



FRUITS & VEGETABLES	MEAT & ALTERNATIVES	MILK & MILK PRODUCTS																																																												
<p style="text-align: center;">Vegetables</p> <p style="text-align: center;"><i>5 Servings per day</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Artichokes</td> <td><input type="checkbox"/> Green Beans</td> </tr> <tr> <td><input type="checkbox"/> Asparagus</td> <td><input type="checkbox"/> Lettuce</td> </tr> <tr> <td><input type="checkbox"/> Beetroot</td> <td><input type="checkbox"/> Mushrooms</td> </tr> <tr> <td><input type="checkbox"/> Bean Sprouts</td> <td><input type="checkbox"/> Onions</td> </tr> <tr> <td><input type="checkbox"/> Broccoli</td> <td><input type="checkbox"/> Parsnips</td> </tr> <tr> <td><input type="checkbox"/> Brussel Sprouts</td> <td><input type="checkbox"/> Potatoes</td> </tr> <tr> <td><input type="checkbox"/> Cabbage</td> <td><input type="checkbox"/> Parsley</td> </tr> <tr> <td><input type="checkbox"/> Capsicum</td> <td><input type="checkbox"/> Radish</td> </tr> <tr> <td><input type="checkbox"/> Carr ots</td> <td><input type="checkbox"/> Shallots</td> </tr> <tr> <td><input type="checkbox"/> Cauliflower</td> <td><input type="checkbox"/> Snow Peas</td> </tr> <tr> <td><input type="checkbox"/> Celery</td> <td><input type="checkbox"/> Spinach</td> </tr> <tr> <td><input type="checkbox"/> Cucumbers</td> <td><input type="checkbox"/> Squash</td> </tr> <tr> <td><input type="checkbox"/> Eggplant</td> <td><input type="checkbox"/> Tomatoes</td> </tr> <tr> <td><input type="checkbox"/> Garlic</td> <td><input type="checkbox"/> Zucchini</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Artichokes	<input type="checkbox"/> Green Beans	<input type="checkbox"/> Asparagus	<input type="checkbox"/> Lettuce	<input type="checkbox"/> Beetroot	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Bean Sprouts	<input type="checkbox"/> Onions	<input type="checkbox"/> Broccoli	<input type="checkbox"/> Parsnips	<input type="checkbox"/> Brussel Sprouts	<input type="checkbox"/> 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Beef</td> </tr> <tr> <td><input type="checkbox"/> Eggs</td> <td><input type="checkbox"/> Sausages</td> </tr> <tr> <td><input type="checkbox"/> Ham</td> <td><input type="checkbox"/> Steak</td> </tr> <tr> <td><input type="checkbox"/> Lamb Chops</td> <td><input type="checkbox"/> Turkey</td> </tr> <tr> <td><input type="checkbox"/> Minced Beef</td> <td><input type="checkbox"/> Veal</td> </tr> <tr> <td><input type="checkbox"/> Pork Chops</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Bacon	<input type="checkbox"/> Pork Loin	<input type="checkbox"/> Chicken	<input type="checkbox"/> Ribs	<input type="checkbox"/> Deli Meat	<input type="checkbox"/> Roast Beef	<input type="checkbox"/> Eggs	<input type="checkbox"/> Sausages	<input type="checkbox"/> Ham	<input type="checkbox"/> Steak	<input type="checkbox"/> Lamb Chops	<input type="checkbox"/> Turkey	<input type="checkbox"/> Minced Beef	<input type="checkbox"/> Veal	<input type="checkbox"/> Pork Chops		<input type="checkbox"/> Other: _____		<p style="text-align: center;">Dairy</p> <p style="text-align: center;"><i>2 Servings per day</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Cheese</td> <td><input type="checkbox"/> Ice Cr eam</td> </tr> <tr> <td><input type="checkbox"/> Cottage Cheese</td> <td><input type="checkbox"/> Milk</td> </tr> <tr> <td><input type="checkbox"/> Cr eam</td> <td><input type="checkbox"/> Sour Cr eam</td> </tr> <tr> <td><input type="checkbox"/> Cr eam Cheese</td> <td><input type="checkbox"/> Soy</td> </tr> <tr> <td><input type="checkbox"/> Frozen Yoghurt</td> <td><input type="checkbox"/> Yoghurt</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Cheese	<input type="checkbox"/> Ice Cr eam	<input type="checkbox"/> Cottage Cheese	<input type="checkbox"/> Milk	<input type="checkbox"/> Cr eam	<input type="checkbox"/> Sour Cr eam	<input 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<p style="text-align: center;">Fruit</p> <p style="text-align: center;"><i>2 Servings per day</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Apples</td> <td><input type="checkbox"/> Mangos</td> </tr> <tr> <td><input type="checkbox"/> Apricots</td> <td><input type="checkbox"/> Melons</td> </tr> <tr> <td><input type="checkbox"/> Avocados</td> <td><input type="checkbox"/> Nectarines</td> </tr> <tr> <td><input type="checkbox"/> Blueberries</td> <td><input type="checkbox"/> Oranges</td> </tr> <tr> <td><input type="checkbox"/> Bananas</td> <td><input type="checkbox"/> Pawpaw</td> </tr> <tr> <td><input type="checkbox"/> Cherries</td> <td><input type="checkbox"/> Peaches</td> </tr> <tr> <td><input type="checkbox"/> Grapefruits</td> <td><input type="checkbox"/> Pears</td> </tr> <tr> <td><input type="checkbox"/> Grapes</td> <td><input type="checkbox"/> Pineapples</td> </tr> <tr> <td><input type="checkbox"/> Kiwi Fruit</td> <td><input type="checkbox"/> Plums</td> </tr> <tr> <td><input type="checkbox"/> Lemon /Limes</td> <td><input type="checkbox"/> Raspberries</td> </tr> <tr> <td><input