## Chapter 2 Tools for Healthy Eating

## Multiple Choice

1. Which of the following is not a key principle of healthy eating?
A. availability
B. balance
C. variety
D. moderation

ANS: A
REF: 38
OUT: 2.1
BT: Understanding
2. A diet consisting of only meat and potatoes would be considered
A. adequate.
B. balanced.
C. unbalanced.
D. substantial.

ANS: C
REF: 38
OUT: 2.1
BT: Understanding
3. The estimated serving size for pasta and vegetables according to the "hand method" is
A. tip of your finger.
B. palm of your hand.
C. fist-sized.
D. 2 tablespoons.

ANS: C
REF: 39
OUT: 2.1
BT: Remembering
4. Which of the following is an example of a "nutrient-dense" food?
A. broccoli
B. nuts
C. peanut butter

D! all of the above
ANS: D
REF: 42
OUT: 2.1
BT: Understanding
5. What is the difference between nutrient density (ND) and energy density (ED)?
A. ED refers to foods that are low in nutrients high in energy; ND refers to foods high in nutrients and energy.
B. ED refers to foods that are high in nutrients (such as vitamins and minerals) but low in kilocalories.
C. ND refers to foods that are high in nutrients (such as vitamins and minerals) and low in kilocalories;

ED refers to foods high in energy and low in volume/weight.
D. ND refers to foods high in weight/volume; ED refers to foods high in nutrients (such as vitamins and minerals) and high in kilocalories.
ANS: C
REF: 42-43

OUT: 2.1
BT: Remembering
6. Reasons for unintentional weight gain include all of the following except
A. more Americans eating at home rather than eating out.
B. Americans' enthusiasm for larger portions that are inexpensive.
C. the food industry's increase in portion size.
D. Americans being offered a variety of sizes, flavors, and prices for items.

ANS: A
REF: 40-41
OUT: 2.1
BT: Understanding
7. According to recent studies, all of the following are good methods to reduce portion size except
A. using smaller plates.
B. purchasing "mini-sized" bars/crackers/snacks.
C. ordering an appetizer as the main entrée.
D. cooking smaller quantities of food.

ANS: B
REF: 41
OUT: 2.1
BT: Understanding
8. What agency is responsible for the development of Daily Values (DVs)?
A. DRI
B. FDA
C. CDC
D. USDA

ANS: B
REF: 44
OUT: 2.1
BT: Remembering
9. Dietary Reference Intakes (DRIs) are
A. recommendations set for weight loss.
B. nutrient intake recommendations based on individuals rather than population groups.
C. recommendations of nutrient needs based on socioeconomic status.
D. nutrient recommendations based on population groups rather than individuals.

ANS: D
REF: 44-45
OUT: 2.1
BT: Remembering
10. Which of the following reference values used in planning a healthy diet is not a good index of its nutritional quality?
A. Recommended Dietary Allowance (RDA)
B. Estimated Average Requirement (EAR)
C. Adequate Intake (AI)
D. Acceptable Macronutrient Distribution Range (AMDR)

ANS: B
REF: 45
OUT: 2.2
BT: Understanding
11. The amounts of specific nutrients needed to prevent malnutrition or deficiency, reflected in the DRIs, are referred to as
A. Adequate Intake (AI).
B. nutrient requirements.
C. the Estimated Energy Requirement (EER).
$\mathrm{D}!$ none of the above
ANS: B
REF: 45
OUT: 2.1, 2.2
BT: Understanding
12. The main difference between the Estimated Average Requirement (EAR) and the Recommended Dietary Allowance (RDA) is
A. the RDA is nutrient recommendations for 97 to 98 percent of the individuals in a specific age group and gender; the EAR is nutrient recommendations for 50 percent of a specific age group and gender.
B. the RDA is nutrient recommendations for 50 percent of the individuals in a specific age group and gender; the EAR is nutrient recommendations for 75 percent of a specific age group and gender.
C. the RDA is nutrient recommendations for 50 percent of the individuals in a specific group and gender; the EAR is nutrient recommendations for 97 to 98 percent of a specific age group and gender.
D! none of the above
ANS: A
REF: 45-46
OUT: 2.2
BT: Understanding
13. When no RDA is established for a nutrient, which of the following reference values is used as the alternative?
A. UL
B. AI
C. EAR
D. EER

ANS: B
REF: 46
OUT: 2.2
BT: Remembering
14. According to the Acceptable Macronutrient Distribution Range, proteins should comprise what percentage of daily kilocalories?
A. 40 to 55 percent
B. 25 to 45 percent
C. 10 to 35 percent
D. 45 to 65 percent

ANS: C
REF: 47
OUT: 2.2
BT: Remembering
15. The method that is used to determine the amount of energy one needs is called
A. the Estimated Energy Expenditure (EEE).
B. the Estimated Energy Requirement (EER).
C. the Daily Energy Allowance (DEA).

