

Welcome to Primal Plate Wellness

Menu Planning

To personalize your 5-day meal plan (breakfast, lunch and dinner) please complete this worksheet referencing the preferences of you and/or your household.

Name: _____ Date: _____

Email: _____ Phone: _____

Do you – or your household – currently follow a particular dietary style?

- Paleo Keto Mediterranean / Anti-inflammatory Auto Immune Protocol (AIP)
 Vegetarian Vegan Low FODMAP Whole 30 Kosher Gluten-free
 Dairy-free Low Sodium Other: _____

Do you have any food allergies, sensitivities or restrictions? _____

Are you or anyone in your household experiencing any of the following health conditions?

- Heartburn / Acid reflux IBS – constipation IBS – diarrhea SIBO
 Other Digestive Issues: _____ High blood pressure
 High cholesterol Inflammation Autoimmune condition(s) Kidney stones
 Gout Diabetes / Blood sugar imbalances Fatigue Overweight Underweight
 Sleep issues Heart disease Liver / Gallbladder issues Osteopenia / Osteoporosis
 Thyroid issues Urinary tract infections Yeast infections

Which best describes you?

- I am open to trying new things and different ingredients and flavors.
 I prefer familiar and family-friendly meals

Who does the majority of meal planning and preparation in your home?

- Me Partner

How many people are you shopping & cooking for?

Adults: 1 2 3-4

Children: 1 2 3-4

Do you / your household eat breakfast every day?

- Yes No Sometimes

How do you feel about smoothies for breakfast?

- I like them occasionally I never want smoothies

If you typically enjoy snacks, please let me know which ones to include. Check all that apply.

- Morning Afternoon Evening

Where do you grocery shop? Check all that apply.

- I usually grocery shop at a store that carries many specialty items (e.g. Whole Foods, Natural Grocer's, Sprouts Farmer's Market)
- I usually grocery shop at traditional grocery stores (e.g. Fred Meyer, Kroger, Publix, Safeway)
- I usually grocery shop at warehouse grocery stores (Costco, Food 4 Less, Sam's Club)

Would you / your household prefer to avoid any of the following? Check all that apply

- Cruciferous vegetables (bok choy, broccoli, Brussels sprouts, cauliflower, cabbage, kale)
- Nightshade vegetables (bell peppers, eggplant, potatoes, paprika, tomatillos, tomatoes)
- Legumes (beans, lentils, peas, peanuts)
- Precooked proteins (rotisserie chicken, meatballs, etc.)
- Foods with added sugar (granola, sugar-sweetened yogurt, pasta sauce, etc.)

What type of milk do you / your household prefer? Check all that apply.

- Almond Cashew Cow's milk Coconut milk Flax milk Hemp
- Soy Lactose-free

Which protein sources do you / your household enjoy? Check all that apply.

- Eggs
- Chicken
- Turkey
- Beef
- Lamb
- Pork
- Salmon
- Cod
- Halibut
- Tuna
- Shrimp
- Scallops

Which of the following do you have?

- Blender
- Microwave
- Stovetop
- Oven
- Food processor
- Instant pot
- Slow cooker / Crockpot
- Rice cooker

Is there anything else you think would be important and helpful for me to know before designing your personal 5-day meal plan?

Thanks for the info! To get started, email your completed worksheet to dmporter@gci.net with the Subject Line "Meal Planning."

Questions? Call me at 907.750.1620.