






Name: \_\_\_\_\_

Date: \_\_\_\_\_

Daily calories: 1000 total (includes 165 discretionary calories)

(Use additional sheets as needed)

 <p><b>Grain Group</b> Make half your grains whole</p> <p><b>My goal: 3 ounces</b> (1.5 ounces whole grains)</p>	Type of food	Amount	Ounce equivalent	Whole grain?	Total calories	Discretionary calories used
 <p><b>Vegetable Group</b> Vary your veggies</p> <p><b>My goal: 1 cup</b></p>	Type of food	Amount	Cup equivalent		Total calories	Discretionary calories used
 <p><b>Fruit Group</b> Focus on fruits</p> <p><b>My goal: 1 cup</b></p>	Type of food	Amount	Cup equivalent		Total calories	Discretionary calories used
 <p><b>Milk Group</b> Get your calcium-rich foods</p> <p><b>My goal: 2 cups</b></p>	Type of food	Amount	Cup equivalent		Total calories	Discretionary calories used
 <p><b>Meat &amp; Bean Group</b> Go lean with protein</p> <p><b>My goal: 2 ounces</b></p>	Type of food	Amount	Ounce equivalent		Total calories	Discretionary calories used
<p><b>Other:</b></p> <p>List oils in this section. Your daily limit on oils is <b>3 teaspoons.</b></p> <p>Other "extras" include solid fats, sugars, and alcohol, which come out of your discretionary calorie allowance of <b>165 calories.</b></p>	Type of food	Amount		Total calories	Discretionary calories used	
<b>Daily calorie totals:</b>						