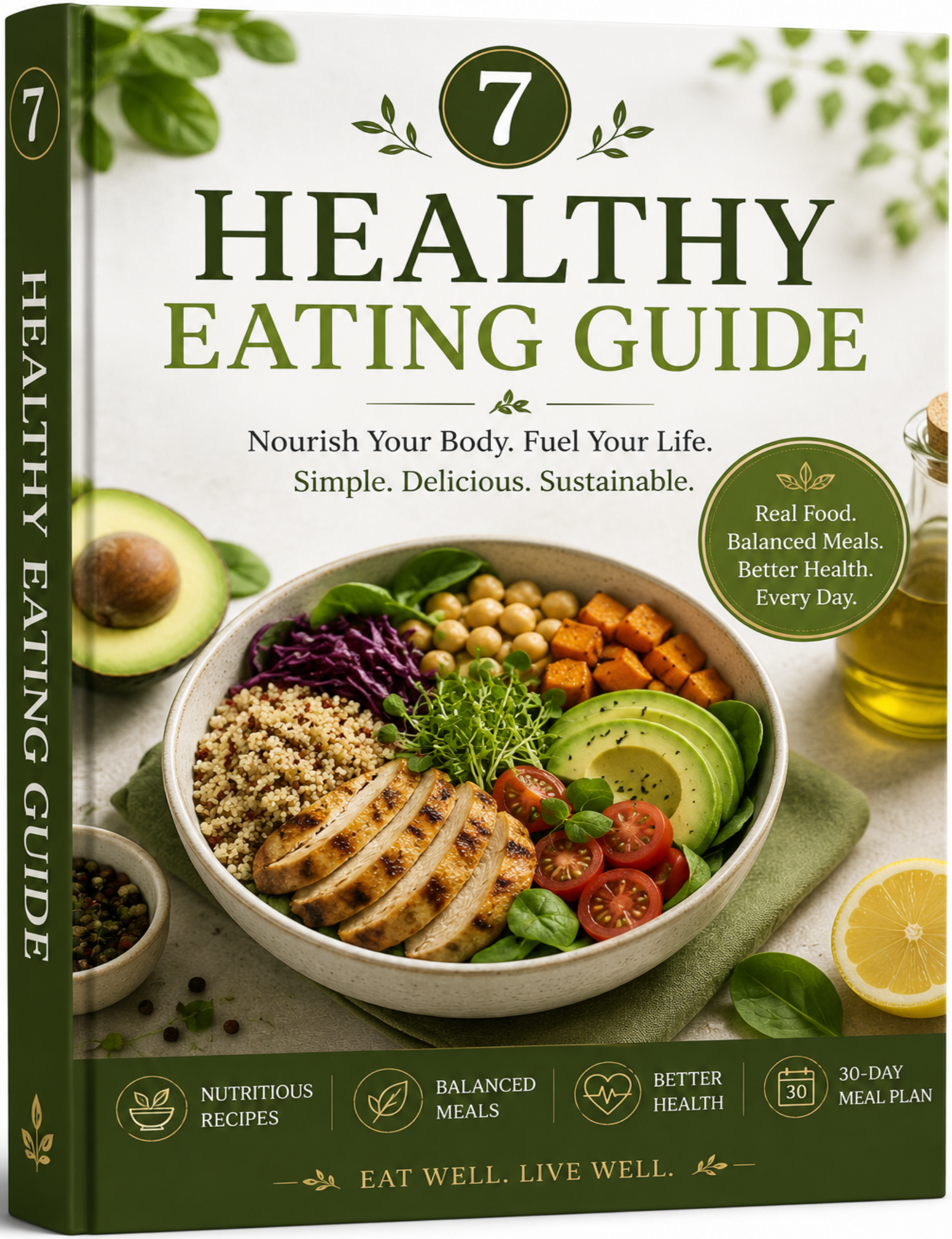
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HEALTHY EATING GUIDE
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HEALTHY EATING GUIDE
Nourish Your Body. Fuel Your Life.
Simple. Delicious. Sustainable.
Real Food.
Balanced Meals.
Better Health.
Every Day.
NUTRITIOUS RECIPES
BALANCED MEALS
BETTER HEALTH
30
30-DAY MEAL PLAN
EAT WELL. LIVE WELL.

Welcome

A practical guide to balanced meals, grocery organization, meal prep, mindful eating, and a 30-day food system.

Educational resource only. It does not diagnose, treat, or cure disease. Seek individualized professional care when needed.

