

Name _____

Date _____

My Healthy Score Card

**Make
Wise
Choices**

Place an X or write out the food eaten or activity done in the column as you work toward meeting your daily goals. Use both columns to track more than one group at a time.

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

**Circle the group
you are tracking and list
your daily goal.**

Milk



Goal _____

Grains



Goal _____

Meat & Beans



Goal _____

Physical Activity



Goal _____

Fruits



Goal _____

Vegetables



Goal _____

**Get
Active**

Watched less than 1 hour of TV
or played video games each day

Ate breakfast every
morning this week

Tried a new food

Help cooked
dinner

Drank at least 5 cups of
water each day this week.



**Bonus
Activities**