

PLANT-BASED EATING MADE SIMPLE

THE 7-DAY GUIDE

From the *Healthy Eating Habits Edition*
of the [Health & Well-Being Journal](#)

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THE 7-DAY GUIDE

Most people don't struggle with healthy eating because they lack information. They struggle because they lack structure.

Knowing what to eat is not enough. Planning ahead, tracking the foods you want to eat more of, and reflecting on what worked creates consistency.

This guide gives you one complete week from the *Healthy Eating Habits Edition* of the Health & Well-Being Journal. These are the exact pages from the full journal (note: this guide does not include the gratitude practice pages in the full journal). The system is simple. Plan your week once. Plan and recap each day. Repeat for seven days and then review your week.

HOW TO USE THIS GUIDE

- **Step 1:** Sign your Commitment Statement on page 2.
- **Step 2:** Answer the questions under “*Your Ideal Diet*” on pages 5 and 6.
- **Step 3:** Choose one of the seven sample eating plans on pages 6 and 7.
- **Step 4:** On page 3, complete the habit tracker with the foods you plan to eat each day.
- **Step 5:** Complete the Weekly Plan on pages 8 to 11. **Do not skip this step.** Schedule your meals and meal prep time. *Planning reduces decision fatigue and increases follow-through.* Page 12 is optional.
- **Step 6:** Complete the Daily Schedule and Daily Recap for the seven days. *Focus on consistency, not perfection.*
- **Step 7:** Complete the Weekly Recap on page 27. Reflect on what worked, what was difficult, and what you learned.
- **Step 8:** Now that you've built positive momentum, keep it up. Continue focusing on one week at a time.

HOW TO GET THE MOST OUT OF THIS WEEK

- **Plan before you begin:** Decide exactly what you will eat for all seven days before the week starts. Choose *specific recipes*, not just general meal ideas. Know the ingredients you need and how you will prepare each meal. Do not assume you will “figure it out” during the week.
- **Schedule your meals:** Set specific times to purchase ingredients, prepare your meals, and eat them. Put those times on your calendar. Consistency in when you shop, cook, and eat helps turn these actions into habits.
- **Track honestly:** Record what you actually eat, not what you hoped to eat. This is not a complicated calorie-counting process. List a few key foods or behaviors on the habit tracker and simply check whether you followed through.
- **Focus on consistency:** Aim to follow your plan as often as you can. Progress comes from repeated action, not from doing everything perfectly.
- **Reflect without judgment:** At the end of each day, review what worked and what did not. Identify one small adjustment you can make tomorrow.

This week is structured practice. Follow the process. *Then repeat it.*

COMMITMENT STATEMENT

Over the next 7 days, I am committed to improving my health and well-being, creating meaningful achievable goals, and following through on them.

Date:

Signature:

NUTRITION

“Those who think they have no time for healthy eating, will sooner or later have to find time for illness.”

EDWARD STANLEY

ELEMENTS OF A HEALTHY DIET

The health organizations who are the real experts on nutrition agree on the foundation of a healthy diet. The weight of the scientific evidence supports these elements as being important for health and longevity:

- Eating enough fruit, vegetables, legumes, whole grains, seeds, and nuts.
- Obtaining a healthy Omega-3 Index level by eating fish or supplementing with EPA and DHA (omega-3 fats). Fish oil supplements contain EPA and DHA, or you can choose an algal-oil based vegan source.
- Limiting ultra-processed food, added sugar (especially sugary drinks), alcohol, added salt, refined grains, processed meat, red meat, added solid fats (such as butter and coconut oil), full-fat dairy, and egg yolks.

Choosing foods based on these elements is the foundation of healthy eating. If you eat in alignment with these guidelines, you will be eating the ideal diet for losing weight and preventing cancer, heart disease, stroke, type 2 diabetes, dementia, and Alzheimer’s disease.

We use the term “diet” to mean dietary pattern, the combination of foods and drinks you consume on a regular basis. Your diet is what you eat and drink. Your “eating plan” is what you intend to eat and drink.

