

(<https://www.choosemyplate.gov/resources/MyPlatePlan>), to create food-exchange lists for therapeutic diet planning, and as a standard for describing the nutritional content of foods and nutrient-containing dietary supplements on labels.

The risk of dietary inadequacy increases as one's intake falls below the RDA. However, the RDA is an overly generous criterion for evaluating nutrient adequacy. For example, by definition, the RDA exceeds the actual requirements of all but ~2–3% of the population. Therefore, many people whose intake falls below the RDA are still getting enough of the nutrient. On food labels, the nutrient content in a food is stated by weight or as a percentage of the daily value (DV), a variant of the RDA used on the nutrition facts panel that, for an adult, represents the highest RDA for an adult consuming 2000 kcal.

Adequate Intake (AI) It is not possible to set an RDA for some nutrients that lack an established EAR. In this circumstance, the AI is based on observed or experimentally determined approximations of nutrient intakes in healthy people. In the DRIs, AIs rather than RDAs are proposed for nutrients consumed by infants (up to age 1 year) as well as for chromium, fluoride, manganese, sodium, potassium, pantothenic acid, biotin, choline, and water consumed by persons of all ages.

Tolerable Upper Levels (UL) Healthy individuals gain no established benefit from consuming nutrient levels above the RDA or AI. In fact, excessive nutrient intake can disturb body functions and cause acute, progressive, or permanent disabilities. The tolerable UL is the highest level of chronic (usually daily) nutrient intake that is unlikely to pose a risk of adverse health effects for most of the population. Data on the adverse effects of large amounts of many nutrients are unavailable or too limited to establish a UL. Therefore, the lack of a UL does *not* mean that the risk of adverse effects from high intake is nonexistent. Nutrient levels in commonly eaten foods rarely exceed the UL. However, very highly fortified foods and dietary supplements provide more concentrated amounts of nutrients per serving and thus pose a potential risk of toxicity. Dietary supplements are labeled with Supplement Facts that express the