

Tracking Your Family's Change to Good

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Goal sheet for: Healthy Plate

Use the calendar below to mark the days that your family meets the goal you are trying to achieve. Which of the following will you try?

- ▽ Try new ways of cooking veggies
- ▽ Plan what fruit and veggies you will buy
- ▽ Have a low-fat dairy on the side
- ▽ Fill 1/2 your plate with veggies
- ▽ Fill 1/4 your plate with healthy starches and grains
- ▽ Fill 1/2 your plate with lean meat and protein
- ▽ Use a 7 inch plate for young kids and a 9 inch plate for teens/adults

Start date:

____/____/____

Week	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1							
2							
3							
4							
5							

Week	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6							
7							
8							
9							
10							
11							
12							

**Congratulations! You are on your way to sending
your family on the road to health!**

Patient name: _____ Patient date of birth: _____

Bring or send this in to your doctor's office after you fill it out to let them know how you are doing!