

# TESTIMONY OF THE MAINE MEDICAL ASSOCIATION

## IN SUPPORT OF

### L.D. 1259, AN ACT TO INCREASE ACCESS TO NUTRITION INFORMATION

Joint Standing Committee on Health and Human Services  
Room 209, Cross State Office Building  
1:00 pm, Tuesday, May 5, 2009

Good afternoon Senator Brannigan, Representative Perry, and Members of the Joint Standing Committee on Health and Human Services. I am Dr. Stephanie Lash, current President of the Maine Medical Association as well as a practicing neurologist in Bangor, Maine. I am speaking in support of L.D. 1259, An Act to Increase Access to Nutrition Information. The MMA is a professional organization representing more than 3,000 physicians, residents, and medical students whose mission is “to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.”

The leading public authorities in the United States have all advocated increased disclosure of nutrition information for food and beverages purchased in restaurants. The Surgeon General’s *Call to Action to Prevent and Decrease Overweight and Obesity* recommended “increasing the availability of nutrition information for foods eaten and prepared away from home.” The Institute of Medicine likewise recommended that, “full-service and fast food restaurants should expand healthier food options and provide calorie content and general nutrition information at point of purchase.” The FDA’s Working Group on Obesity explained that “the pervasiveness of the obesity epidemic means that more nutrition information must be presented to consumers in restaurant settings.” The FDA recommended “standardized, simple and understandable nutritional information, including calorie information, at the **point-of-sale** in a restaurant setting.” The American Medical Association Resolution of 2007 states that “our American Medical Association support federal, state, and local policies to require fast-food and other chain restaurants to provide consumers with nutrition information on menus and menu boards.”

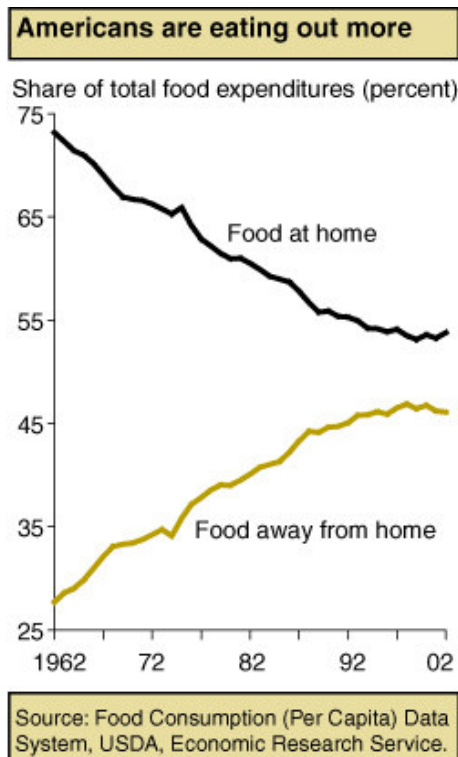
Transparency of information is the new norm and is expected by consumers for increased empowerment. Menu labeling at point of purchase prevents consumer confusion over the caloric content of their food and promotes informed decision-making by consumers. Consumers have a right to information. Companies are required to provide information on the fuel-efficiency of cars, what clothes are made of, care instructions for clothing, and energy and water consumption of certain home appliances. A labeling requirement at chain restaurants is even more compelling. People need nutrition information to manage their weight and reduce the risk of or manage heart disease, diabetes or high blood pressure, which are leading causes of death, disability and high health-care costs, especially here in Maine.

Eating outside of the home requires the necessary information to make the most appropriate choices and to educate oneself on caloric value. We are also a nation that has lost sight of what a “regular” portion size is. Attached to my testimony is a Fast-Food Nutrition Quiz to test your ability to identify the calorie counts for typical restaurant foods. Wouldn’t it be helpful to

know in the most convenient, transparent fashion at the point of purchase what the caloric value is prior to purchasing that food item?

There are numerous scientific studies related to menu labeling and I wanted to highlight just a few, and have attached the rigorous listing to my testimony for your information in the most transparent way that we can to ensure you have accurate and timely information.