D ! all of the above

ANS: B
REF: 47
OUT: 2.2
BT: Remembering
16. The Estimated Energy Requirement (EER) is a calculation based on all of the following except
A. ethnicity.
B. age.
C. gender.
D. height.

ANS: A
REF: 47
OUT: 2.2
BT: Understanding
17. According to the National Institute of Medicine, moderately active is defined as
A. about 65 minutes of moderate activity per day.
B. $<35$ minutes of moderate activity per day.
C. 30 to 60 minutes of moderate activity per day.
D. $>60$ minutes of moderate activity per day.

ANS: C
REF: 48
OUT: 2.2
BT: Remembering
18. For a sedentary female aged 21 to 25 , the average amount of kilocalories needed daily is
A. 1,700.
B. 2,200.
C. 1,800 .
D. 2,000.

ANS: D
REF: 48
OUT: 2.2
BT: Applying
19. Given the Acceptable Macronutrient Distribution Range (AMDR) for fat, how many kilocalories should a person consume from fat if his or her EER is 2,400 kilocalories?
A. 100 to 225 kilocalories
B. 480 to 840 kilocalories
C. 950 to 1,000 kilocalories
D. 855 kilocalories

ANS: B
REF: 48
OUT: 2.2
BT: Applying
20. Since 1990, the U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (DHHS) have mandated that the Dietary Guidelines be updated every
A. four years.
B. ten years.
C. five years.
D. seven years.

ANS: C

REF: 49
OUT: 2.3
BT: Remembering
21. Each of the following is a goal of the Dietary Guidelines except
A. balance kilocalories to manage weight.
B. reduce certain foods and food components.
C. build healthy eating patterns.
D. increase protein intake.

ANS: D
REF: 50
OUT: 2.3
BT: Remembering
22. ChooseMyPlate.gov is a Web-based communication and education initiative developed by the
A. FDA.
B. USDA.
C. FCC.
D. DOE.

ANS: B
REF: 51
OUT: 2.4
BT: Remembering
23. MyPlate is an illustrated graphic used to summarize guidelines for healthy eating and is referred to as a
A. food guidance system.
B. food intake system.
C. food managing system.
D. food awareness manager.

ANS: A
REF: 51
OUT: 2.4
BT: Remembering
24. The different-colored sections on MyPlate are used to represent
A. nutrient density.
B. food groups.
C. energy density.
D. serving/portion sizes.

ANS: B
REF: 51
OUT: 2.4
BT: Remembering
25. The principle of proportionality in MyPlate refers to
A. reducing portion sizes to support weight loss.
B. promoting larger portions for active people.
C. showing the relative proportion of foods in a healthy diet.
D. indicating portion sizes for different age groups.

ANS: C
REF: 51
OUT: 2.4

## BT: Remembering

26. Which of the following nutrition messages is conveyed in MyPlate?
A. Enjoy your food and eat as much as you like.
B. Make half your plate fruit and vegetables.
C. Drink whole milk.

D ! all of the above
ANS: B
REF: 51
OUT: 2.4
BT: Remembering
27. Vigorous activity is defined as expending
A. > 7.0 kilocalories per minute.
B. 3.5 to 7.0 kilocalories per minute.
C. 6.0 to 7.0 kilocalories per minute.

D! none of the above
ANS: A
REF: 54
OUT: 2.4
BT: Remembering
28. Satiety ratios are determined/calculated by examining
A. size of the meal based on time between meals.
B. time between meals based on size of previous meal.
C. size of meal based on DRIs.
D. size of meal based on weight.

ANS: B
REF: 56
OUT: 2.4
BT: Remembering
29. All of the following must be printed on a food label except
A. ingredients (in descending order by weight).
B. uniform serving size compared with similar products.
C. potassium, folic acid, and chloride levels.
D. name and address of the manufacturer or distributor.

ANS: C
REF: 58-59
OUT: 2.6
BT: Remembering
30. Which of the following does not require a food label?
A. packaged tea and coffee
B. spices, herbs, flavorings
C. deli items

D ! all of the above
ANS: D
REF: 60
OUT: 2.6
BT: Remembering
31. The area on the food label that provides a list of specific nutrients obtained in one serving of the food
is referred to as
A. the Nutrition Facts panel.
B. the Nutrition Information panel.
C. the Nutrient Facts panel.

D! none of the above
ANS: A
REF: 60
OUT: 2.6
BT: Remembering
32. If there are 280 kilocalories per cup and 3 servings per container, what is the approximate serving size if an individual consumed 420 kilocalories?
A. 1.2 servings
B. 1.5 servings
C. 2.0 servings
D. 2.3 servings

ANS: B
REF: 61
OUT: 2.6
BT: Applying
33. The Daily Values on a food label are based on a
A. 2,500-kilocalorie diet.
B. 1,800-kilocalorie diet.
C. 2,100-kilocalorie diet.
D. 2,000-kilocalorie diet.

ANS: D
REF: 62
OUT: 2.6
BT: Remembering
34. What percentage of a nutrient per serving of a food would be considered high?
A. 20 percent
B. 10 percent
C. 18 percent
D. 15 percent

ANS: A
REF: 62
OUT: 2.6
BT: Understanding
35. A nutrition label will refer to an item as "reduced fat" when the food contains at least $\qquad$ percent less fat per serving.
A. 10
B. 15
C. 20
D. 25

ANS: D
REF: 64
OUT: 2.6
BT: Remembering
36. When a product label says that a product is a "good source of" a particular nutrient, that means that it
contains at least $\qquad$ percent of the DV for that particular nutrient per serving.
A. 5
B. 10
C. 15
D. 20

ANS: B
REF: 64
OUT: 2.6
BT: Remembering
37. The role of soluble fiber in the prevention of coronary heart disease is an example of what kind of health claim?
A. an authorized claim
B. a claim based on authoritative statements
C. a qualified claim

D! none of the above
ANS: A
REF: 65
OUT: 2.6
BT: Understanding
38. The exchange lists for meal planning were designed to help people with what chronic illness?
A. heart disease
B. asthma
C. diabetes
D. cancer

ANS: C
REF: 58
OUT: 2.5
BT: Remembering
39. Exchange lists group foods together based on their nutrient content in each of the following areas except
A. carbohydrates.
B. vitamins.
C. protein.
D. fat.

ANS: B
REF: 58
OUT: 2.5
BT: Remembering
40. The value used to calculate the RDA for nutrients is known as the
A. Estimated Average Requirement (EAR).
B. Adequate Intake (AI).
C. Tolerable Upper Intake Level (UL).
D. Estimated Energy Requirement (EER).

ANS: A
REF: 46
OUT: 2.2
BT: Remembering

## True/False

41. Eating a balanced diet means consuming reasonable but not excessive amounts of foods and nutrients. ANS: FALSE
REF: 38
OUT: 2.1
BT: Understanding
42. Undernutrition is a state of inadequate nutrition due to the diet not meeting nutrient and/or energy needs.
ANS: TRUE
REF: 38
OUT: 2.1
BT: Remembering
43. Nutrient-dense foods are low in fat and added sugar, and high in kilocalories.

ANS: FALSE
REF: 42
OUT: 2.1
BT: Remembering
44. Measuring portion sizes, using smaller plates, and utilizing portion-controlled containers are all appropriate methods for controlling portion sizes.
ANS: TRUE
REF: 41
OUT: 2.1
BT: Remembering
45. In terms of energy density, nuts are less energy dense than lean meats and legumes.

ANS: FALSE
REF: 43
OUT: 2.1
BT: Understanding
46. When there is insufficient data to establish an Estimated Average Requirement (EAR), the Recommended Dietary Allowance (RDA) cannot be calculated.
ANS: TRUE
REF: 46
OUT: 2.2
BT: Understanding
47. The Food and Nutrition Board (FNB) will use Adequate Intake (AI) when there is insufficient evidence to calculate the RDA for a specific nutrient.
ANS: TRUE
REF: 46
OUT: 2.2
BT: Remembering
48. The Tolerable Upper Intake Level (UL) is the average amount of a nutrient that will most likely not cause any toxicity symptoms.
ANS: FALSE
REF: 47
OUT: 2.2
BT: Remembering
49. For infants, AIs are the only estimations for nutrients to evaluate dietary adequacy.

ANS: TRUE
REF: 47
OUT: 2.2
BT: Remembering
50. The Estimated Energy Requirement (EER) is calculated for age, gender, ethnicity, height, and weight.

ANS: FALSE
REF: 47
OUT: 2.2
BT: Remembering
51. The Acceptable Macronutrient Distribution Range pertains to the recommended levels of vitamins, minerals, and water in the diet.
ANS: FALSE
REF: 47
OUT: 2.2
BT: Remembering
52. According to the AMDR, the acceptable carbohydrate range (\%) of daily kilocalories should be 15 to 20 percent.
ANS: FALSE
REF: 47
OUT: 2.2
BT: Remembering
53. If an individual is consuming 900 kilocalories of protein and his or her Estimated Energy

Requirement (EER) is $\sim 2,500$ kilocalories, the percent of kilocalories from protein is $\sim 36$.
ANS: TRUE
REF: 48(calculations)
OUT: 2.2
BT: Applying
54. The Food and Drug Administration (FDA) and the National Institutes of Health are primarily responsible for updating the Dietary Guidelines every five years.
ANS: FALSE
REF: 49
OUT: 2.3
BT: Remembering
55. According to the Dietary Guidelines for Americans, one should consume less than 10 percent of kilocalories from saturated fat.
ANS: TRUE
REF: 50
OUT: 2.3
BT: Remembering
56. According to the "hand method" of estimating food portions, a woman's palm equals around 3 ounces of cooked meat, chicken, or fish.
ANS: TRUE
REF: 39
OUT: 2.1
BT: Remembering
57. According to the "hand method," the tip of the finger is equal to about a tablespoon of vegetable oil.

ANS: FALSE
REF: 39
OUT: 2.1
BT: Remembering
58. The sections of the MyPlate icon represent six food groups, including oils.

ANS: FALSE
REF: 51
OUT: 2.4
BT: Remembering
59. High sodium intake can increase health risks for people with hypertension, diabetes, or kidney disease.
ANS: TRUE
REF: 50
OUT: 2.3
BT: Understanding
60. According to the Centers for Disease Control (CDC), bicycling at 12 mph would be considered vigorous activity.
ANS: TRUE
REF: 54
OUT: 2.4
BT: Remembering
61. According to the USDA, 2 cups of raw leafy greens is considered 1 cup from the vegetable group. ANS: TRUE
REF: 54
OUT: 2.4
BT: Remembering
62. According to the USDA, 1 cup of $100 \%$ fruit juice and $\frac{1}{2}$ cup of dried fruit are both equal to 1 cup from the fruit group.
ANS: TRUE
REF: 54
OUT: 2.4
BT: Remembering
63. According to recent studies, skipping breakfast is an effective way to promote weight loss and provide satiety throughout the day.
ANS: FALSE
REF: 56
OUT: 2.4
BT: Understanding
64. Although more energy dense, one doughnut has a lower satiety index than one banana.

ANS: TRUE
REF: 56
OUT: 2.4
BT: Understanding
65. Based on current studies, eating later in the day has been seen to be less satisfying, and thus promotes overeating in the evening hours.
ANS: TRUE
REF: 57
OUT: 2.4
BT: Understanding
66. Food labels are under the strict control of and regulation by the CDC.

ANS: FALSE
REF: 58
OUT: 2.6
BT: Remembering
67. Ingredients on the food label must be labeled in ascending order by weight, with the heaviest items listed last.
ANS: FALSE
REF: 59
OUT: 2.6
BT: Remembering
68. There are no DVs listed on a nutrition label for trans fat, sugars, and protein.

ANS: TRUE
REF: 61
OUT: 2.6
BT: Remembering
69. The DV for protein is listed if the food is being marketed for children under the age of 4.

ANS: TRUE
REF: 61
OUT: 2.6
BT: Remembering
70. Structure/function claims can be made on both foods and dietary supplements.

ANS: TRUE
REF: 66
OUT: 2.6
BT: Remembering
71. Qualified health claims are less well established than health claims based on authoritative statements.

ANS: TRUE
REF: 65
OUT: 2.6
BT: Understanding
72. Healthy eating involves consuming a diet that balances all of the food groups.

