

Food Classification Activity Scoring Sheet

Date: _____

Name: _____

	1: Unprocessed/ Minimally processed	2: Processed I	3: Processed II	4: Ultra-processed
No. 1				
Tally of Servings				
Total Servings				
% Total				
No. 2				
Tally of Servings				
Total Servings				
% Total				
No. 3				
Tally of Servings				
Total Servings				
% Total				
No. 4				
Tally of Servings				
Total Servings				
% Total				
No. 5				
Tally of Servings				
Total Servings				
% Total				

What did you find easy to use?

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