



PERSONAL SCORESHEET

Name: _____

Phone: _____ Date: _____

**EAT VARIETY FOR EVEN
BETTER NUTRITION!**

*Try to eat at least one serving from
every category, every week*

- Fruit (F)** Fresh, cooked or canned
(1 medium piece, or 1/2 cup cut-up)
- Vegetables (V)** Raw or cooked,
fresh, canned or frozen (1/2 cup)
- Leafy vegetables (L)** raw lettuce,
spinach, etc. (1 cup)
- Juice (J)** 100% fruit or veg. (3/4 cup)
- Dry beans or peas (B)** cooked
kidney beans, white beans, chick
peas, lentils, split peas, etc. (1/2 cup)
- Dried fruit (D)** raisins, prunes,
dried apricots, etc. (1/4 cup)

*Mark daily
servings
down
columns*

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1st Serving OF THE DAY							
2nd Serving OF THE DAY							
3rd Serving OF THE DAY							
4th Serving OF THE DAY							
5th Serving OF THE DAY							
Ready to go for serving #6-7-8-9?							

Add up your servings (1 point each)

TOTAL WEEKLY POINTS:

www.tompkins-co.org/wellness/worksite/

Healthy Heart Worksite Project, Health Promotion Program, Tompkins County Health Department 02/02