Meal Planning Worksheet

**How to choose a healthy meal!**

**Directions:** Record daily food choices. Ask family members or friends to record their food choices.

Under each meal, list each food eaten on a separate line. For each food, place a check mark under the category where that food item belongs and indicate if that food is an “everyday food” or a “sometimes food.”

NAME DATE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Selection** | **“Everyday food”** | **“Sometimes food”** | **Fruit** | **Vegetable** | **Bread, cereal, pasta** | **Milk, cheese** | **Lean meat** | **Fats, oils, sweets** |
| **BREAKFAST** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **LUNCH** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **DINNER** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **SNACK** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |