# Meal Planning Worksheet

Activities 1 & 2

American Alliance for Health, Physical Education, Recreation and Dance

American Heart Association
Learn and Live®

**How to choose a healthy meal!**

**Directions:** Record daily food choices. Ask family members or friends to record their food choices.

Under each meal, list each food eaten on a separate line. For each food, place a check mark under the category where that food item belongs and indicate if that food is an "everyday food" or a "sometimes food."

NAME _____ DATE _____

| Food Selection | "Everyday food" | "Sometimes food" | Fruit | Vegetable | Bread, cereal, pasta | Milk, cheese | Lean meat | Fats, oils, sweets |
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| BREAKFAST | | | | | | | | |
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| LUNCH | | | | | | | | |
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| DINNER | | | | | | | | |
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| SNACK | | | | | | | | |
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