Name:

Date:

School:

Facilitator:

2.03 Carb Facts and Intake

Total Points: 47

# Part 1: Carb Facts

**Fill in the blanks based on what you learned in the lesson.**

1. Name 3 sources for carbohydrates.
	1.
	2.
	3.
2. Name the only animal source of carbohydrates.

1. Identify our main source of energy.

1. Carbs provide      for the body and brain.
2. Carbs break down to provide      , also known as blood sugar.
3. Whole grains are important because they       the release of glucose.
4. The 2 main types of carbs are       and      .
5. Simple carbs are broken down quickly and used as      .
6. If not needed right away, simple carbs are stored as      .
7. Overeating simple carbs can lead to      and      .
8. carbs are digested more slowly and controls the release of glucose.
9. Complex carbs contribute       to your diet to aid in constipation.
10. Name 3 benefits of fiber in your diet.
	1.
	2.
	3.
11. The 2 types of fiber are:      and      .
12. fiber dissolves in water and helps lower cholesterol.
13. fiber does not dissolve in water and helps clear out waste.
14. One gram of a carbohydrate proves       calories.
15. If a serving of food has 25g of carbohydrates, how many calories will get from that serving of food?

# Part 2: Carb Intake Analysis

**Record your carbohydrate intake for two days. In the following chart:**

* List what you ate for each meal.
* Calculate your carb intake. Put each food on a separate line to make your calculations easier.
* Please note: Column D should equal 4 times the number in Column A.

You can use the Carbohydrate Counting tool (linked on the Task page). Or, you can search for a different carb calculator in your favorite search engine.

Take care to remember your serving sizes. For example, if you ate 5 pancakes, the carbs you research may be for 1 pancake, so you will need to multiply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Meal** | **List the food items you consumed** | **A. CHO (in g)** | **B. Simple CHOs (yes or no)** | **C. Complex CHOs****(yes or no)** | **D. CHO calories (CHO grams x 4)** |
| Breakfast #1 |       |       |       |       |       |
| Lunch #1 |       |       |       |       |       |
| Dinner #1 |       |       |       |       |       |
| Snacks #1 |       |       |       |       |       |
| **TOTALS** **Day #1** |       |       |       |       |       |
| Breakfast #2 |       |       |       |       |       |
| Lunch #2 |       |       |       |       |       |
| Dinner #2 |       |       |       |       |       |
| Snacks #2 |       |       |       |       |       |
| **TOTALS** **Day #2** |       |       |       |       |       |

## Reflection Questions

**Answer the following questions in complete sentences.**

1. Did you eat more complex or more simple carbs? Which foods had simple? Which foods had complex?

1. Is your carb intake at a healthy level? What is a healthy level for someone your age and activity level?

1. What can you do to change it to a healthier level? Give 2 examples of diet changes.