- **Portion sizes are larger, people are eating out more and consuming more calories when eating out.**



In 2006, consumers spent almost half (48 percent) of their food dollars on foods made outside the home, in comparison to 26 percent in 1970. The average American eats out four meals a week; that is enough to lead to over-consuming calories not just on the day the person eats out, but also to exceed calorie requirements over the course of a whole week.

Standard portion sizes in fast-food and chain restaurants have grown since the 1970s. Over the past few decades, portion sizes of everything from muffins to sandwiches have grown considerably and so have our waistbands. In the 1970s around 47 percent of us were overweight and now 66 percent of us are. In addition, the number of just obese people has doubled, from 15 percent of our population to 30 percent. The handout that I have provided with my testimony provides you with the visual of these portion size increases.

Fast-food restaurants use marketing to give the impression that the larger portion sizes are “normal.” The prices on much larger portion sizes increase only slightly, which leads customers to make unhealthy choices.<sup>1</sup>

- **People are unaware of how many calories are in their meals.**

Restaurant goers underestimate the calories, and overestimate the healthfulness of menu items.<sup>2,3,4</sup>

One study found that 9 out of 10 people underestimated the number of calories of less healthy items by an average of more than 600 calories.<sup>5</sup>

- **Consumers want and use nutrition information**

Three out of four adults use food labels on packaged foods. 34 Seventy-three percent say that they look at the calorie information on the Nutrition Facts Panel at the point of purchase.<sup>6</sup>

Almost half (48 percent) of adults say reading the nutrition information on food labels made them change their purchasing habits.<sup>7</sup>

The modern food environment has prompted the call for menu labeling. Few Americans eat recommended amounts of produce and many over consume calorie-dense, nutrient-poor foods. Obesity is one consequence, but increased risk for diseases related to poor diet (e.g., heart disease, cancer, diabetes) is a concern for our entire population in Maine.

With a growing portion of the overall diet consumed at restaurants, and evidence that such eating typically represents poor nutrition, it follows that **effective communication** of nutrition information in restaurants is a necessary step in educating consumers so they have the option of eating more healthfully.<sup>8</sup>

Let us not fall to the temptations of the opposition that would prefer flexibility of providing this information on their websites, in posters and in brochures, which is not convenient for point of purchase decision-making and often printed in hard-to-read, hard-to-use formats.

This is truly a consumer bill and that by displaying calorie information in this manner is a common sense approach that would allow consumers to exercise personal responsibility by providing them with the knowledge they need to make informed decisions and better dining choices.

Thank you for your time and I would be happy to answer any questions that you may have.

- 1 O'Dougherty M, Harnack LJ, French SA, Story M, Oakes JM, Jeffrey RW. Nutrition labeling and value size pricing at fast-food restaurants: a consumer perspective. *Am J Health Promot* 2006; Mar-Apr; 20(4): 247-250.
- 2 Wansink B, Chandon P. Meal size, not body size, explains errors in estimating the calorie contents of meals. *Ann Int Med* 2006; 145: 326-332.
- 3 Chandon P, Wansink B. The biasing health halos of fast-food restaurant health claims: lower calorie estimates and higher side-dish consumption intentions. *J Consum Res* 2007; 34: 301-314.
- 4 Young LR, Nestle M. portion sizes and obesity: Responses of fast-food companies. *J Pub Health Pol* 2007; 28: 238-248.
- 5 Burton S, Creyer EH, et al. Attacking the obesity epidemic: the potential health benefits of providing nutrition information in restaurants. *Am J Pub Health* 2006; 96(9): 1669-1675.
- 6 International Food Information Council (IFIC) Foundation. Food & Health Survey: Consumer Attitudes Toward Food, *Nutr & Hlth*. Washington, DC 2007.
- 7 Levy AS, Derby BM. *The Impact of NLEA on Consumers: Recent Findings from FDA's Food Label and Nutrition Tracking System*. Washington DC: Center for Food Safety and Applied Nutrition. Food and Drug Administration. 1996.
- 8 Government, Politics, and Law, *American Journal of Public Health*, September 2008, Vol. 98(9): 14-17.



## SCIENTIFIC STUDIES RELATED TO MENU LABELING

Issue	Evidence Summary
<b>More people are eating out at fast-food restaurants and the number of fast-food restaurants is growing.</b>	<ul style="list-style-type: none"><li>▪ Quick-service restaurant sales in the United States are projected to increase by 4.4 percent in 2008, with sales of \$156.8 billion.<sup>1</sup></li><li>▪ There are approximately 266,300 fast-food restaurants in the country. That number is expected to increase to almost 287,500 by 2009.<sup>2</sup></li><li>▪ In 2006, Americans spent almost half (48 percent) of their food dollars on foods made outside the home, in comparison to 26 percent in 1970.<sup>3</sup></li><li>▪ Fast-food is eaten disproportionately by low-income people, who are more likely to be overweight.<sup>4</sup></li></ul>
<b>Portion sizes are bigger, and people are consuming more calories when eating out.</b>	<ul style="list-style-type: none"><li>▪ Standard portion sizes in fast-food and chain restaurants have grown since the 1970s: Typical soft drink servings have increased by 49 calories, french fries servings have increased by 68 calories and hamburgers by 97 calories.<sup>5,6</sup></li><li>▪ People eat more at a restaurant than at home.<sup>7</sup></li><li>▪ Adults eating at fast-food restaurants consume 205 more calories per day than those who do not eat out; children consume 155 more calories.<sup>8</sup></li><li>▪ A survey of 7318 diners at fast-food restaurants in New York City found that one third purchased 1,000 calories or more for a lunchtime meal.<sup>9</sup></li><li>▪ Children consume almost twice (1.8 times) as many calories when eating food made outside the home, compared to eating at home.<sup>10</sup></li><li>▪ Fast-food restaurants use marketing to give the impression that the larger portion sizes are “normal.” The prices on much larger portion sizes increase only slightly, which leads customers to make unhealthy choices.<sup>11</sup></li><li>▪ Americans’ average calorie intake increased by almost 200 calories per day between 1977 (average: 1,791 calories) and 1996 (average: 1,985). Restaurants and fast-food accounted for the fastest growing source of those calories.<sup>12</sup></li></ul>
<b>Excess fast-food calorie consumption may contribute to weight gain.</b>	<ul style="list-style-type: none"><li>▪ A national survey conducted between 1977 and 1996 showed that calorie consumption from restaurant fast-food doubled as a percentage of energy intake for people over the age of 2.<sup>13</sup></li><li>▪ Eating extra calories while eating out contributes to excess energy intake.<sup>14,15</sup></li><li>▪ Eating out more frequently at fast-food restaurants is associated with a higher total intake of energy.<sup>16</sup></li><li>▪ In a study of more than 4,700 children between 11 and 18 years, boys who ate fast-food regularly consumed 800 extra calories per week, and girls consumed an extra 660 calories per week. This could add a weight gain of 10 or more pounds per year.<sup>17</sup></li><li>▪ Eating more calories away from home causes an increase in weight.<sup>18, 19, 20, 21, 22, 23</sup></li><li>▪ There is strong evidence of a causal association between eating fast-food and gaining weight.<ul style="list-style-type: none"><li>▪ Fast-food intake was associated with increased body weight in a study of 3,031 adults.<sup>24</sup></li><li>▪ More days of fast-food intake at baseline predicted increases in body mass index after five years, in a study of 10,000 adolescents.<sup>25</sup></li><li>▪ Fast-food intake increased the prevalence of overweight by 27-31 percent in a study of over 9,000 adults.<sup>26</sup></li><li>▪ Adolescents between 12 and 19 who ate foods away from home were more likely to have a higher body mass index.<sup>27</sup></li></ul></li></ul>