type="checkbox"/> Mandarins</td> <td><input type="checkbox"/> Strawberries</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Apples	<input type="checkbox"/> Mangos	<input type="checkbox"/> Apricots	<input type="checkbox"/> Melons	<input type="checkbox"/> Avocados	<input type="checkbox"/> Nectarines	<input type="checkbox"/> Blueberries	<input type="checkbox"/> Oranges	<input type="checkbox"/> Bananas	<input type="checkbox"/> Pawpaw	<input type="checkbox"/> Cherries	<input type="checkbox"/> Peaches	<input type="checkbox"/> Grapefruits	<input type="checkbox"/> Pears	<input type="checkbox"/> Grapes	<input type="checkbox"/> Pineapples	<input type="checkbox"/> Kiwi Fruit	<input type="checkbox"/> Plums	<input type="checkbox"/> Lemon /Limes	<input type="checkbox"/> Raspberries	<input type="checkbox"/> Mandarins	<input type="checkbox"/> Strawberries	<input type="checkbox"/> Other: _____		<p style="text-align: center;">OR Legumes & Nuts</p> <p style="text-align: center;"><i>1 Serving per day</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Beans</td> <td><input type="checkbox"/> Peanut Butter</td> </tr> <tr> <td><input type="checkbox"/> Lentils</td> <td><input type="checkbox"/> Peas</td> </tr> <tr> <td><input type="checkbox"/> Nuts</td> <td><input type="checkbox"/> Tofu</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Beans	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Lentils	<input type="checkbox"/> Peas	<input type="checkbox"/> Nuts	<input type="checkbox"/> Tofu	<input type="checkbox"/> Other: _____		<p style="text-align: center;">Condiments</p> <table border="0"> <tr> <td><input type="checkbox"/> BBQ Sauce</td> <td><input type="checkbox"/> Relish</td> </tr> <tr> <td><input type="checkbox"/> Mustard</td> <td><input type="checkbox"/> Soy Sauce</td> </tr> <tr> <td><input type="checkbox"/> Olives</td> <td><input type="checkbox"/> Tomato Sauce</td> </tr> <tr> <td><input type="checkbox"/> Pickles</td> <td><input type="checkbox"/> Vinegar</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> BBQ Sauce	<input type="checkbox"/> Relish	<input type="checkbox"/> Mustard	<input type="checkbox"/> Soy Sauce	<input type="checkbox"/> Olives	<input type="checkbox"/> Tomato Sauce	<input type="checkbox"/> Pickles	<input type="checkbox"/> Vinegar	<input type="checkbox"/> Other: _____																			
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<p style="text-align: center;">BEVERAGES</p>	<p style="text-align: center;">OR Pasta, Rice & Other Grains</p> <p style="text-align: center;"><i>4 to 12 Servings per day</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Barley</td> <td><input type="checkbox"/> Pasta</td> </tr> <tr> <td><input type="checkbox"/> Couscous</td> <td><input type="checkbox"/> Rice</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Barley	<input type="checkbox"/> Pasta	<input type="checkbox"/> Couscous	<input type="checkbox"/> Rice	<input type="checkbox"/> Other: _____		<p style="text-align: center;">Healthy Snacks</p> <table border="0"> <tr> <td><input type="checkbox"/> Crackers</td> <td><input type="checkbox"/> Popcorn</td> </tr> <tr> <td><input type="checkbox"/> Dried Fruit</td> <td><input type="checkbox"/> Pretzels</td> </tr> <tr> <td><input type="checkbox"/> Museli Bars</td> <td><input type="checkbox"/> Rice Cak es</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Crackers	<input type="checkbox"/> Popcorn	<input type="checkbox"/> Dried Fruit	<input type="checkbox"/> Pretzels	<input type="checkbox"/> Museli Bars	<input type="checkbox"/> Rice Cak es	<input type="checkbox"/> Other: _____																																															
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<p style="text-align: center;">100% Juice</p> <table border="0"> <tr> <td><input type="checkbox"/> Apple</td> <td><input type="checkbox"/> Orange</td> </tr> <tr> <td><input type="checkbox"/> Cranberry</td> <td><input type="checkbox"/> Pineapple</td> </tr> <tr> <td><input type="checkbox"/> Grapefruit</td> <td><input type="checkbox"/> Tomato</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Apple	<input type="checkbox"/> Orange	<input type="checkbox"/> Cranberry	<input type="checkbox"/> Pineapple	<input type="checkbox"/> Grapefruit	<input type="checkbox"/> Tomato	<input type="checkbox"/> Other: _____		<p style="text-align: center;">OR Cereals & Other Bread Products</p> <p style="text-align: center;"><i>4 to 12 Servings per day</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Breakfast Cereal</td> <td><input type="checkbox"/> Muffins</td> </tr> <tr> <td><input type="checkbox"/> Cr outons</td> <td><input type="checkbox"/> Oatmeal</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Breakfast Cereal	<input type="checkbox"/> Muffins	<input type="checkbox"/> Cr outons	<input type="checkbox"/> Oatmeal	<input type="checkbox"/> Other: _____		<p style="text-align: center;">Additional Items</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																														
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