Chapter 2 – Choosing Foods Wisely

True/False

1. Malnutrition describes conditions of both undernutrition and overnutrition.
2. Malnutrition is a state of poor nutritional status caused by inadequate intake of nutrients.
3. Measures of height, weight, head circumference, and body composition are examples of biochemical assessment tools.
4. Nutritional status is assessed using anthropometric, biochemical, clinical, and dietary methods.
5. Diet recall is a dietary assessment method that utilizes a 3-day food record.
6. The EAR and RDA standards are identical.
7. The MyPlate food guide is a visual tool that illustrates the recommendations found in the 2010 Dietary Guidelines for Americans.
8. The ingredients on a food label must be listed in order of abundance in the food (most abundant to least abundant).
9. It is difficult to compare similar food items using the Nutrition Facts panel because serving sizes have not been standardized.
10. Nutrient content claims and health claims on food labels are both regulated by the FDA.

Multiple Choice: Fact Recall Based

1. *Malnutrition* describes
   A. a state of undernutrition.
   B. a state of overnutrition.
   C. poor nutritional status caused by an imbalance between nutrient needs and nutrient availability.
   D. All of the above

2. Nutrient deficiency and nutrient toxicity are examples of
   A. malnutrition.
   B. overnutrition.
   C. undernutrition.
   D. normal day-to-day changes in nutritional status.

3. Factors that influence a person's nutritional needs include all of the following except:
   A. age.
   B. sex.
   C. activity level.
   D. income.
   E. genetics.

4. Height, body weight, and body composition are examples of
   A. anthropometric assessment tools.
   B. biochemical assessment tools.
   C. clinical assessment tools.
   D. dietary assessment tools.

5. Analysis of blood or urine to determine how much of a certain nutrient or other substance is present is an example of
   A. an anthropometric measurement.
   B. a biochemical measurement.
   C. a clinical assessment.
   D. a dietary assessment.

6. During clinical assessment, _____ of a nutrient deficiency are noted by the clinician, while _____ of a nutrient deficiency are reported by the patient.
   A. symptoms, signs
   B. signs, symptoms
   C. laboratory measurements, complaints
   D. complaints, laboratory measurements

7. Dietary assessment of nutritional status may include all of the following tools except:
   A. diet recall.
   B. a food frequency questionnaire.
   C. a diet record.
   D. menu selection.

8. Dietary Reference Intakes (DRIs) are
   A. a set of nutrient intake levels that should not be exceeded by any person at any age.
   B. a record of the food items consumed by a reference person over a 3-day period.
   C. a set of four dietary assessment standards used to assess and plan dietary intake.
   D. a single set of nutrient intake levels based on a record of the food items consumed by a reference person over a 3-day period.

9. The DRIs include all of the following except:
   A. Estimated Average Requirements.
   B. Recommended Dietary Allowances.
   C. Daily Values.
   D. Adequate Intakes.
   E. Tolerable Upper Intake Levels.

10. The DRI values are established for
   A. infants and children and physical activity levels.
   B. males and females, infants and children, and physical activity levels.
   C. different age groups and physiologic conditions (pregnancy, lactation).
   D. males and females, different age groups, and physiologic conditions (pregnancy, lactation).

11. The Estimated Average Requirement (EAR) is the estimated daily intake of a nutrient
   A. that meets the needs of 50% of healthy individuals in a given life-stage and sex category.
   B. that meets the needs of 97% of healthy individuals in a given life-stage and sex category.
   C. that is used in establishing the RDA for infants younger than 6 months old.
   D. that should not be exceeded.

12. The Recommended Dietary Allowance (RDA) is the estimated daily intake of a nutrient
   A. that meets the needs of 50% of healthy individuals in a given life-stage and sex category.
   B. that meets the needs of 97% of healthy individuals in a given life-stage and sex category.
   C. that is established when not enough evidence is available to set an Adequate Intake (AI) level.
   D. that should not be exceeded.

