



5-Digit ID: _____

Period: _____

Investigating Food Packaging

Product #1: _____

Use a food product provided in class, your notes and any additional resources 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. In the **ingredients list**, identify what *could* be food additives in the product by purpose. (Research if needed)
Nutrient Value—_____
Texture—_____
Color/Flavor—_____
Preservatives—_____
Control pH/Acidity—_____
11. ☐ Yes ☐ No Are there likely **GMO's** in your food product? (Research if you're not sure)
How can you tell? _____
12. ☐ Yes ☐ No Does your product identify possible **allergens**? If so, list those ingredients below.
(Identified allergens are typically located at the end of the ingredients list and bolded/italicized)

13. What **health claims** and/or other **forms of labeling** does your product use on its packaging to influence consumers to purchase it, if any? (Refer to your notes for examples of claims and labels)

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
Your Verdict: <input type="checkbox"/> "Nutritious Choice" <input type="checkbox"/> "Questionable Choice" <input type="checkbox"/> "Poor Choice"	

Product #2: _____

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.

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. In the **ingredients list**, identify what *could* be food additives in the product by purpose. (Research if needed)
Nutrient Value—_____
Texture—_____
Color/Flavor—_____
Preservatives—_____
Control pH/Acidity—_____
11. ☐ Yes ☐ No Are there likely **GMO's** in your food product? (Research if you're not sure)
How can you tell? _____
12. ☐ Yes ☐ No Does your product identify possible **allergens**? If so, list those ingredients below.
(Identified allergens are typically located at the end of the ingredients list and bolded/italicized)

13. What **health claims** and/or other **forms of labeling** does your product use on its packaging to influence consumers to purchase it, if any? (Refer to your notes for examples of claims and labels)

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)

Benefits/Values/Pros		Drawbacks/Potential Risks/Cons	
Your Verdict: <input type="checkbox"/> "Nutritious Choice" <input type="checkbox"/> "Questionable Choice" <input type="checkbox"/> "Poor Choice"			