PUBLIC ENEMY #1

Sugar-sweetened beverages are a major cause of obesity. They include soda, energy and sports drinks, flavored milk, lemonade, fruit drinks, tonic, waters flavored with added sugar, teas and coffees with sugar or syrup, milkshakes,

frappes, and sweetened alcohol drinks. If you have a goal to lose body fat, try to minimize drinking your calories, as they bypass your defenses against weight gain. Liquids don't have to be broken down and digested like food, so many of the hormones triggered during digestion to make you feel full don't come into play with liquid calories.

PUBLIC ENEMY #2

Pay special attention to ultra-processed foods. You can usually identify them by ingredients you don't recognize or would never purchase for your own kitchen, such as artificial colors, "natural flavors," "artificial flavors," "silicon dioxide," "titanium dioxide," and "monosodium glutamate." Most fast food, deep-fried foods, ready-to-heat and eat packaged dishes, and store-bought desserts and pastries are ultra-processed, such as French fries, chicken nuggets, fried chicken, potato chips, tortilla chips, fish sticks, pizza, burgers, cakes, cookies, pies, doughnuts, candy bars, muffins, scones, and croissants. Ultra-processed foods always include added sugar, added salt, and/or added fat.

YOUR IDEAL DIET

For a sustainable diet, tailor your meals to your unique preferences, lifestyle, environment, goals, values, and health. The following questions will help you design *your* eating plan.

What foods make you feel poor and decrease your energy or mood?

What foods make you feel good and improve your energy or mood?

What foods make you feel full and satisfied without overeating?

What foods do you consistently over-eat or find most difficult to resist?

What foods do you crave even when you are not hungry?

What foods are you willing to give up or limit?

What foods are you willing to start eating in place of these foods?

Do you eat your meals at about the same time each day (eating at consistent times makes you less likely to snack and consume excess calories)? Yes No

How motivated are you, on a scale of 1 to 4, to improve your health and well-being?

1 2 3 4

How confident are you, on a scale of 1 to 4, in your ability to improve your healthy eating habits?

1 2 3 4

What is the smallest positive change you could make this week that you would consider a win?

Your ideal diet is the one with the right combination of healthy, enjoyable, and attainable elements to make it sustainable for *you* long-term. There are two ways to approach this.

You can make big changes from the start, or you can begin small and adopt bigger changes after you master the small ones. You may do better starting with bigger changes, because you will see the benefits faster, and this will motivate you to keep going. Others may do better starting with smaller changes. Only you can determine what works better for you, today, with your current lifestyle, stress, obligations, and support system. Don't be afraid to experiment. If you are a slow and steady type of person, start by focusing on the one small change from the last question above. After a few successes, your confidence will improve, and you will generate positive momentum. Increase the difficulty of your eating goals gradually, so you always feel you have at least a 70% chance of accomplishing them.

Below are seven simple eating plans you could experiment with. You can combine these if you want to see benefits faster or stick to one at a time. Find the pace that works for you.

1. FRUITS AND VEGETABLES. Eat 400 grams (about 3 cups) of fruits and vegetables per day for a week. When you master this, increase it to 800 grams of fruits and vegetables. You get triple bonus points if you buy a digital food scale

and measure them (you can find them for about \$20 on Amazon). This is what the experts do. You won't have to weigh them for long, as you will quickly get a feel for how much food this is.

2. SALADS. Eat a big salad as the main course for dinner or lunch every day for a week. Include lots of leafy greens (at least 2 cups) and other raw vegetables, such as onions, tomatoes, cabbage, broccoli sprouts, and bell peppers. We also like to include foods such as beans, seafood, avocado, artichoke hearts, baked tofu, and roasted carrots, squash, mushrooms, or beets. Find recipes that look good and give them a try.

3. LEGUMES. Eat 100 grams (about $\frac{3}{4}$ cup) of cooked beans, peas, or lentils per day for a week.

4. INTACT WHOLE GRAINS. Try a different intact whole grain every day for a week, such as quinoa, brown rice, barley, oats, buckwheat, rye, kamut, triticale, and millet. Eat these intact grains instead of foods made with flour (bagels, bread, pretzels, crackers, pastas, cakes, cookies, etc.).

5. PLANT AND SEAFOOD PROTEIN. Count your protein for a week and aim for at least 30 grams per meal from foods other than red meat and poultry.

6. ADDED SUGAR. No added sugar for a week. This is easy to find on packaged food, as the Nutrition Facts Label now lists "Added Sugars" under the Carbohydrates section.

7. LIQUID CALORIES. No drinking calories for a week. Replace your beverages with water, black coffee, or unsweetened tea. Try some sparkling water with a lime or orange slice. Look for sparkling water with no added sugar.

After completing a goal, set a new one and continue the process until your desired behaviors are easy and automatic.

Whether you decide to go big or start small, add your desired healthy eating habits to the first habit tracker, along with any other habits you want to adopt. Update these from time to time as needed. When you complete a habit tracker, go on to the next one.

WEEKLY PLAN WEEK BEGINNING: / /

“Plan ahead. It wasn’t raining when Noah built the ark.”

RICHARD CUSHING

Rewrite your self-talk affirmation:

Choose your alternative behavior when experiencing a food craving
(for example, when I have a craving, I will take five deep breaths):

Or choose alternative foods:

If I crave something sweet, I will eat _____

If I crave something crunchy, I will eat _____

If I crave something salty, I will eat _____

Check all relevant calendars. Do you have any events scheduled for the following seven days that involve meals or may interfere with your normal eating times? Yes No

If so, when?

What will you eat at the event (or before or after the event)?

What habits will you track on a habit tracker this week?

On the following pages, plan your weekly meals and when you will prepare each meal. Be specific. List the exact days and times when you plan to prepare the meals. Then set reminders. To save time, try to batch prepare multiple meals at a time.

WEEKLY PLAN

BREAKFASTS: MEAL PLAN

PREP DAY / TIME

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

LUNCHESES: MEAL PLAN

PREP DAY / TIME

MONDAY

TUESDAY

WEDNESDAY

WEEKLY PLAN

LUNCHES: MEAL PLAN, CONT.

PREP DAY / TIME

THURSDAY

FRIDAY

SATURDAY

SUNDAY

DINNERS: MEAL PLAN

PREP DAY / TIME

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Now that you have planned your meals and scheduled your meal prep time, put these times on your calendar and set phone alarms or notifications as reminders.

WEEKLY PLAN

GROCERY SHOPPING

When will you go grocery shopping for the week?

What will you eat before grocery shopping to feel satisfied and prepared to make healthy food choices?

SELF-CARE

Review The Foundation of a Healthy Lifestyle diagram and choose your self-care or well-being activities for the week:

TOP 3 PRIORITIES FOR THE WEEK



MOST IMPORTANT GOAL

What action steps related to this goal will you focus on this week?

WEEK ON A PAGE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

DAILY SCHEDULE **MONDAY** / /

Planned wake-up time:
Planned bed time:

5 _____
6 _____

Top priorities for the day:
●
●
●

7 _____
8 _____

How will you bring meaning and purpose to your day?

9 _____
10 _____
11 _____

First meal of the day:

12 _____
1 _____

Second meal of the day:

2 _____
3 _____

Third meal of the day:

4 _____
5 _____

Planned snack(s), if needed:

6 _____
7 _____

Stress reduction activity:

8 _____
9 _____

Planned physical activity:

10 _____
11 _____

DAILY RECAP MONDAY

How much sleep did you get?

How did you feel when you woke up? Rested Tired

Weight (in the morning before eating or drinking):

How many steps did you take?

Look at your Daily Schedule. How did you do with your plans?

What was the best part of your day and what emotion did you feel at that time?

What is something new you learned this day?

Were you happy with the emotions you experienced? Yes No

If not, why:

Did you treat others with love and kindness? Yes No

If not, why:

What did you struggle with?

Rate how satisfied you are with your day, based on your goals and experiences.

-2

Terrible Day

-1

Bad Day

0

Neutral Day

+1

Good Day

+2

Very Good Day

What will you try to do better next time?

DAILY SCHEDULE **TUESDAY** / /

Planned wake-up time:
Planned bed time:

5 _____
6 _____

Top priorities for the day:
●
●
●

7 _____
8 _____

How will you bring meaning and purpose to your day?

9 _____
10 _____
11 _____

First meal of the day:

12 _____
1 _____

Second meal of the day:

2 _____
3 _____

Third meal of the day:

4 _____
5 _____

Planned snack(s), if needed:

6 _____
7 _____

Stress reduction activity:

8 _____
9 _____

Planned physical activity:

10 _____
11 _____

DAILY RECAP TUESDAY

How much sleep did you get?

