Menu Planning Worksheet

Name _____ **Date** _____

Prescribed Calorie Plan _____ **Prescribed Medical Food** _____

Wake Up Time: _____

Morning Meal Time: _____

Morning Snack Time: _____

Midday Meal Time: _____

Afternoon Snack Time: _____

Evening Meal Time: _____

Evening Snack Time: _____

Food Category	Goal	Met
Medical Food		☐ ☐ ☐ ☐ ☐ ☐
Grains & Starches		☐ ☐ ☐ ☐ ☐ ☐
Fruit		☐ ☐ ☐ ☐ ☐ ☐
Category 1 Vegetables (non-starchy)		☐ ☐ ☐ ☐ ☐ ☐
Category 2 Vegetables (starchy)		☐ ☐ ☐ ☐ ☐ ☐
Legumes		☐ ☐ ☐ ☐ ☐ ☐
Dairy & Dairy Alternatives		☐ ☐ ☐ ☐ ☐ ☐
Proteins		☐ ☐ ☐ ☐ ☐ ☐
Oils & Fats		☐ ☐ ☐ ☐ ☐ ☐
Nuts & Seeds		☐ ☐ ☐ ☐ ☐ ☐

Note:

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