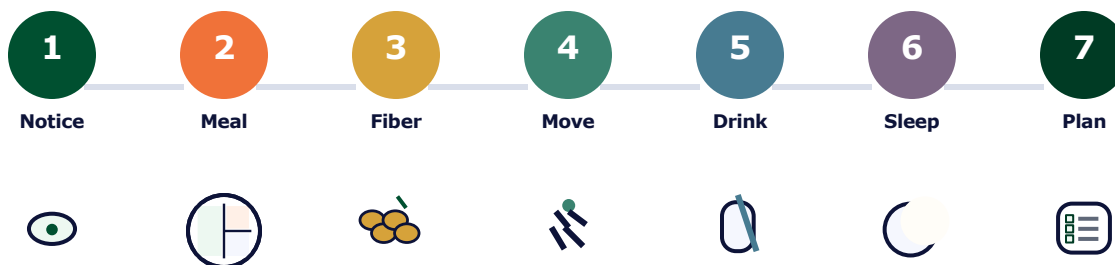




The 7-Day Prevention Reset

A gentle one-week habit-building workbook for supporting everyday metabolic health.

A Gentle One-Week Plan for Building Healthier Everyday Habits



Seven days to observe, test, adapt, and choose what is realistic enough to repeat.



WELCOME

A reset is not a cleanse

Use this as a seven-day observation and habit-building workbook, not a test.

This guide supports everyday habits associated with general metabolic health and risk reduction. It does not guarantee prevention, replace screening or diagnosis, or substitute for treatment, medication, or medical care. Readers may repeat, skip, or adapt days.

Use this guide safely

Do not change medicine or insulin based on this guide. Choose movement that is safe for your body. Ask for individualized guidance if you have diabetes, prediabetes, cardiovascular disease, kidney disease, mobility limitations, sleep disorders, pregnancy-specific needs, or a prescribed medical plan.

The weekly rhythm

1

Notice

Observe one ordinary day without judgment.

2

Meal

Try one flexible Mindful Plate meal.

3

Fiber

Choose one manageable fiber addition.

4

Move

Add one safe movement break.

5

Drink

Adjust one drink you have often.

6

Sleep

Choose one realistic sleep support.

7

Plan

Keep one helpful habit and adjust the rest.

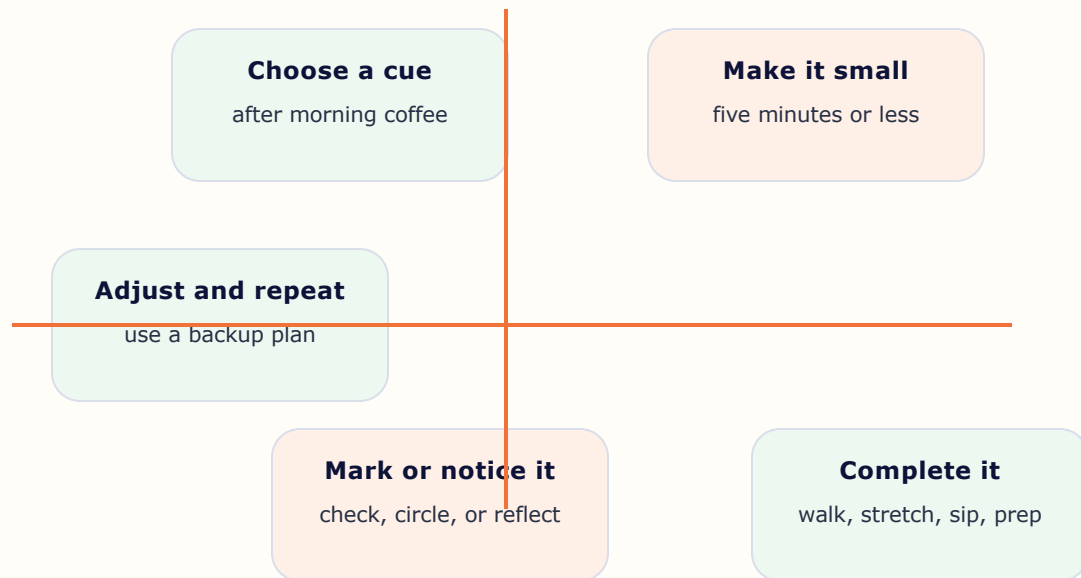
Observation should not become judgment. One useful change can be enough.



