

Workbook

Module One



Prepare Your Kitchen



Kitchen Check

Remove these items. Check each off as you complete your assessment of your supplies.

- Sugar and sugar substitutes
- Gluten* (*Only if you are sensitive to gluten*)
- Caffeine (Coffee, soda, teas with caffeine, etc)
- Dairy
- Meat
- Processed Foods
- Soda
- Nicotine

Prepare Your Kitchen



Kitchen Check

Grocery Shopping

Add in these items to your kitchen. You can use this list to help you while grocery shopping. *Avoid foods that have pesticides or fertilizers.*

- Stevia
- Greens
- Fruits
- Water
- Lemon
- Legumes
- Nuts and seeds
- Herbal Teas

Goals



What do you hope to accomplish by switching to a plant based diet?

Goals



Do you have a good support system in place as you transition to plant based?

Are there others in your home who will be making the change as well or will they eat a different diet?

Goals



Write down one big picture goal. (10-15 years in the future)

Thinking of your big picture goal, what is one goal that works towards that big picture goal in the next 2-3 years?

Thinking of your 2-3 year goal, what is one achievable goal that you could complete to move toward that goal in the next 2-3 months?
