Name: _____

Period: _____

Food Product Analysis

Product #1: _____

Pre-Test - Use a food product *provided in class*, your notes and the toolkit to complete the questions below. Product #1 will be your first investigation, scored for *completion* only. Include units when applicable.

1. _____ What is the **serving size**? (serving size in grams not needed *unless* it is the only unit provided)

2. _____ How many **servings** does the container provide?

3. _____ How many **calories** would you consume if you had TWO servings?

4. _____ What is the **percent daily value** for *sodium* in ONE serving?
    This value would be considered: □ High (20+%)   □ Moderate (6-19%)   □ Low (0-5%)

5. _____ How many grams of **complex carbohydrates** does ONE serving have? (If <1g, count as 1g)

6. _____ Based on #5, what percent of the total carbohydrates are *complex carbohydrates*?
    Is this meeting the 50+% recommendation?   □ Yes   □ No

7. _____ How many calories do **added sugars** account for in ONE serving? (<200C/day recommended)
    Sugars listed—_____

8. □ Yes   □ No Are there **trans-fats** in your product?
    How can you tell? _____

9. _____ What **percent** of the **total calories** come from **fat** in ONE serving? (Recall 1g of fat = 9C)
    Is this meeting the 30% or fewer recommendation? □ Yes   □ No

10. **Ingredients list**—List, by purpose, what ingredients you suspect *could* be food additives in the product.

    Nutrient Value—_____

    Texture—_____

    Color/Flavor—_____

    Preservatives—_____

    Control pH/Acidity—_____

11. □ Yes   □ No Are there likely **GMO's** in your food product?
    How can you tell? _____

12. □ Yes   □ No Does your product identify possible **allergens**? If so, list those ingredients below.
    _____

13. What **health claims** and/or other **forms of labeling** does your product use on its packaging to influence consumer choices, if any?
    _____
    _____

14. What **food group(s)** would this product most likely fall under? (Consider the information above; check all that apply)
    □ Grains/CHO   □ Vegetables   □ Fruits   □ Meats/Beans   □ Dairy Products   □ Fats/Sugars/Processed
    (see #6)   (not flavors)   (not flavors)   (see #4, 6, 9 & 10)

15. Complete the table below to compare and contrast the benefits and drawbacks of the food product to come to a verdict. (Consider calories and where they're coming from, fat/sugar/sodium content in a serving, processing, number of ingredients, natural vs. artificial, GMO's, locally produced/manufactured, personal satisfaction, etc. in your analysis)

Benefits/Values/Pros	Drawbacks/Potential Risks/Cons
The Verdict: □ "Nutritious Choice"	□ "Questionable Choice" □ "Poor Choice"

Product #2: _____

Post-Test – Using a different food product *from class*, complete the questions below. Product #2 will be your second investigation and scored for *accuracy*. Include units where applicable. (**15pts**)

1. _____ What is the **serving size**? (serving size in grams not needed *unless* it is the only unit provided)

2. _____ How many **servings** does the container provide?

3. _____ How many **calories** would you consume if you had TWO servings?

4. _____ What is the **percent daily value** for *sodium* in ONE serving?
   This value would be considered: ☐ High (20+%)   ☐ Moderate (6-19%)   ☐ Low (0-5%)

5. _____ How many grams of **complex carbohydrates** does ONE serving have? (If <1g, count as 1g)

6. _____ Based on #5, what percent of the total carbohydrates are *complex carbohydrates*?
   Is this meeting the 50+% recommendation? ☐ Yes ☐ No

7. _____ How many calories do **added sugars** account for in ONE serving? (<200C/day recommended)
   Sugars listed—_____

8. ☐ Yes ☐ No Are there **trans-fats** in your product?
   How can you tell? _____

9. _____ What **percent** of the **total calories** come from **fat** in ONE serving?
   Is this meeting the 30% or fewer recommendation? ☐ Yes ☐ No

10. **Ingredients list**—List, by purpose, what ingredients you suspect *could* be food additives in the product.
    Nutrient Value—_____
    Texture—_____
    Color/Flavor—_____
    Preservatives—_____
    Control pH/Acidity—_____

11. ☐ Yes ☐ No Are there likely **GMO's** in your food product?
    How can you tell? _____

12. ☐ Yes ☐ No Does your product identify possible **allergens**? If so, list those ingredients below.
    _____

13. What **health claims** and/or other **forms of labeling** does your product use on its packaging to influence consumer choices, if any?
    _____
    _____
    _____

14. What **food group(s)** would this product most likely fall under? (Consider the information above; check all that apply)
    ☐ Grains/CHO   ☐ Vegetables   ☐ Fruits   ☐ Meats/Beans   ☐ Dairy Products   ☐ Fats/Sugars/Processed
    (see #6)   (not flavors)   (not flavors)   (see #4, 6, 9 & 10)

15. Complete the table below to compare and contrast the benefits and drawbacks of the food product to come to a verdict. (Consider calories and where they're coming from, fat/sugar/sodium content in a serving, processing, number of ingredients, natural vs. artificial, GMO's, locally produced/manufactured, personal satisfaction, etc. in your analysis)

Benefits/Values/Pros	Drawbacks/Potential Risks/Cons
The Verdict: ☐ "Nutritious Choice"	☐ "Questionable Choice" ☐ "Poor Choice"