

Making Up Your MIND-Diet

HOW MANY SERVINGS HAVE YOU HAD TODAY?

Place a check mark in each box as you eat a serving from each food group today!
Add a check mark on the blank for every extra serving of a food group you eat.



WHOLE GRAINS

Eat 3 or more servings per day

+ _____



DARK LEAFY GREENS

Eat at least 1 serving per day (in salad)

+ _____



OTHER VEGETABLES

Eat 1 or more servings per day

+ _____



BUTTER OR MARGARINE

No more than 1^{1/2} tablespoons per day



WINE/ALCOHOL

No more than 1 glass of wine/alcohol per day (optional)



CHECK YOURSELF!

Compare your intake to the goals listed underneath each food group.

HOW MANY SERVINGS HAVE YOU HAD THIS WEEK?

Place a check mark in each box as you eat a serving from each food group this week! Add a check mark on the blank for every extra serving of a food group you eat.



BERRIES

(FRESH OR FROZEN)

Eat 2 or more servings per week
(1/2 cup = 1 serving)

+ _____



FISH

Eat 1 or more servings per week

+ _____



POULTRY

Eat 2 or more servings per week

+ _____



BEANS

Eat 4 servings per week (1/2 cup = 1 serving)



NUTS

Eat 5 servings per week (1 ounce = 1 serving)



RED MEAT

Eat up to 3 servings per week



CHEESE

No more than 2 ounces per week



SWEETS

No more than 5 servings per week



FRIED OR FAST FOOD

No more than 1 serving per week