ACTIVITY 6A

PERSONAL FOOD PLAN FORM SHEET

Day #	CODE
Breakfast	
Lunch	
Dinner	
a 1	
Snacks	
	Your Total
B — Bread, cereal, rice, and pasta	
V — Vegetables	
F — Fruits P — Protein: meat, fish, beans, eggs, nuts	
D— Dairy: Milk, yogurt, cheese	<u></u>
S — Sugar and Fat	