WEEKLY MEAL PLAN

Week of: _____

	BREAKFAST	LUNCH	DINNER
S			
M			
T			
W			
T			
F			
S			

Notes:

Goals:

Water intake: _____

Movement: _____

Self-care: _____

De-stress: _____

Goal: _____

Goal: _____

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For general education only; not medical advice. Talk with your healthcare provider before making changes, especially if you have a medical condition or take medication.

WEEKLY MEAL PLAN WORKSHEET

Week of: _____

Use this worksheet to list the meals you'd like to make. A goal of 2–3 meals each for breakfast, lunch and dinner is a great place to begin. Then transfer your finished menu to the Weekly Meal Plan and hang it on your fridge!

BREAKFAST

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

NOTES:

LUNCH

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

NOTES:

DINNER

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

Meal/ Recipe Name: _____
Number of times meal will be used: _____
Days meal will be used on: _____
Number of batches to make: _____
Frozen or Refrigerated: _____

NOTES:

SHOPPING LIST

Week of:_____

PRODUCE

- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

PANTRY

- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

PROTEIN

- [ ] _____
- [ ] _____
- [ ] _____
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- [ ] _____

FREEZER

- [ ] _____
- [ ] _____
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- [ ] _____
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- [ ] _____
- [ ] _____

SPICE RACK & HERBS

- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

SNACKS & OTHER

- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

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Anna Thompson, NTP · Root and Remedy Nutrition · rootandremedynutrition.com

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