



Get to Your Goals: Healthy Meals & Snacks Planner

Talk to your healthcare provider about a meal plan that is right for you.

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.
MID-MORNING SNACK <small>Only if recommended by a healthcare provider</small>	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.
LUNCH	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.
AFTERNOON SNACK <small>Only if recommended by a healthcare provider</small>	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.
DINNER	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.
BEDTIME SNACK <small>Only if recommended by a healthcare provider</small>	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.
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