SMALL HABITS

How small habits work

Seven days can help you test a routine. It may take longer for a habit to feel automatic.



Example

Cue: after morning coffee. Action: walk or move for five minutes. Completion: check the tracker. Backup: seated movement on a difficult day.

Environmental support, repetition, backup plans, and self-compassion often matter as much as willpower.



OVERVIEW

Seven days, one main action each day

You may repeat a day, skip a day, or adapt the plan. The goal is learning, not proving anything.

1

Notice



Day 1: Notice your starting point

Observe one ordinary day without judgment.

2

Meal



Day 2: Build one balanced meal

Try one flexible Mindful Plate meal.

3

Fiber



Day 3: Add one source of fiber

Choose one manageable fiber addition.

4

Move



Day 4: Break up sitting time

Add one safe movement break.

5

Drink



Day 5: Improve one drink

Adjust one drink you have often.

6

Sleep



Day 6: Protect sleep

Choose one realistic sleep support.

7

Plan



Day 7: Plan the next week

Keep one helpful habit and adjust the rest.

Small, realistic actions are easier to repeat than dramatic overhauls.



DAY 1

Notice your starting point

Record a normal day without grading yourself as good or bad.

Choose awareness over judgment. A useful starting point includes what already works, what felt difficult, and one realistic goal.

One drink pattern I noticed

One meal pattern I noticed

One movement pattern I noticed

One sleep pattern I noticed

My energy or mood

One part of the day that felt difficult

One thing already working

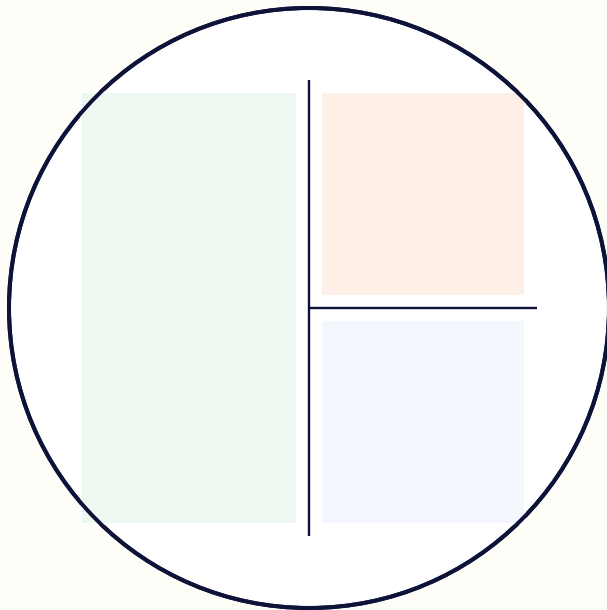
One realistic goal



DAY 2

Build one balanced meal

Use the Mindful Plate as a flexible starting point for one meal.



Approximate plate pattern

- About half: non-starchy vegetables
- About one quarter: protein
- About one quarter: carbohydrate
- Lower-sugar drink nearby

Mixed dishes still count. Cultural foods still count. Beans and lentils may contribute protein, carbohydrate, and fiber. Individual carbohydrate and medication needs vary. [3]

Meal examples

Rice, beans, greens, and fish. Lentil dal with vegetables and yogurt. Tortilla with eggs, avocado, vegetables, and fruit. Stir-fry with tofu, noodles, and broccoli.

The meal I will try

- ☐ One meal is enough.
- ☐ Not every meal needs to be divided on a plate.



DAY 3

Add one source of fiber

Choose one addition and notice comfort. No single food has to do everything.



