DIET SHEET

Name:_____

This handout is made available to all Association of Texas Midwives (ATM) members.

Visit the ATM website for more information: www.texasmidwives.com

Date:			**Date:**			**Date:**		
Time	Amount	What you ate:	Time	Amount	What you ate:	Time	Amount	What you ate:
HIGH PROTEIN FOODS ☐☐☐☐			HIGH PROTEIN FOODS ☐☐☐☐			HIGH PROTEIN FOODS ☐☐☐☐		
MILK or CHEESE ☐☐			MILK or CHEESE ☐☐			MILK or CHEESE ☐☐		
EGGS ☐			EGGS ☐			EGGS ☐		
FRESH DARK GREENS ☐			FRESH DARK GREENS ☐			FRESH DARK GREENS ☐		
WHOLE GRAIN BREADS ☐☐☐			WHOLE GRAIN BREADS ☐☐☐			WHOLE GRAIN BREADS ☐☐☐		
FRUITS ☐			FRUITS ☐			FRUITS ☐		
VEGETABLES ☐☐☐			VEGETABLES ☐☐☐			VEGETABLES ☐☐☐		
JUICES or more fruit ☐☐			JUICES or more fruit ☐☐			JUICES or more fruit ☐☐		
FILTERED WATER ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ (8 -16 OZ. GLASSES A DAY, OR 1 GAL.)			FILTERED WATER ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ (8 -16 OZ. GLASSES A DAY, OR 1 GAL.)			FILTERED WATER ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ (8 -16 OZ. GLASSES A DAY, OR 1 GAL.)		
VITIMANS / SUPPLIMENTS ☐☐☐			VITIMANS / SUPPLIMENTS ☐☐☐			VITIMANS / SUPPLIMENTS ☐☐☐		