

Fast Food Evaluation Form

Name _____

Restaurant _____

Meal _____

	My Selection	RDA	% Difference (+ or -)
Total Calories			
Grams of Fat			
Calories of Fat			
Grams of Carbohydrate			
Grams of Protein			
Mg of Sodium			

If your meal did not meet the recommendations, suggest changes to the meal you have selected to help bring it into compliance with the recommendations.

Suggested Changes: