



Name _____

4-H CLUB VERSION



Family Handout Family Mealtime Challenge Tracking Form

4-H Club _____ County _____ Month/year _____/_____/_____

Turn in this form to your club leader by _____/_____/_____(date).

Our Club's Goal _____

Our Family Mealtime Goal _____

On each day, mark with an "X" the number of times you ate with all immediate family members present.
(If you ate breakfast *and* dinner as a family, mark that day with two X's.) Nutrition experts suggest that you aim for five family mealtimes per week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total family mealtimes for the week	Parent signature

Total number of family mealtimes for the month _____

Did you eat more family meals together this month compared with the usual? Yes No

For recipes and tips, visit www.ndsu.edu/eatsmart or visit the menu planner at www.mypyramid.gov