






Name: _____

Date: _____

Daily calories: **2000** total (includes **265** discretionary calories)

(Use additional sheets as needed)

 <p>Grain Group Make half your grains whole</p> <p>My goal: 6 ounces (3 ounces whole grains)</p>	Type of food	Amount	Ounce equivalent	Whole grain?	Total calories	Discretionary calories used
 <p>Vegetable Group Vary your veggies</p> <p>My goal: 2 1/2 cups</p>	Type of food	Amount	Cup equivalent		Total calories	Discretionary calories used
 <p>Fruit Group Focus on fruits</p> <p>My goal: 2 cups</p>	Type of food	Amount	Cup equivalent		Total calories	Discretionary calories used
 <p>Milk Group Get your calcium-rich foods</p> <p>My goal: 3 cups</p>	Type of food	Amount	Cup equivalent		Total calories	Discretionary calories used
 <p>Meat & Bean Group Go lean with protein</p> <p>My goal: 5 1/2 ounces</p>	Type of food	Amount	Ounce equivalent		Total calories	Discretionary calories used
<p>Other:</p> <p>List oils in this section. Your daily limit on oils is 6 teaspoons.</p> <p>Other "extras" include solid fats, sugars, and alcohol, which come out of your discretionary calorie allowance of 265 calories.</p>	Type of food	Amount		Total calories	Discretionary calories used	
Daily calorie totals:						