13. Adequate Intake (AI) levels are daily intake levels of a given nutrient that
   A. should not be exceeded.
   B. are established when RDAs cannot be determined because of insufficient evidence.
   C. are equivalent to the EAR.
   D. are adequate to meet the needs of 97% of healthy individuals in a given life-stage and sex category.

14. Tolerable Upper Intake Levels (ULs) are usual dietary intake levels that
   A. should not be exceeded.
   B. are well tolerated.
   C. are meant to be used as goals for dietary intake.
   D. are set only for those who take supplements.

15. An Estimated Energy Requirement (EER) is
   A. the average energy intake needed for a person to maintain a healthy weight.
   B. calculated using age, sex, weight, height, and physical activity level.
   C. expressed as kilocalories.
   D. All of the above

16. EERs differ from other DRI reference values because besides sex and age, the EER also factors in weight, height, and
   A. physical activity level.
   B. tobacco use.
   C. alcohol use.
   D. head circumference.

17. The purpose of the Acceptable Macronutrient Distribution Ranges (AMDRs) is
    A. to assure appropriate energy intake for a given physical activity level.
    B. to assess the adequacy of vitamins and minerals in the diet.
    C. to determine if the distribution of carbohydrates, proteins, and fats in the diet is healthy.
    D. to determine if the energy provided by each meal is adequate.

18. The AMDR for protein is
    A. 45-65% of total energy.
    B. 35-50% of total energy.
    C. 20-35% of total energy.
    D. 10-35% of total energy.

19. The 2010 Dietary Guidelines for Americans established four groups of key recommendations including:
    A. Reduce calories to lose weight.
    B. Reduce consumption of certain foods and food components.
    C. Increase consumption of certain foods and food components.
    D. All of the above
    E. B and C

20. The 2010 Dietary Guidelines for Americans recommend that Americans reduce their intakes of all of the following except:
    A. sodium.
    B. solid fats.
    C. added sugars.
    D. whole grains.

21. The 2010 Dietary Guidelines for Americans recommend that Americans increase their intakes of all of the following except:
    A. fruits .
    B. dark green, red, and orange vegetables.
    C. refined grains.
    D. seafood.

22. You can use _____ to find out how many servings of each food group would be needed to meet nutritional needs.
    A. the USDA food patterns
    B. the DRIs
    C. the MyPlate food guide
    D. All of the above
    E. A and C

23. Nutrient density is defined as
    A. the ratio of a food's calories to its total nutrients.
    B. the ratio of a food's nutrients to its total calories.
    C. the amount of nutrients in a serving of food.
    D. the amount of nutrients in a food item following removal of water.

24. Which of the follow statements about the MyPlate food guide is false?
    A. MyPlate replaced MyPyramid as the government's official food guide in 2011.
    B. The five food groups represented are fruits, vegetables, grains, protein, and dairy.
    C. The recommended number of servings is specified on the graphic.
    D. It is intended to serve as an online interactive tool to help users determine their food needs.

25. An example of a nutrient content claim is
    A. "Low in sodium."
    B. "Helps lower cholesterol."
    C. "Lowers blood pressure."
    D. "Improves vision."

Multiple Choice: Application Based

26. Primary malnutrition develops
    A. when someone does not consume an adequate amount of a certain nutrient or nutrients.
    B. when an illness results in poor absorption of a certain nutrient or nutrients.
    C. when someone experiences multiple deficiencies, but there is one nutrient that is most important.
    D. None of the above

27. Secondary malnutrition develops
    A. when someone does not consume an adequate amount of a certain nutrient or nutrients.
    B. when an illness results in poor absorption of a certain nutrient or nutrients.
    C. when someone consumes too much of a certain nutrient or nutrients.
    D. None of the above

28. When evaluating nutritional status, the goal is to
    A. determine how well one's diet is meeting individual requirements.
    B. be assured of no potential nutritional deficiencies.
    C. be assured of no potential nutritional toxicities.
    D. All of the above

29. Besides height and body weight, anthropometric measurements include
    A. blood levels of nutrients.
    B. 24-hour dietary recall assessment.
    C. evaluation of signs and symptoms of nutrient deficiencies.
    D. body composition.