Vegetables



Beans



Lentils



Oats



Whole grains



Berries



Nuts



Seeds

Choose one

- | | |
|---|---|
| ☐ Add a vegetable | ☐ Add beans or lentils |
| ☐ Choose oats or a whole grain | ☐ Add berries |
| ☐ Add nuts or seeds | |

Go gradually

Fiber-rich foods may support digestive health, fullness, cholesterol management, dietary quality, and more balanced meals. Increase gradually, drink fluids according to your needs, and ask for guidance with kidney disease, digestive conditions, swallowing problems, prescribed diets, or significant symptoms. [4]

My fiber addition today



DAY 4

Break up sitting time

Start from where you are. A short, safe movement break still counts.



Short walk



Standing break



Chair movement



Stretching



Light household task



Physical therapy exercise



Resistance movement

The general public-health guideline for adults is 150 to 300 minutes of moderate-intensity activity per week, plus muscle-strengthening activity on 2 days. This is not a pass-or-fail target; people may start below it and adapt activity to ability and medical guidance. [5]

My cue

My movement

Approximate minutes

My backup option

Stop and seek advice

Stop and seek medical advice for chest pain, severe shortness of breath, fainting, new neurological symptoms, or severe or unusual pain.



DAY 5

Improve one drink

You do not have to jump straight to plain water. Adjust one drink you have often.



- Water, sparkling water, unsweetened tea, coffee with less added sugar, a smaller sweet beverage, or a diluted or less frequent sweet drink can all be realistic steps.
- Hydration needs vary by body size, climate, activity, pregnancy, kidney or heart conditions, medicines, and illness.
- Alcohol can affect safety with some medicines and glucose plans; ask your care team what is safest for you.

The drink I will adjust

Label cue

Added sugars are listed on the Nutrition Facts label. Use the label as information, not as a grade. [7]



DAY 6

Protect sleep

Sleep problems deserve care, not blame. Choose one support instead of overhauling everything.



Wake cue



Daylight



Daytime
movement



Caffeine
timing



Dim evening
light



Wind-down
cue



Morning
reflection

Choose one action

- | | |
|---|---|
| ☐ Reduce late caffeine | ☐ Move the phone farther from bed |
| ☐ Create a short wind-down cue | ☐ Ask about snoring or breathing pauses |
| ☐ Prepare for shift-work sleep | ☐ Discuss persistent insomnia or restless legs |

Sleep routines can be affected by shift work, pain, caregiving, breathing problems, insomnia, restless legs, mental health, and home responsibilities. A routine can support sleep, but it does not cure a sleep disorder. [6]

The sleep support I will try



DAY 7

Prepare the next week

Keep the useful parts. Drop or redesign what was unrealistic.

What helped

What felt difficult

What felt irritating or unrealistic

What I want to continue

What I want to pause

What I might change

One question for my care team

My one habit for next week



OPTIONAL

Drink Pattern Tracker

Use this for awareness, not judgment. There is no universal water target here.

Day 1	Water	Sweet drinks	Coffee/tea additions	Juice	Alcohol	Timing/notes

Day 2	Water	Sweet drinks	Coffee/tea additions	Juice	Alcohol	Timing/notes

Day 3	Water	Sweet drinks	Coffee/tea additions	Juice	Alcohol	Timing/notes

Day 4	Water	Sweet drinks	Coffee/tea additions	Juice	Alcohol	Timing/notes

Day 5	Water	Sweet drinks	Coffee/tea additions	Juice	Alcohol	Timing/notes

Day 6	Water	Sweet drinks	Coffee/tea additions	Juice	Alcohol	Timing/notes

Day 7	Water	Sweet drinks	Coffee/tea additions	Juice	Alcohol	Timing/notes

Privacy reminder

If you record personal health information, store or dispose of completed pages in a way that feels secure.



OPTIONAL

Movement Tracker

Record movement that is safe for your body. Use short notes, not perfect logs.

