







**DAY** \_\_\_\_\_

	AMOUNT	FOOD ITEM	STANDARD SERVING SIZE
<b>BREAKFAST</b>			
	AMOUNT	FOOD ITEM	STANDARD SERVING SIZE
<b>LUNCH</b>			

<b>DINNER</b>	<b>AMOUNT</b>	<b>FOOD ITEM</b>	<b>STANDARD SERVING SIZE</b>
<b>SNACK</b>	<b>AMOUNT</b>	<b>FOOD ITEM</b>	<b>STANDARD SERVING SIZE</b>

Vitamin C food source: \_\_\_\_\_

Vitamin D food source: \_\_\_\_\_

Calcium food source: \_\_\_\_\_

Omega-3 food source: \_\_\_\_\_

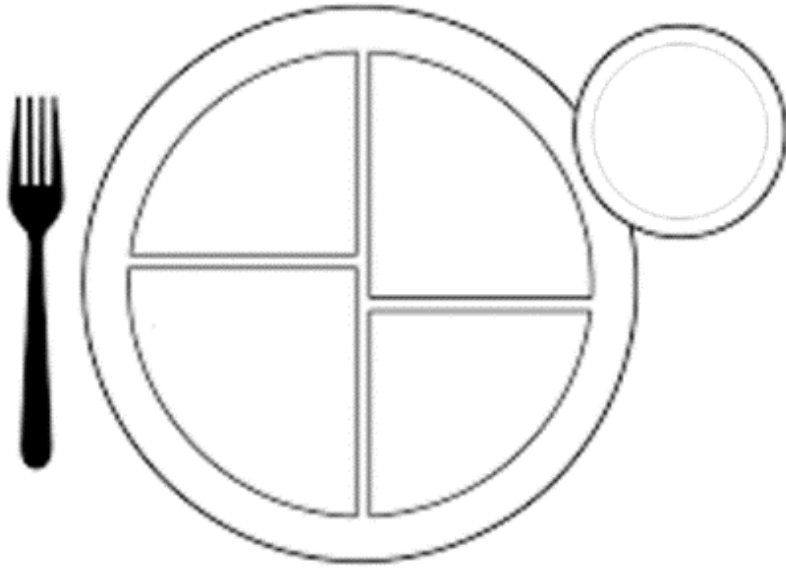
Power food or super food source: \_\_\_\_\_

