

### Protein Daily Requirements Activity Sheet

Name \_\_\_\_\_

Date \_\_\_\_\_

1. My age \_\_\_\_\_
2. My gender \_\_\_\_\_
3. My daily protein recommendation is \_\_\_\_\_ ounces
4. My protein food choices:

Meal	Food	Servings	Ounces
Breakfast			
Lunch			
Dinner			
		<b>Total:</b>	

5. Is the total from question #4 less than, greater than, or equal to your daily protein recommendation from question #3? \_\_\_\_\_
6. If your answer to question #5 is “equal to,” great job! You’ve successfully completed this activity sheet. If your answer to question #5 is “less than” or “greater than,” what changes can you make to your protein food choices so that you can answer “equal to” for question #5? \_\_\_\_\_  
\_\_\_\_\_  
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