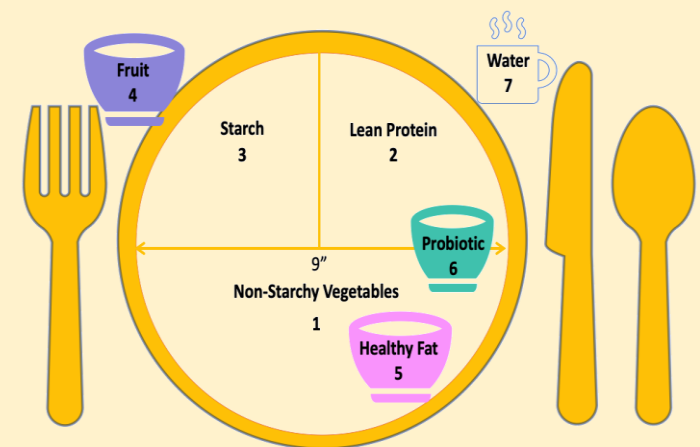


Meal Planning Worksheet

Simple Steps to a Balanced Plate

- 1. Non-Starchy Vegetables:** Fill $\frac{1}{2}$ of your plate with non-starchy vegetables
 - Examples: asparagus, broccoli, cauliflower, eggplant, summer squash, leafy greens (chard, collard greens, kale, spinach, mustard greens, etc.), or lettuces and mixed greens (arugula, butter lettuce, red and green leaf, radicchio, romaine, etc.).
- 2. Lean Protein:** Fill $\frac{1}{4}$ of your plate with lean proteins
 - Examples: turkey, skinless chicken, fish and shellfish, lean beef, eggs, dairy such as low-fat and high-protein yogurt or cottage cheese, tofu, or high-fiber legumes (beans, peas, and lentils, etc.).
- 3. Starch:** Fill the remaining $\frac{1}{4}$ of your plate with healthy complex carbohydrates (starches)
 - Examples: such as whole grains like oatmeal, brown rice, quinoa, 100% whole-grain bread, or starchy vegetables (peas, corn, potato, sweet potatoes, or winter squashes, etc.)
- 4. Fruits:**
 - Examples: apples, oranges, banana, strawberries, cherries, peaches, nectarines, watermelon, grapes, kiwi, etc.
- 5. Healthy Fat:**
 - Examples: olives and olive oil, avocado and avocado oil, nuts/nut butter/nut oils, seeds/seed butter/seed oils, canola/grapeseed/sunflower/safflower/soybean oils, etc.
- 6. Probiotics:**
 - Examples: Sauerkraut, kimchi, tempeh, miso, natural soy sauce, kombucha tea, high-quality kefir and yogurt, cultured cottage cheese, etc.
- 7. Water:**
 - Fluid Goals:
Men: 101 oz. a day or ~13 cups of water a day
Women: 74 oz. a day or ~9 cups of water a day



Meal Planning Worksheet

POSITIVE CHOICE
INTEGRATIVE
WELLNESS CENTER



Monday

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Tuesday

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Wednesday

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Thursday

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Friday

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Meal Planning Worksheet

Saturday

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Sunday

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Grocery List:

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |