Name:

Restaurant:

**MEAL 1: My ideal meal**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Calories | Fat | Sodium |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Meal Total: |  |  |  |

**Meal 2: My Healthy Options Meal**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Calories | Fat | Sodium |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Meal Total: |  |  |  |