

MEAL ASSESSMENT WORKSHEET

Time of meal or snack	Foods eaten	Amount eaten	Did I eat healthy portions?	Did I include some carbs, protein, & fat?	Did I choose mostly high fiber carbs?	Did I include healthy fats?	Did I limit my intake of sugary foods & drinks?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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