

Sugar Elimination Diet Plan

PERSONAL DETAILS

Name: _____ Date: _____ dd / mm / yyyy

Starting Weight: _____ Goal Weight: _____

Health Goals

DIET OVERVIEW

The Sugar Elimination Diet Plan is designed to remove all added sugars and artificial sweeteners from your diet. This plan encourages the consumption of whole, unprocessed foods and aims to increase awareness of hidden sugars in common food items.

WEEK 1: AWARENESS AND PREPARATION

Objective: Identify and reduce sources of added sugars. Actions: Maintain a food diary for sugar tracking. Learn to read and understand food labels. Start reducing sugar portions. Plan sugar-free meals and snacks.

WEEK 2-4: ELIMINATION AND ADJUSTMENT

Objective: Eliminate added sugars completely. Actions: Exclude processed foods with added sugars. Opt for whole fruits over juices or sweetened alternatives. Introduce natural sweeteners like stevia or monk fruit (if needed). Increase intake of vegetables, lean proteins, and whole grains.

DAILY MEAL PLAN

Breakfast: Options: Oatmeal with nuts and berries, Greek yogurt with cinnamon, Scrambled eggs with spinach. Lunch: Options: Grilled chicken salad, Quinoa and roasted vegetables, Turkey and avocado wrap (whole grain, no added sugars). Dinner: Options: Baked salmon with steamed broccoli, Stir-fried tofu with mixed vegetables, Beef and vegetable stew. Snacks: Options: Raw nuts, Sliced cucumber and hummus, Fresh fruit slices.

TIPS AND REMINDERS

Drink plenty of water throughout the day. Check for sugars in condiments and dressings. Prepare meals at home to control ingredients. Be mindful of sugar cravings and find healthy alternatives.

PROGRESS TRACKING

Weekly Weigh-In:

Week 1: _____ Week 2: _____

Week 3: _____ Week 4: _____

Notes/Adjustments

CONSULTATION AND FOLLOW-UP

Nutritionist/Dietitian: _____ Next Appointment: _____ dd / mm / yyyy

Questions/Concerns for Next Visit

ACKNOWLEDGMENT

☐ I understand that this diet plan is intended for informational purposes and that I should consult with a healthcare provider before making dietary changes.

Signature
Date: _____ dd / mm / yyyy