30. When a health care provider draws blood in order to measure someone's vitamin D status, they are performing
    A. an anthropometric measurement.
    B. a biochemical measurement.
    C. a clinical assessment.
    D. a dietary assessment.

31. One difference between diet recall and diet record methods is that
    A. diet recall relies on a 3-day food record, while a diet record is based on just one day.
    B. diet recall provides an indication of food intake patterns, while a diet record is based on every item consumed in a 24-hour period.
    C. a diet record is based on a written record of every item consumed for at least 3 days, while diet recall is usually based on a single day.
    D. a diet record provides an indication of food intake patterns, while a diet recall is based on every item consumed for a 3-day period.

32. When assessing adequacy of a certain B vitamin intake in a population, one should compare the average intake to the
    A. UL.
    B. RDA.
    C. EAR.
    D. AMDR.

33. When an individual wants to assess his or her intake of a certain vitamin, the best evaluation technique will be to compare his or her average daily intake to the
    A. UL.
    B. RDA.
    C. EAR.
    D. AMDR.

34. Imagine that Tom has completed a food record and assessment and learns that his vitamin C intake is 20 mg/day. The EAR for vitamin C for men of Tom's age is 75 mg/day, the RDA is 90 mg/day, and the UL is 2,000 mg/day. Based on this information Tom should
    A. conclude that his vitamin C intake is adequate.
    B. increase his intake of vitamin C-rich foods because he is not consuming enough.
    C. take a vitamin C supplement of 2,000 mg/day.

35. Jen's EER is 2,000 kcal/day. Based on the AMDR, what is the minimum amount of calories that should come from carbohydrates, protein, and fats, respectively, in her diet?
    A. 900, 200, 400
    B. 1300, 700, 700
    C. 1,000, 500, 500
    D. 900, 700, 500

36. According to the 2010 Dietary Guidelines for Americans, trying to reduce portion sizes and consuming a nutrient-dense breakfast are components of the recommendation to
    A. build healthy eating patterns.
    B. reduce consumption of certain foods and food components.
    C. increase consumption of certain foods and food components.
    D. balance calories to manage weight.

37. Examples of nutrient-dense foods include fruits, vegetables, whole grains, milk, and
    A. soft drinks.
    B. jelly beans.
    C. eggs.
    D. potato chips.

38. The USDA Food Patterns list is a tool to assist people in knowing how many servings of food groups to consume. The five food groups included in the list mirror those found
    A. in the MyPlate graphic.
    B. on the Nutrition Facts panel.
    C. in the list of foods to reduce in the 2010 Dietary Guidelines for Americans.

39. The recommendation in the 2010 Dietary Guidelines for Americans that individuals drink more water and other low- or no-calorie beverages is based on the fact that
    A. people typically do not consume enough beverages to stay hydrated.
    B. many Americans consume high-calorie beverages containing added sugars that contribute to weight gain.
    C. many Americans consume alcohol instead of water and therefore may be at risk for becoming intoxicated.
    D. consuming high-calorie beverages may reduce food intake.

40. If you were to adopt the strategies captured in the MyPlate graphic, you would
    A. make half your plate fruits and vegetables.
    B. consume 4 food groups.
    C. consume 6 food groups.
    D. consume only meats as sources of protein.

41. The best use of the Food Tracker assessment tool accessed on the MyPlate website is to
    A. pay attention to details and record every food and drink item consumed.
    B. be as accurate as possible in estimating portion sizes of foods and beverages.
    C. record the diet for three days representative of normal food intake, not holidays for instance.
    D. avoid changing normal eating patterns on days when food intake is being recorded.
    E. All of the above

42. The FDA requires that packaged foods include a Nutrition Facts panel on their labels. The Nutrition Facts panel must include
    A. serving size.
    B. nutrient density.
    C. multiplication of nutrient values for multiple servings.
    D. identification of the food group represented by the item.

