

## Prepare Your Kitchen

Kitchen Check

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

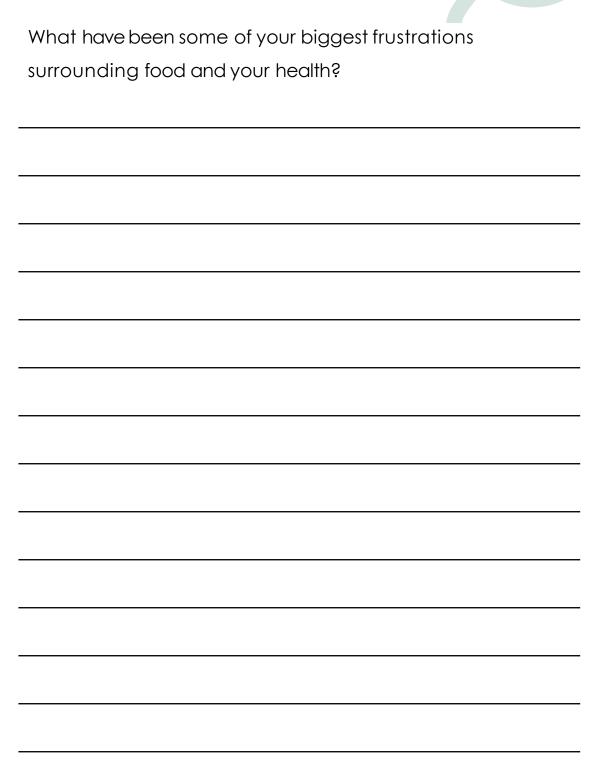
- □ Sugar and sugar substitutes
- ☐ Gluten\* (Only if you are sensitive to gluten)
- ☐ Caffeine (Coffee, soda, teas with caffeine, etc)
- □ Dairy
- ☐ Meat
- □ Processed Foods
- $\Box$  Soda
- ☐ Nicotine

# Prepare Your Kitchen

Kit	chen Check
Gr	ocery Shopping
Ac	ld in these items to your kitchen. You can use this list to
he	lp you while grocery shopping. Avoid foods that have
pe.	sticides or fertilizers.
	Stevia
	Greens
	Fruits
	Water
	Lemon
	Legumes
	Nuts and seeds
	Herbal Teas

### Why have you chosen aplantbased diet?

Understanding why you are wanting to make a change in
your diet will help you to be successful with the process.
Take afew moments to reflect and write down what has
motivated you or the reasons behind the change to aplant
based diet.





What have you tried up to this point? Was anything
successful? How did you feel afterwards?



What do you hope to accomplish by switching to aplant	
based diet?	



Do you have agood support system in place as you
transition to plant based?
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Are there others in your home who will be making the
change as well or will they eat a different diet?

