

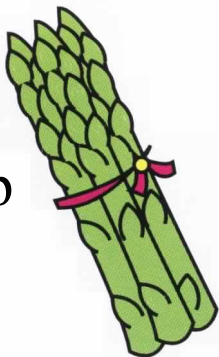
ARE YOU SHORTCHANGING YOURSELF?



EAT FRUITS AND VEGETABLES

FIVE A DAY FOR BETTER HEALTH

Eating plenty of fruits and vegetables help you feel and look good.



The National Cancer Institute recommends eating **five** servings of fruits and vegetables every day for good health.

IT'S EASY TO EAT 5 A DAY!

A serving is:

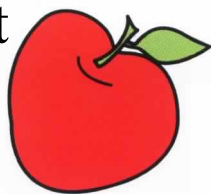
- *a medium piece of fruit*
- *1/2 cup of fruit or cooked vegetable*
- *1 cup salad, 1/4 cup dried fruit*
- *6 ounces juice*

Besides feeling and looking better, people who eat at least five fruits and vegetables daily may reduce their risk of certain cancers and heart disease.

They also keep their digestive tracts working smoothly.



You can't beat
fruits and
vegetables for
convenience.



Portable, pre-packaged, requiring no refrigeration, they can be eaten raw and on the go. They'll give you energy, yet won't weigh you down like heavy snacks.

Fruits and vegetables are nature's fun food. Crunch them, dip them, slice them, cook them—any way you eat them, they're delicious.

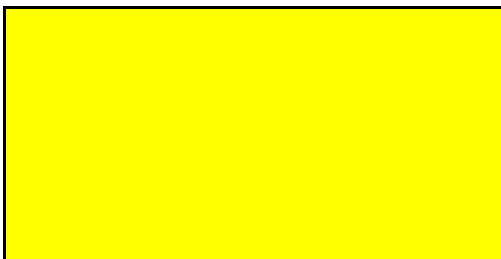
Low in calories and fat, high in vitamins, minerals and fiber, they're natural for a healthy lifestyle.

So, don't shortchange yourself. Eat plenty of fruits and vegetables to help you look and feel great.

Look for more on this theme. Your worksite is part of a new program to promote healthy eating.

Produced by
Fred Hutchinson Cancer Research Center
in conjunction with
the University of Washington

This pamphlet brought
to you by:



WHAT'S YOUR FRUIT VEGETABLE SCORE?

Eating fruits and vegetables is great for your health.

The National Cancer Institute recommends eating **five** servings of fruits and vegetables every day. Eating fruits and vegetable helps you stay slim, feel healthy, and lowers your risk of many serious diseases.

- ▶ **Do you eat 5 a day?**
- ▶ **When do you usually eat fruits and vegetables?**
- ▶ **when could you add one more serving?**



Fill out the questionnaire below to find out.

INSTRUCTIONS: When do you eat fruits and vegetables?

- ▶ Check the appropriate box.
- ▶ Fill in the number of servings.
- ▶ Add the totals.

WHAT IS A SERVING?

A serving of fruit is half a cup, one medium piece, 6 ounces juice, or 1/4 cup dried.

A serving of vegetables is half a cup cooked or one cup salad.

TIME OF DAY	Check when you ate fruits and vegetables yesterday .		Check when you usually eat fruits and vegetables.	
	YESTERDAY		USUALLY	
	How many?		How many?	
Breakfast	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
Snack	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
Lunch	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
Snack	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
Dinner	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
Snack or dessert	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____	<input type="checkbox"/> fruit or juice _____	<input type="checkbox"/> vegetable _____
TOTAL SCORE _____		TOTAL SCORE _____		

Evaluate your score:

- ▶ How close are you to the 5 a Day goal?
- ▶ Did you meet the goal yesterday?
- ▶ Do you meet the goal usually?
- ▶ How can you make it easier to meet the goal?

When can you add another fruit or vegetable?

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