Day 1 Activity

- | | |
|----------------------------------|---|
| ☐ Seated | ☐ Standing |
| ☐ Walking | ☐ Strength/stretch |

How it felt / pain or symptoms / adjustment

Day 2 Activity

- | | |
|----------------------------------|---|
| ☐ Seated | ☐ Standing |
| ☐ Walking | ☐ Strength/stretch |

How it felt / pain or symptoms / adjustment

Day 3 Activity

- | | |
|----------------------------------|---|
| ☐ Seated | ☐ Standing |
| ☐ Walking | ☐ Strength/stretch |

How it felt / pain or symptoms / adjustment

Day 4 Activity

- | | |
|----------------------------------|---|
| ☐ Seated | ☐ Standing |
| ☐ Walking | ☐ Strength/stretch |

How it felt / pain or symptoms / adjustment

Day 5 Activity

- | | |
|----------------------------------|---|
| ☐ Seated | ☐ Standing |
| ☐ Walking | ☐ Strength/stretch |

How it felt / pain or symptoms / adjustment

Day 6 Activity

- | | |
|----------------------------------|---|
| ☐ Seated | ☐ Standing |
| ☐ Walking | ☐ Strength/stretch |

How it felt / pain or symptoms / adjustment

Day 7 Activity

- | | |
|----------------------------------|---|
| ☐ Seated | ☐ Standing |
| ☐ Walking | ☐ Strength/stretch |

How it felt / pain or symptoms / adjustment



OPTIONAL

Meal and Fiber Tracker

Use this page for one meal per day or any meal you want to remember.

Day 1	Meal	Vegetable/fruit	Protein	Carbohydrate	Fiber source	Drink	Comfort/notes

Day 2	Meal	Vegetable/fruit	Protein	Carbohydrate	Fiber source	Drink	Comfort/notes

Day 3	Meal	Vegetable/fruit	Protein	Carbohydrate	Fiber source	Drink	Comfort/notes

Day 4	Meal	Vegetable/fruit	Protein	Carbohydrate	Fiber source	Drink	Comfort/notes

Day 5	Meal	Vegetable/fruit	Protein	Carbohydrate	Fiber source	Drink	Comfort/notes

Day 6	Meal	Vegetable/fruit	Protein	Carbohydrate	Fiber source	Drink	Comfort/notes

Day 7	Meal	Vegetable/fruit	Protein	Carbohydrate	Fiber source	Drink	Comfort/notes



OPTIONAL

Sleep Check-In

Approximate notes are enough. Exact sleep calculations are not required.

Day 1	Bedtime	Wake time	Night waking	Nap	Late caffeine	Screen/light	Context/rested

Day 2	Bedtime	Wake time	Night waking	Nap	Late caffeine	Screen/light	Context/rested

Day 3	Bedtime	Wake time	Night waking	Nap	Late caffeine	Screen/light	Context/rested

Day 4	Bedtime	Wake time	Night waking	Nap	Late caffeine	Screen/light	Context/rested

Day 5	Bedtime	Wake time	Night waking	Nap	Late caffeine	Screen/light	Context/rested

Day 6	Bedtime	Wake time	Night waking	Nap	Late caffeine	Screen/light	Context/rested

Day 7	Bedtime	Wake time	Night waking	Nap	Late caffeine	Screen/light	Context/rested

Context can include pain, caregiving, shift work, breathing symptoms, restless legs, stress, or other notes.



OPTIONAL

Mood and Energy Notes

These numbers are simple observations, not diagnoses or grades.

Day 1	Mood 1-5	Energy 1-5	Meal note	Sleep note	Movement note	Stress/context
Day 2	Mood 1-5	Energy 1-5	Meal note	Sleep note	Movement note	Stress/context
Day 3	Mood 1-5	Energy 1-5	Meal note	Sleep note	Movement note	Stress/context
Day 4	Mood 1-5	Energy 1-5	Meal note	Sleep note	Movement note	Stress/context
Day 5	Mood 1-5	Energy 1-5	Meal note	Sleep note	Movement note	Stress/context
Day 6	Mood 1-5	Energy 1-5	Meal note	Sleep note	Movement note	Stress/context
Day 7	Mood 1-5	Energy 1-5	Meal note	Sleep note	Movement note	Stress/context

Care note

Seek appropriate help for symptoms that are severe, persistent, worsening, or feel unsafe.



OPTIONAL GLUCOSE NOTES

Use only according to your care plan

Not everyone needs to monitor glucose. Frequency and actions depend on an individual care plan.

