

# Menu Planning Worksheet

Name \_\_\_\_\_

Date \_\_\_\_\_

Recommended calorie plan \_\_\_\_\_

Recommended medical food (if applicable) \_\_\_\_\_

Wake-up time _____
Time of first food/beverage consumed _____
Time of food/beverage consumed _____
Time of food/beverage consumed _____
Time of food/beverage consumed _____
Time of last food/beverage consumed _____
Bed time _____
Water/drinks (not listed with meals above)

Food Category	Goal	Met
Medical Food		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grains & Starches		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fruit		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nonstarchy Vegetables		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Starchy Vegetables		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Legumes		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dairy & Dairy Alternatives		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proteins		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oils & Fats		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nuts & Seeds		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## When menu planning, strive to:

- Achieve your daily goal for each food category listed
- Consume all food/beverage in a 12-hour period (e.g., 7AM–7PM)
- Consume last food/beverage 3 hours prior to bedtime
- Improve the overall quality and diversity of selected food/beverages
- Choose a rainbow of colorful vegetables each day (aim for one new one a week)