



# the better nutrition calcium evaluation

Got calcium? Or got too much calcium?

Both could be keeping you from your better health results! Whether it's strong bones, a healthy heart, or better nervous system function – calcium delivers much needed support to our bodies. But how much calcium do we need? What are better calcium choices to make more often?

Over the last few decades, calcium recommendations got really confusing! Do we need dairy? Do we need supplements? Some doctors and commercials recommend loads of supplemental calcium – to the tune of an extra 1000 mg or even 1500 mg daily!

**THE BETTER CALCIUM NUTRITION UPDATE:** Adult daily needs are about 1000-1200 mg total - from foods, beverages, and supplements combined. According to the National Academy of Science there is also an upper tolerable intake levels for calcium (~2500 mg for adults) because yes, while some calcium is good for us, too much is not! It can contribute to increased risk of heart disease as calcium is part of the plaque that forms in the walls of your arteries. Calcium enters your cells as part of the stress response, where there needs to be enough magnesium to push it back out and "turn off" stress. Too much calcium and not enough magnesium means your cells, and you, have your stress response "on" for too long.

Are you giving your body the calcium it needs daily? Take this quiz to find out.

## Section A:

### How often are you getting calcium in from food & beverages?

ALWAYS | SOMETIMES | NEVER  
 >5 days/wk    2-4 days/wk    < 1x wk

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| DAIRY: Cheese, yogurt, milk, kefir or ice cream  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SEAFOOD: Sardines, canned salmon with bones or oysters?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CRUCIFEROUS VEGETABLES: Bok choy, broccoli, cabbage?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DARK LEAFY GREENS:<br>Dandelion, turnip greens, spinach, collard, mustard, kale, or Swiss chard? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NUTS & SEEDS: Almonds, brazil nuts, hazelnuts, or sesame seeds?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BEANS:<br>Soybeans, tempeh/tofu, white beans, black turtle beans, or great northern beans?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FUN CALCIUM-RICH FOODS:<br>Kelp, natto, dried figs, brewer's yeast, or blackstrap molasses?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CALCIUM-FORTIFIED FOODS:<br>Non-dairy milks, OJ, cereal, or various bread products?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Are you adding calcium to your day with supplements?

ALWAYS | SOMETIMES | NEVER  
 >5 days/wk    2-4 days/wk    < 1x wk

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Calcium or bone building supplements?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multivitamin with calcium, or magnesium with calcium? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tums or Rolaids?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## How much calcium are you eating & drinking daily?

(Each serving is ~100 mg calcium or read label)

Servings (most days)  
1 serving | 2 servings | 3 servings  
(note: you can check more than 1 box for 4, 5, 6 servings)

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| <b>DAIRY:</b><br>Cheeses (1 tsp parmesan, 1/3 oz Swiss, gruyere), 1/2 oz cheddar), yogurt (1/4 c, milk & kefir (1/3 c), or ice cream (1/2 c)                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SEAFOOD:</b><br>Sardines (1 oz), canned salmon with bones (3 oz) or oysters (6 oz)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>CRUCIFEROUS VEGETABLES:</b><br>Bok choy (2 c, raw), broccoli (1 c, cooked), cabbage (3 c, raw, chopped)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>DARK LEAFY GREENS:</b><br>Dandelion & turnip greens (1 c, raw), spinach (1/2 c, cooked), collards & kale (2 c), Mustard (3 c), or Swiss chard (1 c, chopped, boiled)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>NUTS &amp; SEEDS:</b><br>Almonds (1 oz, 23 almonds), brazil nuts (1/2 c), hazelnuts (3/4 c), or sesame seeds (1 Tbsp)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>BEANS:</b><br>Soybeans/edamame (1/2 c), tempeh/tofu (3/4 c), white beans (1 c)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>FUN CALCIUM-RICH FOODS:</b><br>Kelp (2 c), natto (1/3 c), dried figs (1/2 c), or blackstrap molasses (1 Tbsp)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>CALCIUM FORTIFIED FOODS:</b><br>Non-dairy milks (range from 1/2-2 c), fortified OJ (2 oz), fortified cereal (1/4- 1/2 c), or fortified bread products (1 slice)?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Add up your calcium servings - What is your daily total

\_\_\_\_\_ mg

[Ex. each serving is ~100mg so if you marked 1 for 8 boxes your total is 800mg]

+

Read the labels and note your daily calcium total from ALL supplements (remember to look at protein powders, fiber supplements etc)

What is your daily supplemental calcium intake?

\_\_\_\_\_ mg

=

Add these two totals

How much calcium are you currently taking in most days

\_\_\_\_\_ mg



## Section B:

### Tell us a little about yourself:

YES | NO

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you drink more than 4 cups of coffee a day?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you eat more than two, 4 oz/servings of animal protein a day?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a salt-a-holic?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you love a Big Gulp of soda?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you like to relax with an adult beverage(s) nightly?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you smoke cigarettes, marijuana or use other drugs?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Are more of your food choices highly processed (from boxes or fast food joints)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your exercise mostly consist of lifting the remote or playing video games?  | <input type="checkbox"/> | <input type="checkbox"/> |

## Section C:

### What's your current health status?

YES | NO

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you have digestive issues - constipation, diarrhea, bloating, reflux?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you aging (over 50) and / or do you have low stomach acid?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you getting enough vitamin D or magnesium most days?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you on medications such as antidepressants, statins, antacids, or anti-seizure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently getting or have received medical treatments like chemo or radiation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been diagnosed with bone loss or currently taking medications for bone growth/strength?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you/have you been diagnosed with disordered eating or an eating disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you restricted your caloric intake intentionally for more than a month at any time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a bone fracture(s)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a history or are you currently diagnosed with heart disease or had a positive coronary (heart) calcium score (shows plaque in arteries)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have or have you had kidney stones?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you believe your stress levels are too high / affecting your health most days (>5)?   | <input type="checkbox"/> | <input type="checkbox"/> |



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## NOTES:



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