## SCIENTIFIC STUDIES, *CONT.*

Issue	Evidence Summary
<p><b>People are unaware of how many calories are in their meals.</b></p>	<ul style="list-style-type: none"> <li>▪ Restaurant goers underestimate the calories, and overestimate the healthfulness of menu items.<sup>28, 29, 30</sup></li> <li>▪ In a poll of 523 adults, only 11 percent could identify which of four choices from Denny’s and McDonald’s were highest in calories.<sup>31</sup></li> <li>▪ A study found that 9 out of 10 people underestimated the number of calories of less-healthy items by an average of more than 600 calories.<sup>32</sup></li> <li>▪ In a poll, experienced nutrition professionals underestimated the number of calories in restaurant food by 200 to 600 calories.<sup>33</sup></li> </ul>
<p><b>Consumers want and use nutrition information.</b></p>	<ul style="list-style-type: none"> <li>▪ Three out of four American adults use food labels on packaged foods.<sup>34</sup> Seventy-three percent say that they look at the calorie information on the Nutrition Facts Panel.<sup>35</sup></li> <li>▪ Almost half (48 percent) of American adults say reading the nutrition information on food labels made them change their purchasing habits.<sup>36</sup></li> <li>▪ When given nutrition information on food served in restaurants, diners are 24 to 37 percent less likely to choose high-calorie menu items.<sup>37</sup></li> <li>▪ A study in New York City showed that the fast-food customers who saw calorie information displayed bought 52 fewer calories than those who didn’t see the information.<sup>38</sup></li> <li>▪ A majority (62 to 87 percent) of consumers in six nationally representative polls said they support requiring restaurants to list nutrition information.<sup>39, 40</sup></li> </ul>
<p><b>Posting calorie information may encourage chains to improve the nutritional content of their menus.</b></p>	<ul style="list-style-type: none"> <li>▪ Processed food manufacturers have reformulated many of their products to contain less trans fat following the Food and Drug Administration mandate to list trans fat content on the Nutrition Facts Panel of foods sold in retail stores.<sup>41</sup></li> </ul>
<p><b>Some, but not all, fast-food restaurants make nutrition information available. The information is not always accessible to customers at the point of purchase or ordering.</b></p>	<ul style="list-style-type: none"> <li>▪ In McDonald’s outlets in Washington, DC, 59 percent provided in-store nutrition information for the majority of their standard menu items; 40 percent did not provide it. In 62% of the restaurants, it was necessary to ask two or more employees in order to obtain a copy of the information.<sup>42</sup></li> <li>▪ In New York City, 95 percent of survey respondents did not notice nutrition information provided by McDonald’s because it was not prominently displayed at the point of purchase. It was on brochures, placemats, food wrappers, or on the Internet.<sup>43</sup></li> <li>▪ In a study of 300 of the largest chain restaurants, 54 percent made some nutrition information available; 44 percent had information on the majority of standard menu items; 86 percent provided the information on a website.<sup>44</sup></li> </ul>
<p><b>These leading health authorities and national organizations recommend addressing the lack of calorie information in restaurants.</b></p>	<ul style="list-style-type: none"> <li>▪ AARP.<sup>45</sup></li> <li>▪ American Cancer Society.<sup>46</sup></li> <li>▪ American Diabetes Association.<sup>47</sup></li> <li>▪ American Heart/Stroke Association.<sup>48</sup></li> <li>▪ American Medical Association.<sup>49</sup></li> <li>▪ American Public Health Association.<sup>50</sup></li> <li>▪ Institute of Medicine.<sup>51</sup></li> <li>▪ Society for Nutrition Education.<sup>52</sup></li> <li>▪ The United States Food and Drug Administration’s Obesity Working Group.<sup>53</sup></li> </ul>



## REFERENCES FOR SCIENTIFIC STUDIES

1. Progressive Grocer report, accessed December 13, 2007 at [www.progressivegrocer.com/progressivegrocer/headlines/article\\_display.jsp?vnu\\_content\\_id=1003684964](http://www.progressivegrocer.com/progressivegrocer/headlines/article_display.jsp?vnu_content_id=1003684964).
2. C. Barnes & Co. 2008 Barnes reports: U.S. Fast-foods Restaurants Industry (NAICS 72221). 2007.
3. National Restaurant Association (NRA). Industry at a Glance. 2005.
4. Drewnowski A, Specter SE. Poverty and obesity. The role of energy density and energy costs. *Am J Clin Nutr* 2004;79: 6-16.
5. Young LR, Nestle M. Portion sizes and obesity: Responses of fast-food companies. *J Pub Health Pol* 2007; 28: 238-248.
6. Nielsen S, Popkin B. Patterns and trends in food portion sizes, 1977-1998. *J Am Med Assoc* 2003; 289(4): 450-453.
7. Binkley, UK, Eales J, Jekanowski M. The relation between dietary change and rising US obesity. *Intl J Obes* 2000; 24, 1032-1039.
8. Paeratakul S, Perdinand D, Champagne C, Ryan D, Bray G. Fast-food consumption among US adults and children: dietary and nutrient intake profile. *J Am Dietetic Assoc* 2003; 103(10): 1332-1338.
9. Bassett MT, et al. Purchasing Behavior and Calorie Information at Fast-Food Chains in New York City, 2007. *Am J Pub Health* 2008; 98 (8): 1-3.
10. Zoumas-Morse C, Rock C, Sobo E, Neuhouser M. Children's patterns of macronutrient intake and associations with restaurants and home eating. *J Am Dietetic Assoc* 2001; 101(8): 923-925.
11. O'Dougherty M, Harnack LJ, French SA, Story M, Oakes JM, Jeffery RW. Nutrition labeling and value size pricing at fast-food restaurants: a consumer perspective. *Am J Health Promot* 2006; Mar-Apr; 20(4): 247-250.
12. Nielsen SJ, Siega-Riz AM, Popkin BM. Trends in energy intake in the United States between 1977-1996: Similar shifts seen across all age groups. *Obes Res* 2002; 10: 370-378.
13. Ibid.
14. St-Onge MP, Keller KL, Heymsfield SB. Changes in childhood food consumption patterns: a cause for concern in light of increasing body weights. *Am J Clin Nutr* 2003; 78: 1068-1073.
15. French SA, Harnack L, Jeffery RW. Fast-food restaurant use among women in the Pound of Prevention study: dietary, behavioral and demographic correlates. *Intl J Obes* 2000; 24: 1353-1359.
16. Ibid.
17. French SA, Story M, Neumark-Sztainer D, Fulkerson JA, Hannan P. Fast-food restaurant use among adolescents: associations with nutrient intake, food choices and behavioral and psychosocial variables. *Intl J Obes* 2001; 25: 1823-33.
18. Duffey KJ, Gordon-Larsen P, Jacobs DR, Williams OD, Popkin BM. Differential associations of fast-food and restaurant food consumption with 3-y change in body mass index: the Coronary Artery Risk Development in Young Adults Study. *Am J Clin Nutr* 2007; 85: 201-208.
19. French SA, Harnack L, Jeffery RW. Op. cit.
20. Niemeier H, Raynor H, Lloyd-Richardson E, Rogers M, Wing R. Fast-food consumption and breakfast skipping: predictors of weight gain from adolescence to adulthood in a nationally representative sample. *J Adol Health* 2006; 39: 842-849.
21. Pereira MA, Kartashov AI, Ebbeling CB, VanHorn L, Slattery ML, Jacobs DR, Ludwig DS. Fast-food habits, weight gain, and insulin resistance (the Cardia study): 15-year prospective analysis. *Lancet* 2005; 365: 36-42.
22. Thompson OM, Ballew C, Resnicow K, Must A, Bandini LG, Cyr H, Dietz WH. Food purchased away from home as a predictor of change in BMI z-score among girls. *Intl J Obes* 2004; 28: 282-289.
23. Satia JA, Galanko JA, Siega-Riz AM. Eating at fast-food restaurants is associated with dietary intake, demographic, psychosocial and behavioural and behavioral factors among African Americans in North Carolina. *Pub Health Nutr* 2007; 7(8): 1089-1096.
24. Pereira MA, Kartashov AI, Ebbeling CB, VanHorn L, Slattery ML, Jacobs DR, Ludwig DS. Fast-food habits, weight gain, and insulin resistance (the Cardia study): 15-year prospective analysis. *Lancet* 2005; 365: 36-42
25. Niemeier H, Raynor H, Lloyd-Richardson E, Rogers M, Wing R. Fast-food consumption and breakfast skipping: predictors of weight gain from adolescence to adulthood in a nationally representative sample. *J Adol Health* 2006; 39: 842-849.
26. Bowman S, Vinyard B. Fast-food consumption of US adults: impact on energy and nutrient intakes and overweight status. *J Am Coll Nutr* 2004; 23(2): 163-168
27. Huang TT, Howarth NC, Lin BH, Roberts SB, McCrory MA. Energy intake and meal portions: associations with BMI percentile in US Children. *Obes Res* 2004; 12 (11): 1875-1885.
28. Wansink B, Chandon P. Meal size, not body size, explains errors in estimating the calorie contents of meals. *Ann Int Med* 2006; 145: 326-332.
29. Chandon P, Wansink B. The biasing health halos of fast-food restaurant health claims: lower-calorie estimates and higher side-dish consumption intentions. *J Consum Res* 2007; 34: 301-314.
30. Young LR, Nestle M. Portion sizes and obesity: Responses of fast-food companies. *J Pub Health Pol* 2007; 28: 238-248.



## REFERENCES FOR SCIENTIFIC STUDIES, *CONT.*

31. Field Research Corporation telephone survey of 523 registered California voters, conducted March 20 – 31, 2007. Accessed October 11, 2007 at [www.publichealthadvocacy.org/menulabelingpoll.html](http://www.publichealthadvocacy.org/menulabelingpoll.html).
32. Burton S, Creyer EH, et al. Attacking the obesity epidemic: the potential health benefits of providing nutrition information in restaurants. *Am J Pub Health* 2006; 96(9): 1669-1675.
33. Backstrand J, et al., *Fat Chance* Washington, DC: Center for Science in the Public Interest, 1997.
34. US Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention, National Center for Health Statistics. *Healthy People 2000* Final Review. 2001.
35. International Food Information Council (IFIC) Foundation. *Food & Health Survey: Consumer Attitudes Toward Food, Nutr & Hlth*. Washington, DC: 2007.
36. Levy AS, Derby BM. *The Impact of NLEA on Consumers: Recent Findings from FDA's Food Label and Nutrition Tracking System*. Washington DC: Center for Food Safety and Applied Nutrition. Food and Drug Administration. 1996.
37. Burton S, et al. Op. cit.
38. Bassett MT, et al. Op. cit.
39. Center for Science in the Public Interest. *Anyone's Guess: The need for nutrition labeling at fast-food and other chain restaurants*. Washington, DC: Center for Science in the Public Interest, 2003.
40. Harvard Forums on Health. *Obesity as a Public Health Issue: A Look at Solutions*. National Poll by Lake, Snell, Perry & Associates. June 2003.
41. Grocery Manufacturers of America. Comments on FDA Advance Notice of Proposed Rule Making Docket No. 2003M-0076. *Food Labeling: Trans Fat Acids in Nutrition Labeling*. June 18, 2004.
42. Wootan MG, Osborn M, Malloy C. Availability of Point-of-Purchase Nutrition Information at a Fast-food Restaurant. *Prev Med*. 2006; 43: 458-459.
43. Department of Health and Mental Hygiene, Board of Health, Notice of Intention to Repeal and Reenact §81.50 of the New York City Health Code. Notice of Public Hearing. November, 2007.
44. Wootan MG, Osborn M. Availability of Nutrition Information from Chain Restaurants in the United States. *Amer J Prev Med* 2006; (30) 3: 266-268.
45. Eskin SB, Hermanson S. Nutrition Labeling at Fast-food and Other Chain Restaurants. *AARP Public Policy Institute*. 2004: Issue Brief 71.
46. New York City Board of Health Notice of Public Hearing. Accessed 05.16.08 at [www.nyc.gov/html/doh/downloads/pdf/public/notice-intention-hc-art81-50-1007.pdf](http://www.nyc.gov/html/doh/downloads/pdf/public/notice-intention-hc-art81-50-1007.pdf); p. 11.
47. *Ibid.*, p.11.
48. American Heart/Stroke Association Position Statement on Menu Labeling. Accessed 05.16.08 at <http://www.americanheart.org/presenter.jhtml?identifier=3054233>.
49. American Medical Association. Nutrition Labeling and Nutritionally Improved Menu Offerings in Fast-Food and Other Chain Restaurants. Accessed 05.16.08 at [http://www.ama-assn.org/apps/pf\\_new/pf\\_online?f\\_n=browse&doc=policyfiles/HnE/H-150.945.HTM&&s\\_t=&st\\_p=&nth=1&prev\\_pol=policyfiles/HnE/H-145.999.HTM&nxt\\_pol=policyfiles/HnE/H-150.943.HTM&](http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/H-150.945.HTM&&s_t=&st_p=&nth=1&prev_pol=policyfiles/HnE/H-145.999.HTM&nxt_pol=policyfiles/HnE/H-150.943.HTM&).
50. American Public Health Association Support for Nutrition Labeling in Fast-food and Other Chain Restaurants. Accessed 05.16.08 at <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1300>.
51. Institute of Medicine. *Food Marketing to Children and Youth: Threat or Opportunity*. National Academies Press: Washington, DC, 2006.
52. Society for Nutrition Education. Resolution to Support Nutrition Labeling and Nutritionally Approved Menu Offerings in Fast-food and Other Chain Restaurants. Accessed 05.16.08 at [http://www.sne.org/documents/SNEmenulabelingresolution-final\\_001.pdf](http://www.sne.org/documents/SNEmenulabelingresolution-final_001.pdf).
53. United States Food and Drug Administration. Counting Calories. Report of the Working Group on Obesity March 12, 2004. Accessed 05.16.08 at [www.cfsan.fda.gov/~dms/owg-rpt.html#viii](http://www.cfsan.fda.gov/~dms/owg-rpt.html#viii).

