



Your Personal Grocery List

Client Name _____
 Phone _____
 Email _____

Fruit

- ___ Apples
- ___ Bananas
- ___ Berries
- ___ Grapes
- ___ Lemons / Limes
- ___ Oranges
- ___ Melon
- ___ Pears
- _____
- _____

Vegetables

- ___ Lettuce
- ___ Carrots
- ___ Celery
- ___ Cucumber
- ___ Onion green/ red/ white
- ___ Potatoes
- ___ Tomatoes
- ___ Squash
- ___ Green Beans
- _____
- _____

Meats

- ___ Deli
- ___ Sausage Italian/ Breakfast
- ___ Chicken
- ___ Turkey
- ___ Ground Beef/Turkey
- ___ Other Beef
- ___ Ham/ Bacon/ Pork
- ___ Fish / Seafood

Breads / Bakery

- ___ Sliced Bread
- ___ Bagels / Muffins
- ___ Dinner Rolls
- ___ Tortillas
- ___ Buns
- _____
- _____

Notes:

Dry Items

- ___ Cereal
- ___ Oatmeal
- ___ Pancake Mix
- ___ Crackers
- ___ Pasta
- ___ Rice
- ___ Beans
- ___ Spices
- _____
- _____

Canned Goods

- ___ Corn
- ___ Artichokes
- ___ Beets
- ___ Beans
- ___ Peas
- ___ Tomato Sauce / Paste
- ___ Pasta Sauce red/ pesto/ white
- ___ Fruit _____
- ___ Soup
- ___ Tuna
- _____
- _____

Condiments

- ___ Peanut Butter
- ___ Preserves _____
- ___ Ketchup
- ___ Mustard dijon/brown/french's
- ___ Mayonnaise
- ___ Salad Dressing
- ___ Pickles
- ___ Olives
- ___ Peppers
- ___ Relish
- ___ Salsa
- ___ Syrup maple/other
- ___ Olive Oil
- ___ Vinegar
- _____
- _____

Baking

- ___ Sugar
- ___ Flour
- ___ Baking Powder
- ___ Baking Soda
- ___ Salt/Pepper
- ___ Oil
- _____
- _____

Snacks & Sweets

- ___ Cookies
- ___ Dry Fruits
- ___ Popcorn
- ___ Chips
- ___ Dip
- ___ Pudding / Jell-O
- ___ Raisins
- _____
- _____

Dairy

- ___ Milk lowfat/whole
- ___ Eggs
- ___ Butter / Margarine
- ___ Sliced Cheese
- ___ Cottage Cheese
- ___ Cheese
- ___ Cheese
- ___ Yogurt
- ___ Sour Cream
- _____
- _____

Miscellaneous

- ___ Light Bulbs
- ___ Batteries
- ___ Film
- ___ Medicines
- _____
- ___ Stamps
- _____

Must Have's

- _____
- _____
- _____
- _____
- _____

Frozen Foods

- ___ Juice
- ___ Ice Cream
- ___ Frozen Vegetables
- ___ Pizza
- ___ Corn Dogs
- _____
- _____
- _____

Beverages

- ___ Soft Drinks _____
- ___ Coffee
- ___ Tea
- ___ Juice
- ___ Water
- ___ Beer _____
- ___ Wine _____
- _____

Personal Care

- ___ Shampoo
- ___ Conditioner
- ___ Soap
- ___ Razors
- ___ Shaving Cream
- ___ Deodorant
- ___ Toothpaste
- ___ Floss
- ___ Lotion
- _____
- ___ Toilet Paper
- ___ Facial Tissue
- _____

Household

- ___ Laundry Detergent
- ___ Bleach
- ___ Fabric Softener
- ___ Dishwasher Soap
- ___ Dish Soap
- ___ Cleaners
- ___ Furniture Polish
- ___ Window Cleaner
- ___ Trash Bags
- ___ Baggies
- ___ Aluminum Foil
- ___ Plastic Wrap
- ___ Paper Towels
- ___ Napkins
- _____

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday