

	Friday	Protein Count	Saturday	Protein Count	Sunday	Protein Count	Monday	Protein Count	Tuesday	Protein Count	Wednesday	Protein Count	Thursday	Protein Count
Meal														
Breakfast														
Snack														
Lunch														
Snack														
Dinner														
Snack														
Protein Total														

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| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Milk Product
<input type="checkbox"/> <input type="checkbox"/> Eggs
<input type="checkbox"/> <input type="checkbox"/> Protein
<input type="checkbox"/> <input type="checkbox"/> Leafy Green
<input type="checkbox"/> <input type="checkbox"/> Veggies
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grains
<input type="checkbox"/> <input type="checkbox"/> Vit. C
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fats
<input type="checkbox"/> <input type="checkbox"/> Fruits
<input type="checkbox"/> <input type="checkbox"/> Water to thirst
<input type="checkbox"/> <input type="checkbox"/> Salt to taste | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Milk Product
<input type="checkbox"/> <input type="checkbox"/> Eggs
<input type="checkbox"/> <input type="checkbox"/> Protein
<input type="checkbox"/> <input type="checkbox"/> Leafy Green
<input type="checkbox"/> <input type="checkbox"/> Veggies
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grains
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<input type="checkbox"/> <input type="checkbox"/> Leafy Green
<input type="checkbox"/> <input type="checkbox"/> Veggies
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grains
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<input type="checkbox"/> <input type="checkbox"/> Salt to taste |
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☐☐☐☐ Yellow or orange fruits and vegetables (5X/week)