How did you feel when you woke up? Rested Tired

Weight (in the morning before eating or drinking):

How many steps did you take?

Look at your Daily Schedule. How did you do with your plans?

What was the best part of your day and what emotion did you feel at that time?

What is something new you learned this day?

Were you happy with the emotions you experienced? Yes No

If not, why:

Did you treat others with love and kindness? Yes No

If not, why:

What did you struggle with?

Rate how satisfied you are with your day, based on your goals and experiences.

-2

Terrible Day

-1

Bad Day

0

Neutral Day

+1

Good Day

+2

Very Good Day

What will you try to do better next time?

DAILY SCHEDULE WEDNESDAY / /

Planned wake-up time:

5 _____

Planned bed time:

6 _____

Top priorities for the day:

-
-
-

7 _____

8 _____

9 _____

How will you bring meaning and purpose to your day?

10 _____

11 _____

First meal of the day:

12 _____

1 _____

Second meal of the day:

2 _____

3 _____

Third meal of the day:

4 _____

5 _____

Planned snack(s), if needed:

6 _____

7 _____

Stress reduction activity:

8 _____

9 _____

Planned physical activity:

10 _____

11 _____

DAILY RECAP WEDNESDAY

How much sleep did you get?

How did you feel when you woke up? Rested Tired

Weight (in the morning before eating or drinking):

How many steps did you take?

Look at your Daily Schedule. How did you do with your plans?

What was the best part of your day and what emotion did you feel at that time?

What is something new you learned this day?

Were you happy with the emotions you experienced? Yes No

If not, why:

Did you treat others with love and kindness? Yes No

If not, why:

What did you struggle with?

Rate how satisfied you are with your day, based on your goals and experiences.

-2

Terrible Day

-1

Bad Day

0

Neutral Day

+1

Good Day

+2

Very Good Day

What will you try to do better next time?

DAILY SCHEDULE THURSDAY / /

Planned wake-up time:

5 _____

Planned bed time:

6 _____

Top priorities for the day:

-
-
-

7 _____

8 _____

9 _____

How will you bring meaning and purpose to your day?

10 _____

11 _____

First meal of the day:

12 _____

1 _____

Second meal of the day:

2 _____

3 _____

Third meal of the day:

4 _____

5 _____

Planned snack(s), if needed:

6 _____

7 _____

Stress reduction activity:

8 _____

9 _____

Planned physical activity:

10 _____

11 _____

DAILY RECAP THURSDAY

How much sleep did you get?

How did you feel when you woke up? Rested Tired

Weight (in the morning before eating or drinking):

How many steps did you take?

Look at your Daily Schedule. How did you do with your plans?

What was the best part of your day and what emotion did you feel at that time?

What is something new you learned this day?

Were you happy with the emotions you experienced? Yes No

If not, why:

Did you treat others with love and kindness? Yes No

If not, why:

What did you struggle with?

Rate how satisfied you are with your day, based on your goals and experiences.

-2

Terrible Day

-1

Bad Day

0

Neutral Day

+1

Good Day

+2

Very Good Day

What will you try to do better next time?

DAILY SCHEDULE **FRIDAY**

/ /

Planned wake-up time:

5 _____

Planned bed time:

6 _____

Top priorities for the day:

-
-
-

7 _____

8 _____

9 _____

How will you bring meaning and purpose to your day?

10 _____

11 _____

First meal of the day:

12 _____

1 _____

Second meal of the day:

2 _____

3 _____

Third meal of the day:

4 _____

5 _____

Planned snack(s), if needed:

6 _____

7 _____

Stress reduction activity:

8 _____

9 _____

Planned physical activity:

10 _____

11 _____

DAILY RECAP **FRIDAY**

How much sleep did you get?

How did you feel when you woke up? Rested Tired

Weight (in the morning before eating or drinking):

How many steps did you take?

Look at your Daily Schedule. How did you do with your plans?

What was the best part of your day and what emotion did you feel at that time?

What is something new you learned this day?

Were you happy with the emotions you experienced? Yes No

If not, why:

Did you treat others with love and kindness? Yes No

If not, why:

What did you struggle with?

Rate how satisfied you are with your day, based on your goals and experiences.

