
Duration (minutes): _____

Eating Diary

Date: _____

Breakfast:

Morning Snack:

Lunch:

Afternoon Snack:

Dinner:

Evening Snack:

Supplements/vitamins:

Activity Diary

Activity:
Duration (minutes): _____

Activity:
Duration (minutes): _____

Activity:
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Eating Diary

Date: _____

Breakfast:

Morning Snack:

Lunch:

Afternoon Snack:

Dinner:

Evening Snack:

Supplements/vitamins:

Activity Diary

Activity:
Duration (minutes): _____

Activity:
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Activity:
Duration (minutes): _____