Leafy greens source: \_\_\_\_\_

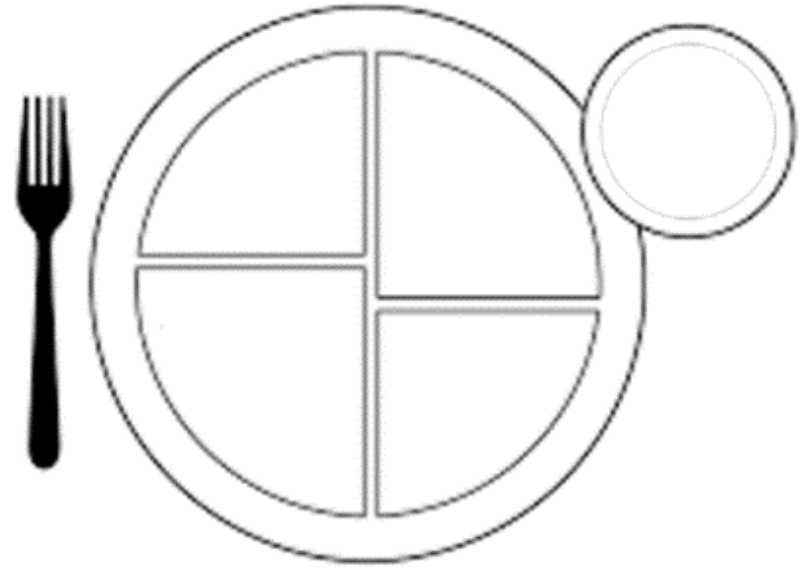
Good fat food source: \_\_\_\_\_

Whole-grain food source: \_\_\_\_\_

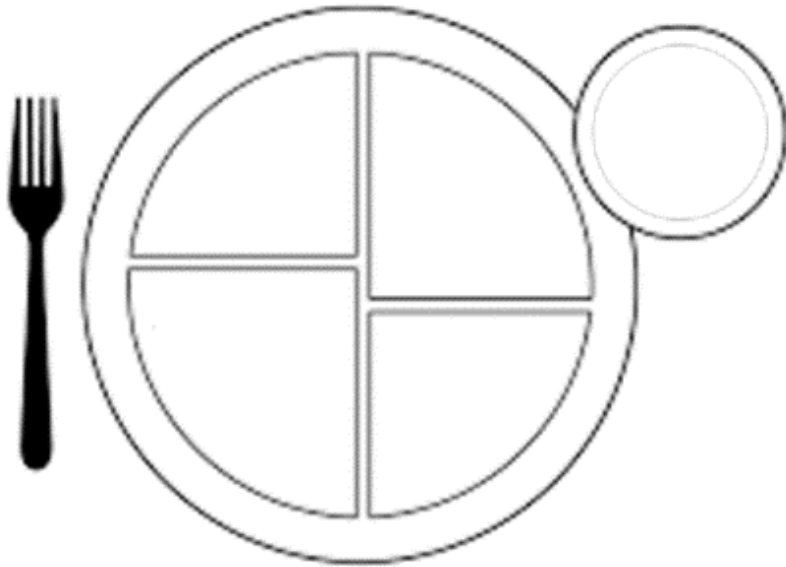
**BREAKFAST**



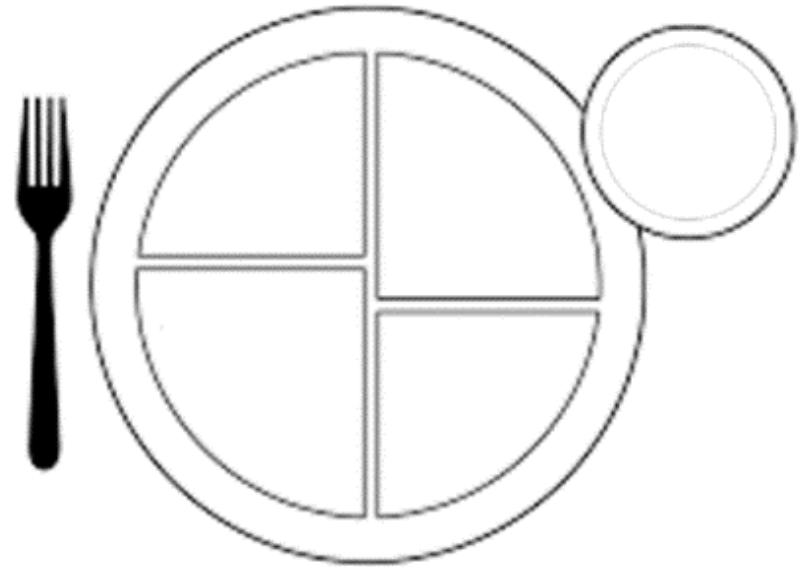
**LUNCH**



**DINNER**



**SNACK**



Your total daily calorie level: \_\_\_\_\_

Omega-3 food: \_\_\_\_\_

CATEGORY	AMOUNT	FOOD	SERVING(S)	DAILY TOTAL
Grains				Actual: _____ Servings: _____ Recommended: _____
Fruit				Actual: _____ Servings: _____ Recommended: _____
Vegetables				Actual: _____ Servings: _____ Recommended: _____

<b>Dairy</b>				<b>Actual:</b> _____ <b>Servings:</b> _____ <b>Recommended:</b> _____
<b>Meat</b>				<b>Actual:</b> _____ <b>Servings:</b> _____ <b>Recommended:</b> _____
<b>Fats/Oils</b>				<b>Actual:</b> _____ <b>Servings:</b> _____ <b>Recommended:</b> _____
<b>Sweets</b>				<b>Actual:</b> _____ <b>Servings:</b> _____ <b>Recommended:</b> _____