-2

Terrible Day

-1

Bad Day

0

Neutral Day

+1

Good Day

+2

Very Good Day

What will you try to do better next time?

DAILY SCHEDULE SATURDAY / /

Planned wake-up time:
Planned bed time:

5 _____
6 _____

Top priorities for the day:
●
●
●

7 _____
8 _____

How will you bring meaning and purpose to your day?

9 _____
10 _____
11 _____

First meal of the day:

12 _____
1 _____

Second meal of the day:

2 _____
3 _____

Third meal of the day:

4 _____
5 _____

Planned snack(s), if needed:

6 _____
7 _____

Stress reduction activity:

8 _____
9 _____

Planned physical activity:

10 _____
11 _____

DAILY RECAP SATURDAY

How much sleep did you get?

How did you feel when you woke up? Rested Tired

Weight (in the morning before eating or drinking):

How many steps did you take?

Look at your Daily Schedule. How did you do with your plans?

What was the best part of your day and what emotion did you feel at that time?

What is something new you learned this day?

Were you happy with the emotions you experienced? Yes No

If not, why:

Did you treat others with love and kindness? Yes No

If not, why:

What did you struggle with?

Rate how satisfied you are with your day, based on your goals and experiences.

-2

Terrible Day

-1

Bad Day

0

Neutral Day

+1

Good Day

+2

Very Good Day

What will you try to do better next time?

DAILY SCHEDULE **SUNDAY** / /

Planned wake-up time:

5 _____

Planned bed time:

6 _____

Top priorities for the day:

-
-
-

7 _____

8 _____

9 _____

How will you bring meaning and purpose to your day?

10 _____

11 _____

First meal of the day:

12 _____

1 _____

Second meal of the day:

2 _____

3 _____

Third meal of the day:

4 _____

5 _____

Planned snack(s), if needed:

6 _____

7 _____

Stress reduction activity:

8 _____

9 _____

Planned physical activity:

10 _____

11 _____

DAILY RECAP SUNDAY

How much sleep did you get?

How did you feel when you woke up? Rested Tired

Weight (in the morning before eating or drinking):

How many steps did you take?

Look at your Daily Schedule. How did you do with your plans?

What was the best part of your day and what emotion did you feel at that time?

What is something new you learned this day?

Were you happy with the emotions you experienced? Yes No

If not, why:

Did you treat others with love and kindness? Yes No

If not, why:

What did you struggle with?

Rate how satisfied you are with your day, based on your goals and experiences.

-2

Terrible Day

-1

Bad Day

0

Neutral Day

+1

Good Day

+2

Very Good Day

What will you try to do better next time?

WEEKLY RECAP

What was the best thing that happened during the week?

When this week did you cherish the moment, such as laughing with friends or being in awe of something in nature?

What did you do during the week you are most proud of?

What were your biggest challenges or obstacles?

What progress did you make toward your most important goal?

What will you try to improve next week?

RATE YOUR WEEK

Food and beverage choices

-2 -1 0 +1 +2

Physical activity

-2 -1 0 +1 +2

Sleep

-2 -1 0 +1 +2

Stress reduction activities

-2 -1 0 +1 +2

Important relationships

-2 -1 0 +1 +2

Social connection

-2 -1 0 +1 +2

Self-care activities

-2 -1 0 +1 +2

Feeling positive emotions

-2 -1 0 +1 +2

Progress toward your goals

-2 -1 0 +1 +2

Rate your week overall

-2 -1 0 +1 +2

READY TO CONTINUE?

If one week created structure and momentum, imagine what thirteen weeks can build. The full thirteen-week journal makes that kind of week your default.

- **You'll understand why you fall back into old patterns** and learn specific strategies to interrupt them before they take over again.
- **You'll stop relying on willpower.** The journal walks you through redesigning your food environment to make healthy choices easy and unhealthy choices hard.
- **You'll become the person you want to be, not just manage your behavior.** The journal's goal-setting and identity exercises reshape your identity so healthy choices become automatic, not something you try to do.
- **You'll stay on track without thinking about it.** The built-in structure means you just open to the next page and keep going.
- **You won't lose momentum when a journal ends.** Subscribers receive four journals per year, so progress keeps compounding.

*This week wasn't random.
It was repeatable.*

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