Day 1	Date/time	Reading	Meal relation	Medicine as prescribed	Activity, stress, or sleep	Symptoms/action per plan

Day 2	Date/time	Reading	Meal relation	Medicine as prescribed	Activity, stress, or sleep	Symptoms/action per plan

Day 3	Date/time	Reading	Meal relation	Medicine as prescribed	Activity, stress, or sleep	Symptoms/action per plan

Day 4	Date/time	Reading	Meal relation	Medicine as prescribed	Activity, stress, or sleep	Symptoms/action per plan

Day 5	Date/time	Reading	Meal relation	Medicine as prescribed	Activity, stress, or sleep	Symptoms/action per plan

Day 6	Date/time	Reading	Meal relation	Medicine as prescribed	Activity, stress, or sleep	Symptoms/action per plan

Day 7	Date/time	Reading	Meal relation	Medicine as prescribed	Activity, stress, or sleep	Symptoms/action per plan

Safety note

Do not change medication or insulin based on this worksheet alone. Follow your personal care plan for high or low readings, and seek urgent help when appropriate.



BACKUP PLANS

Obstacles and backup plans

Plan for difficult days before they arrive.

Example 1

If I am too tired to cook, then I will use this backup meal.

Example 2

If I cannot walk, then I will use this safe movement option.

Example 3

If the day becomes chaotic, then I will let this part be imperfect.

Obstacle

Easiest backup

What I need in advance

Who can help

What can remain imperfect



NEXT MONTH

30-day continuation plan

Continue what fits. Adjust what does not.

Habit 1

Why it matters to me

Habit 2

My minimum version

My backup plan

1 ☐ ☐	2 ☐ ☐	3 ☐ ☐	4 ☐ ☐	5 ☐ ☐	6 ☐ ☐	7 ☐ ☐
8 ☐ ☐	9 ☐ ☐	10 ☐ ☐	11 ☐ ☐	12 ☐ ☐	13 ☐ ☐	14 ☐ ☐
15 ☐ ☐	16 ☐ ☐	17 ☐ ☐	18 ☐ ☐	19 ☐ ☐	20 ☐ ☐	21 ☐ ☐
22 ☐ ☐	23 ☐ ☐	24 ☐ ☐	25 ☐ ☐	26 ☐ ☐	27 ☐ ☐	28 ☐ ☐
29 ☐ ☐	30 ☐ ☐					

Each day: mark Habit 1, Habit 2, or leave blank. Blank days are information, not failure.



NEXT STEPS

Repeat what worked

Keep one or two routines. Drop what was unrealistic.

- Add another step only when the current habit feels repeatable.
- Share useful patterns with your care team.
- Reuse any tracker that helped, and ignore trackers that did not help.
- Free sharing is welcome for personal, family, clinic, school, or community education.

Helpful resources

[Explore the Guide](#)

[Visit Health Tools](#)

[Try JEIR](#)

[Support Free Education](#)

Mindful Diabetes Inc. is a 501(c)(3) nonprofit creating free education for patients, families, and communities.

Medical disclaimer

This guide is general education, not personal medical advice. Individual needs vary. Do not change medication, insulin, or glucose targets based on this guide.



REFERENCES

References and safety

Medical review pending. Next scheduled review: July 2027.

Medical disclaimer

This guide is for general education only. It is not medical advice, diagnosis, or treatment. Individual needs vary. Seek appropriate medical attention for severe low blood sugar, severe high blood sugar, sudden confusion, chest pain, trouble breathing, fainting, seizures, or other urgent symptoms.

[1] Centers for Disease Control and Prevention. About the Lifestyle Change Program. 2024. <https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/lifestyle-change-program-details.html>

[2] American Diabetes Association, Diabetes Care. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes--2026. 2026. https://diabetesjournals.org/care/article/49/Supplement_1/S89/163932/5-Facilitating-Positive-Health-Behaviors-and-Well

[3] American Diabetes Association Diabetes Food Hub. What is the Diabetes Plate?. 2026. <https://diabetesfoodhub.org/blog/what-diabetes-plate>

[4] U.S. Food and Drug Administration. How to Understand and Use the Nutrition Facts Label. 2024. <https://www.fda.gov/food/nutrition-facts-label/how-understand-and-use-nutrition-facts-label>

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