Your Baseline

Area	Current	Goal
Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____
Snacks	_____	_____
Fluids	_____	_____

Balanced Meal Formula

Part	Examples
Produce	Vegetables, fruit
Protein	Beans, eggs, fish, poultry, tofu, yogurt
Carb/staple	Oats, rice, potatoes, whole grains
Flavor/fat	Herbs, spices, nuts, seeds, olive oil

Budget-Friendly Food

Staple	Meal idea
Beans/lentils	_____
Oats	_____
Eggs	_____
Frozen vegetables	_____
Rice/potatoes	_____

Mindful Eating

Slow down enough to notice hunger, satisfaction, taste, and context without turning eating into a test.

Meal	What I noticed
Breakfast	_____
Lunch	_____
Dinner	_____

Weekly Planner

Day	Priority	Movement	Food	Recovery
Mon	___	___	___	___
Tue	___	___	___	___
Wed	___	___	___	___
Thu	___	___	___	___
Fri	___	___	___	___
Sat	___	___	___	___
Sun	___	___	___	___

Meal Planner

Day	Breakfast	Lunch	Dinner
Mon	___	___	___
Tue	___	___	___
Wed	___	___	___
Thu	___	___	___
Fri	___	___	___
Sat	___	___	___
Sun	___	___	___

Grocery Planner

Produce	Protein	Staples	Flavor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Movement Planner

Day	Activity	Minutes	Note
Mon	_____	___	_____
Tue	_____	___	_____
Wed	_____	___	_____
Thu	_____	___	_____
Fri	_____	___	_____
Sat	_____	___	_____
Sun	_____	___	_____

Sleep & Recovery

- Keep a consistent sleep/wake rhythm when practical.
- Create a simple wind-down cue.
- Get daytime light and movement.
- Make the bedroom comfortable.
- Seek professional advice for persistent problems.

Stress Reset

Step	Action
Pause	Stop and notice.
Name	Identify the feeling or trigger.
Breathe	Take several gentle breaths.
Choose	Pick one useful next action.
Reassess	Notice what changed.

Trigger Map

Trigger	Signal	Helpful response
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Self-Care Menu

Body	Mind	Connection
Walk	Read	Call
Stretch	Journal	Message
Rest	Music	Meet
Nourish	Quiet time	Support

Reflection

Question	Notes
What worked?	_____
What was difficult?	_____
What created friction?	_____
What will I repeat?	_____

Personal Rules

Area	Minimum version	Ideal version
Food	_____	_____
Movement	_____	_____
Sleep	_____	_____
Recovery	_____	_____
Connection	_____	_____

Habit Design

- Start smaller than your ambition.
- Attach a new habit to an existing cue.
- Prepare the environment in advance.
- Have a minimum version for difficult days.
- Review weekly and simplify.

Progress Log

Date	Win	Lesson	Next step
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Safety & Individual Needs

Individual needs vary with age, medical history, medicines, pregnancy, allergies, goals, and other factors. When those factors matter, use a qualified professional for personalized guidance.

30-Day Roadmap

- Days 1–7: observe and simplify.
- Days 8–14: build consistency.
- Days 15–21: remove friction.
- Days 22–28: strengthen what works.
- Days 29–30: review and choose what continues.

Habit Tracker • Days 1–15

Habit Tracker • Days 16–30

Habit	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Habit 1															
Habit 2															
Habit 3															

Weekly Reset

Review	Answer
Biggest win	_____
Hardest part	_____
One adjustment	_____
One priority	_____

Planner Page

Focus	Plan
Morning	_____
Meals	_____
Movement	_____
Recovery	_____
Connection	_____

Challenge Week

- Day 1: choose one priority.
- Day 2: make it easier.
- Day 3: repeat it.
- Day 4: protect recovery.
- Day 5: prepare tomorrow.
- Day 6: connect with someone.
- Day 7: review and keep two habits.

30-Day Review

Question	Answer
What improved?	_____
What became easier?	_____
What needs support?	_____
What will I keep?	_____

My Commitment

I choose realistic habits, flexible progress, and evidence-aware decisions.

My commitment: _____

Resources & Safety

This guide is educational. Do not use it to replace diagnosis, treatment, prescribed medication, or urgent medical care. Persistent, severe, unusual, or concerning symptoms should be discussed with an appropriately qualified professional.

NOTES & PERSONAL TAKEAWAYS

Use this page for ideas, questions, recipes, routines, or next steps.

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