

# Eat Well Live Well

Making Healthy Choices

## Do You Know What Your Diet Is Up To?

How often are you consuming unhealthy ingredients and foods, such as high fructose corn syrup, partially hydrogenated oils (trans fats) and items high in sodium? Do you have a handle on how much you casually snack during the day? If you're extremely busy, travel often or work in an office with an abundance of snack foods, it is very difficult to control and monitor what you eat.

This month's activity focuses on gradually improving your diet. Each week will build on the previous week's progress!

### Week 1

#### Track What You Eat!

You don't have to change your diet just yet (although you're welcome to get a head start). This week, simply track what you eat each day. At the end of the week, pick three items to avoid and list a healthy substitution you enjoy for each item. You can list an ingredient (high fructose corn syrup), a category (trans fats) or a specific food item (cookies)—whatever works best for you. Going forward, swap out the junk and eat the healthy foods instead!

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks, Misc.							

#### Foods to Avoid Next Week

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Healthy Substitutions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Week 2

### Use Your Substitutes

Don't make this a burden—choose substitutions you enjoy and ease yourself into a healthier diet! This week, implement last week's substitutions and continue to track what you eat each day. Then, choose another three unhealthy ingredients or foods to avoid, as well as another three substitutions. You'll continue to eat healthier every week!

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks, Misc.							

#### Foods to Avoid Next Week

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### Healthy Substitutions

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



## Week 3

### Meal Plan

Okay, now we're swapping out enough food that a little planning is in order. This week, continue to write down what you eat, and implement your substitutions from both week one and week two. At the end of the week, plan your next week of meals in advance to help you stay on course! If you need to, continue to gradually trade unhealthy foods and ingredients for more nutritious options.

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks, Misc.							

Week 4 PLAN	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks, Misc.							

#### Foods to Avoid Next Week

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Healthy Substitutions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Week 4

### Set Yourself Up for Success in April

Once again, track what you eat each day. Were you able to stick to your meal plan? What obstacles made it more difficult, and how can you plan for them in the future? Consider what works best for you, then do your best to maintain these changes—and continue to meal plan—in April and beyond.

Week 4 ACTUAL	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks, Misc.							

#### Foods to Avoid Next Week

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Healthy Substitutions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The information in this activity document is provided for general informational purposes only and should not be considered medical advice, diagnosis or treatment recommendations.



# Employer Activity Tracking

Please complete the following information and submit it to your employer to receive credit for this activity:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Did you track your food consumption each week?

YES     NO

Did you make healthy substitutions in weeks 2-4?

YES     NO

Did you complete a meal plan in week 4?

YES     NO

Are there food substitutions you plan to continue making after completing this activity?

YES     NO

*Optional:* List the healthy substitution(s) you plan to continue making here:

_____	_____
_____	_____
_____	_____
_____	_____