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## SERVING SIZE CARD:

Cut out and fold on the dotted line. Laminate for longtime use.

<p><b>1 Serving Looks Like . . .</b></p> <p><b>GRAIN PRODUCTS</b></p> <p>1 cup of cereal flakes = fist </p> <p>1 pancake = compact disc </p> <p>½ cup of cooked rice, pasta, or potato = ½ baseball </p> <p>1 slice of bread = cassette tape </p> <p>1 piece of cornbread = bar of soap </p>	<p><b>1 Serving Looks Like . . .</b></p> <p><b>VEGETABLES AND FRUIT</b></p> <p>1 cup of salad greens = baseball </p> <p>1 baked potato = fist </p> <p>1 med. fruit = baseball</p> <p>½ cup of fresh fruit = ½ baseball </p> <p>¼ cup of raisins = large egg </p>
<p><b>1 Serving Looks Like . . .</b></p> <p><b>DAIRY AND CHEESE</b></p> <p>1½ oz. cheese = 4 stacked dice or 2 cheese slices </p> <p>½ cup of ice cream = ½ baseball </p> <p><b>FATS</b></p> <p>1 tsp. margarine or spreads = 1 dice </p>	<p><b>1 Serving Looks Like . . .</b></p> <p><b>MEAT AND ALTERNATIVES</b></p> <p>3 oz. meat, fish, and poultry = deck of cards </p> <p>3 oz. grilled/baked fish = checkbook </p> <p>2 Tbsp. peanut butter = ping pong ball </p>

# FAST-FOOD NUTRITION QUIZ

Test your ability to identify the calorie counts for typical restaurant foods!



1. Which item at Pizza Hut has the fewest calories?
  - a. 3 cheese breadsticks
  - b. 2 slices of apple dessert pizza
  - c. A Personal Pan Pizza with pepperoni
  - d. 2 slices of large Pepperoni Pan Pizza
  
2. Which item at McDonald's has the most calories?
  - a. Big Mac
  - b. 2 Sausage McGriddles
  - c. Large chocolate shake
  - d. 4 hamburgers
  
3. Which item at Dunkin' Donuts has the fewest calories?
  - a. Sesame bagel with cream cheese
  - b. 2 jelly filled donuts
  - c. Banana walnut muffin
  - d. A medium (24 oz.) strawberry banana smoothie
  
4. At Denny's, which item has the fewest calories?
  - a. Ham & cheddar omelet (without toast or potatoes)
  - b. Country fried steak & eggs (without toast or potatoes)
  - c. An order of French toast with syrup & margarine (3 slices)
  - d. An order of pancakes (3) with syrup & margarine

1. (b) 2 slices of apple dessert pizza (520 calories); 2. (c) Large chocolate shake (1,160 calories); 3. (b) 2 jelly filled donuts (420 calories); 4. (b) Country fried steak and Eggs (464 calories).

Surprised by any of the answers?

For more information, visit [www.menulabeling.org](http://www.menulabeling.org)  
Maine information