ANS: TRUE
REF: 38
OUT: 2.1
BT: Remembering
73. All foods, even less nutritious ones, can be part of a healthy diet as long as they are consumed in moderation.
ANS: TRUE

REF: 39
OUT: 2.1
BT: Understanding
74. A baked potato is more energy dense than a serving of potato chips because it contains more energy per gram of weight.
ANS: FALSE
REF: 43
OUT: 2.1
BT: Applying
75. Daily Values (DVs) are similar to Daily Reference Intakes (DRIs) but are less precise and are based on less current reference levels.
ANS: TRUE
REF: 61
OUT: 2.6, 2.1
BT: Remembering

## Essay

76. What is the Exchange System and how can it be used to plan a balanced diet?

ANS: The Exchange System was designed to give people with diabetes a structured, balanced eating plan. It can be used to create meal plans based on the macronutrient content and total kilocalories of foods.
REF: 58
OUT: 2.5
BT: Remembering
77. What six food groups are used in the Exchange System?

ANS: starch, fruit, milk, vegetable, meat, fat
REF: 58
OUT: 2.5
BT: Remembering
78. Why would milk and/or yogurt be placed in the carbohydrate category of the Exchange System?

ANS: Milk and yogurt contain higher amounts of sugar (lactose/carbohydrates) than other foods such as cheese, which contains higher amounts of protein.
REF: 58
OUT: 2.5
BT: Understanding
79. What type of statement(s) must accompany a qualified health claim in terms of the beneficial nature of a nutrient or food item?
ANS: "The evidence to support the claim is limited or not conclusive" or "Some scientific evidence suggests..."
REF: 65
OUT: 2.6
BT: Understanding
80. How are meat and meat substitutes categorized in the Exchange System?

ANS: Lean, medium-fat, high-fat
REF: 59
OUT: 2.5
BT: Remembering
81. What are three examples of ways that one can control his or her portion size?

ANS: Answers include: Cook smaller quantities; ask for half orders at restaurants; keep tempting foods out of sight.
REF: 41
OUT: 2.1
BT: Remembering
82. Name the five reference values that make up the Dietary Reference Intakes (DRIs).

ANS: EAR, AI, RDA, UL, AMDR
REF: 45
OUT: 2.2
BT: Remembering
83. What is the Estimated Energy Requirement (EER)?

ANS: The amount of daily energy to maintain a healthy body weight and meet energy needs based on age, gender, height, weight, and activity level.
REF: 45
OUT: 2.2
BT: Remembering
84. How is the EAR for a nutrient established?

ANS: DRI committee members review and analyze a variety of research studies to determine the EAR. These studies may investigate the following points:

- the consequences of eating a diet too low in the nutrient and the associated side effects or physical changes that develop, along with how much of the nutrient should be consumed to correct the deficiency
- the amount of the nutrient a healthy individual absorbs, stores, and maintains daily
- the role the nutrient plays in reducing the risk of chronic diseases.

REF: 45
OUT: 2.2
BT: Understanding
85. What is the RDA?

ANS: It is the Recommended Dietary Allowance for a nutrient. It is based on the EAR, but is set higher. It represents the amount of each nutrient that should meet the needs of nearly all ( 97 to 98 percent) of the individuals in a specific gender and age group.
REF: 46
OUT: 2.2
BT: Remembering
86. Describe three differences between the RDAs and the AIs.

ANS: The RDAs are based on the EARs, whereas the AIs are set without having established a requirement. The RDAs cover the needs of 97 to 98 percent of the population, but the AIs do not estimate how many people will be covered. The AIs are the only estimates for infants.
REF: 46-47
OUT: 2.2
BT: Analyzing
87. What does AMDR stand for and what are the three components of this reference value?

ANS: Acceptable Macronutrient Distribution Range; carbohydrates, fats, proteins ( 45 to 65 percent, 20 to 35 percent, and 10 to 35 percent, respectively).
REF: 47
OUT: 2.2

## BT: Remembering

88. What are the Dietary Guidelines for Americans 2010?

ANS: The Dietary Guidelines, 2010 reflect the most current nutrition and physical activity recommendations for good health. They are designed to help individuals aged 2 and over improve the quality and content of their diet and lifestyle to lower their risk of chronic diseases and conditions. The current guidelines differ from previous reports in that they address the obesity epidemic affecting
Americans.
REF: 49-50
OUT: 2.3
BT: Remembering
89. What are MyPlate and ChooseMyPlate.gov?

