

**MEAL PLANNING WORKSHEET**

|  | <b>Sunday</b> | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> |
|--|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| <b>Daily appointments</b><br>Write down the events or appointments that will affect your meal-times                        |               |               |                |                  |                 |               |                 |
| <b>Breakfast</b>   |               |               |                |                  |                 |               |                 |
| <b>Morning Snack</b><br>(optional)   |               |               |                |                  |                 |               |                 |
| <b>Lunch</b>   |               |               |                |                  |                 |               |                 |
| <b>Afternoon Snack</b><br>(optional)   |               |               |                |                  |                 |               |                 |
| <b>Dinner</b>  |               |               |                |                  |                 |               |                 |
| <b>Meal preparation</b> for the next day (i.e. things you need to take out of the freezer for dinner or prepare for lunch) |               |               |                |                  |                 |               |                 |

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Courtesy of **Linda Dessau** and **Genuine Coaching Services**  
For more helpful self-care resources, visit <http://www.genuinecoaching.com/resources.html>  
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