

Name: _____

Daily Dozen Tracker

Date: _____

Category	Servings	Serving Size	Serving	Serving	Serving	Serving
Legumes	3	1/2 cup cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Grains	3	1 piece; 1/4 cup dry; 1/2 cup cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits	3	1 piece or 1 cup diced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leafy Greens	2	1 cup fresh or 1/2 cup cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	2	1 piece or 1 cup diced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berries	1	1/2 cup fresh or 1/4 cup frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cruciferious	1	1/4 cup chopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flaxseeds	1	1 tablespoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts	1	1/4 cup; 2 tablespoon nut butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbs & Spices	1	1 tsp ground turmeric; 1 tsp other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	4	16 oz filtered water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meals:

1

2

3

4

5

Leftovers:

1

2

3

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