43. When a consumer is comparing two similar food items, he or she can use the food label to decide
    A. if one item contains more calories than the other.
    B. if one item contains different ingredients than the other.
    C. if one item contains more saturated fat than the other.
    D. All of the above
    E. A and C

44. In order to determine if a food is a good source of a particular nutrient, you should check the _____ for that nutrient on the Nutrition Facts panel.
    A. RDA comparison
    B. Daily Value
    C. Adequacy Scale
    D. Nutrient Content Index

45. Nutrition content claims and health claims on food labels
    A. are similar because they both indicate the content of a certain nutrient in the food.
    B. are both used by manufacturers to increase the likelihood of consumer purchase.
    C. both compare the food to other similar foods.
    D. must both be supported by evidence of positive health benefits.

Answer Key

Note: ANS = correct answer; REF = page reference; TOP = section/outcome

True/False

1.	ANS: T	REF: 21	TOP: 2.1
2.	ANS: F	REF: 21	TOP: 2.1
3.	ANS: F	REF: 23	TOP: 2.2
4.	ANS: T	REF: 23	TOP: 2.2
5.	ANS: F	REF: 25	TOP: 2.2
6.	ANS: F	REF: 27-28	TOP: 2.3
7.	ANS: T	REF: 38	TOP: 2.4
8.	ANS: T	REF: 40	TOP: 2.5
9.	ANS: F	REF: 41	TOP: 2.5
10.	ANS: T	REF: 43-44	TOP: 2.5

Multiple Choice

1.	ANS: D	REF: 21	TOP: 2.1
2.	ANS: A	REF: 21	TOP: 2.1
3.	ANS: D	REF: 22	TOP: 2.1
4.	ANS: A	REF: 23	TOP: 2.2
5.	ANS: B	REF: 24	TOP: 2.2
6.	ANS: B	REF: 24	TOP: 2.2
7.	ANS: D	REF: 25	TOP: 2.2
8.	ANS: C	REF: 26	TOP: 2.3
9.	ANS: C	REF: 26	TOP: 2.3
10.	ANS: D	REF: 26	TOP: 2.3
11.	ANS: A	REF: 27	TOP: 2.3
12.	ANS: B	REF: 28	TOP: 2.3
13.	ANS: B	REF: 29	TOP: 2.3
14.	ANS: A	REF: 29	TOP: 2.3
15.	ANS: D	REF: 31	TOP: 2.3
16.	ANS: A	REF: 31	TOP: 2.3
17.	ANS: C	REF: 32	TOP: 2.3
18.	ANS: D	REF: 32	TOP: 2.3
19.	ANS: E	REF: 35	TOP: 2.4
20.	ANS: D	REF: 36	TOP: 2.4

21. ANS: C	REF: 36	TOP: 2.4
22. ANS: E	REF: 37 | 38	TOP: 2.4
23. ANS: B	REF: 37	TOP: 2.4
24. ANS: C	REF: 38	TOP: 2.4
25. ANS: A	REF: 43	TOP: 2.5
26. ANS: A	REF: 21	TOP: 2.1
27. ANS: B	REF: 21	TOP: 2.1
28. ANS: D	REF: 21	TOP: 2.1
29. ANS: D	REF: 23	TOP: 2.2
30. ANS: B	REF: 24	TOP: 2.2
31. ANS: C	REF: 25	TOP: 2.2
32. ANS: C	REF: 27	TOP: 2.3
33. ANS: B	REF: 27 | 28	TOP: 2.3
34. ANS: B	REF: 30	TOP: 2.3
35. ANS: A	REF: 32	TOP: 2.3
36. ANS: D	REF: 35	TOP: 2.4
37. ANS: C	REF: 37	TOP: 2.4
38. ANS: A	REF: 37 | 38	TOP: 2.4
39. ANS: B	REF: 34 | 38	TOP: 2.4
40. ANS: A	REF: 39	TOP: 2.4
41. ANS: E	REF: 40	TOP: 2.4
42. ANS: A	REF: 41	TOP: 2.5
43. ANS: D	REF: 40-43	TOP: 2.5
44. ANS: B	REF: 42-43	TOP: 2.5
45. ANS: B	REF: 43-44	TOP: 2.5