ANS: MyPlate is the most recent food guidance system developed by the USDA. It reflects the recommendations in Dietary Guidelines for Americans 2010. Its online component, ChooseMyPlate.gov, is a Web-based initiative that provides information and tools to help people build a healthier diet based on the latest nutrition and health guidelines.
REF: 51
OUT: 2.4
BT: Remembering
90. Define the food groups used in MyPlate and some typical foods represented in the MyPlate food guide.
ANS: MyPlate organizes foods in five groups: fruits, vegetables, grains, protein, and dairy. Typical foods include fresh and dried fruit and fruit juices; dark green and leafy vegetables, such as broccoli and kale; beans and peas; whole grains; lean meat, poultry, and fish; and fat-free or low-fat milk, yogurt, and cheese. The food guide also lists oils, though these are not represented in a food group.
REF: 51-54
OUT: 2.4
BT: Remembering
91. What recommendations does MyPlate make for increasing and reducing the consumption of certain foods?
ANS: Its recommendations for increasing food include making half of you plate fruits and vegetables, making at least half of your grains whole grains, and switching to fat-free or low-fat milk. Reductions include reducing sodium in your diet and drinking water instead of sugary drinks.
REF: 51
OUT: 2.4
BT: Remembering
92. List the daily amounts of each food recommended in MyPlate for an individual consuming 2400 kilocalories a day.
ANS: 8 ounces of grain, 3 cups of vegetables, 2 cups of fruit, 7 teaspoons of oils, 3 cups of dairy, and 6.5 ounces of protein

REF: 54
OUT: 2.4
BT: Applying
93. List the four major goals of the Dietary Guidelines for Americans, and the recommendations for building healthy eating patterns.
ANS: The four major goals are: balance kilocalories to manage weight, reduce certain foods and food components, increase other foods and nutrients, and build healthy eating patterns. For this last goal, the Guidelines recommend the following:

- Select an eating pattern that meets nutrient needs over time at an appropriate kilocalorie level.
- Account for all foods and beverages consumed and assess how they fit within a total healthy eating pattern.
- Follow food safety recommendations when preparing and eating foods to reduce the risk of foodborne illnesses.
REF: 50
OUT: 2.3
BT: Understanding

94. Explain the difference between nutrient dense and energy dense; provide two examples of foods from each category.
ANS:

- Energy density: kilocalories in food compared to weight; nutrient density: measure of nutrients in foods compared to kilocalorie content
- Energy dense: avocado, chocolate, doughnut
- Nutrient dense: broccoli, carrots, beans/legumes

REF: 42-43
OUT: 2.1
BT: Analyzing
95. Describe nutrient content claims, health claims, and structure/function claims.

ANS:

- Nutrient content claims describe the nutrient content of food (for example, free/lite/high/reduced).
- Health claims describe the relationship between a nutrient in food and its influence or function in the body (for example, calcium builds strong bones; fiber helps with bowel regularity).
- Structure/function claims describe the relationship between a food, nutrient, or dietary component and a disease or condition. (for example, fiber in a cereal, as a part of a healthy diet, can help to lower your cholesterol).
REF: 63-66
OUT: 2.6
BT: Remembering

96. Describe what an authorized health claim means.

ANS:

- It is based on a well-established relationship between a food and a health benefit.
- It is approved by the FDA.
- It must be backed by experts, scientists, and general consensus.
- Examples include claims about calcium and osteoporosis, sodium and hypertension, and dietary fat and cancer.
REF: 65
OUT: 2.6
BT: Remembering

97. Explain the principle of a balanced diet and its relationship to malnutrition, undernutrition, and overnutrition.
ANS: A balanced diet is one that includes healthy proportions of all nutrients and is adequate in energy. Malnutrition is a dietary imbalance resulting from either a deficiency or an excess of nutrients.
Undernutrition is a state of inadequate nutrition based on the lack of a key nutrient or nutrients.
Overnutrition is the result of consuming an excess of nutrients or energy.
REF: 38
OUT: 2.1
BT: Understanding
98. Describe the difference between portion size and serving size.

ANS: Portion size is the amount of food eaten at one sitting, rather than the standard amount of food for which the nutrient composition is presented. Serving sizes are listed on food labels.
Americans usually overestimate their portion sizes and can eat several times the recommended serving size of a food at a time.
REF: 40
OUT: 2.1
BT: Analyzing
99. Describe some of the key factors that have led to increased portion sizes, as well as their implications for overall health.
ANS:

- More food for less money is attractive.
- People are eating out more often.
- There is a wide variety of choices.
- Americans are unaware of portion size changes.
- Implications include increases in obesity, weight gain, all chronic diseases, and conditions related to obesity.
REF: 40-41
OUT: 2.1
BT: Remembering

