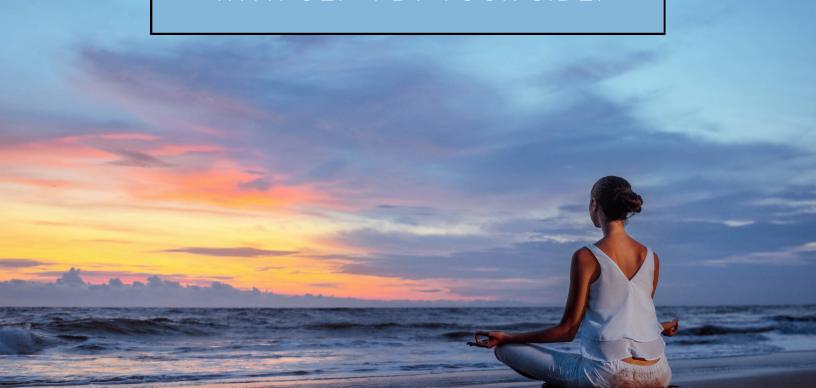


OAKS HEALTH GLP-1 Weight Loss Journey Workbook

4 WEEKS OF PLANNING, TRACKING, AND SUCCESS WITH GLP-1 BY YOUR SIDE.



THE ULTIMATE WORKBOOK AND JOURNAL FOR YOUR GLP-1 JOURNEY

GLP-1 receptor agonists are innovative medications that have transformed weight loss strategies for many individuals. These medications work by mimicking a hormone called glucagon-like peptide-1, which helps regulate appetite, slow gastric emptying, and improve insulin sensitivity. This dual action of reducing hunger and promoting better glucose control makes GLP-1s a valuable tool for individuals seeking sustainable weight loss. However, while these medications are effective, they work best when combined with healthy lifestyle habits, such as balanced nutrition and regular exercise, to achieve long-term results.

Eating healthy and incorporating exercise into your routine are essential components of a successful weight loss journey, even when using GLP-1s. A diet rich in lean proteins, whole grains, vegetables, and healthy fats provides the nutrients your body needs to thrive while keeping you feeling full and satisfied. At the same time, regular physical activity boosts metabolism, builds lean muscle, and improves overall health. Together, these practices create a synergy with GLP-1 medications, enhancing their effects and setting the foundation for lasting success. Remember, sustainable weight loss is not just about the number on the scale; it's about developing a lifestyle that supports your health and well-being for years to come.



ABOUT THE AUTHOR

Dr. Ursula White, DNP, APRN, FNP-C, is a highly skilled and compassionate healthcare professional with 16 years of experience in the medical field. Her diverse background spans critical care, hospice, home health, and emergency nursing, providing her with a comprehensive understanding of patient care across various settings.

As a Board-Certified Nurse Practitioner, Dr. White specializes in wellness, prevention, weight loss, chronic disease management, and medical aesthetics. She is deeply committed to improving the quality of life for her patients by focusing on personalized, patient-centered care. Her expertise in medical aesthetics combines her clinical knowledge with a passion for helping individuals look and feel their best.

Dr. White's dedication to excellence and her holistic approach to healthcare make her a trusted and respected provider in the communities she serves.

DISCLAIMER

Medical Disclaimer for GLP-1 Medications

At Oaks Health Medspa, we prioritize your safety and well-being. While GLP-1 medications, such as semaglutide (Ozempic, Wegovy) and liraglutide (Saxenda), are effective tools for weight management and improving metabolic health, it is important to fully understand their potential risks and benefits.

- -Consultation Required: GLP-1 medications are prescription drugs that must be administered under the guidance of a licensed healthcare provider. Before starting treatment, you will undergo a thorough medical evaluation to determine if this therapy is appropriate for you.
- Individualized Care: Results and experiences with GLP-1 medications may vary. Not all patients are suitable candidates, and these medications are not intended to replace a balanced diet, regular exercise, or other lifestyle modifications.
- Potential Risks: Like any medication, GLP-1 drugs can have side effects, including nausea, vomiting, diarrhea, or constipation. Serious side effects are rare but may include pancreatitis, gallbladder issues, or thyroid tumors. Discuss any medical history, especially thyroid cancer, kidney problems, or pancreatitis, with your provider before starting treatment.
- Ongoing Monitoring: Regular follow-ups are required to monitor your progress and ensure the medication is working safely and effectively.
 Changes in dosage or discontinuation may be necessary based on your response to treatment.
 - Not for Everyone: GLP-1 medications are not recommended for individuals who are pregnant, breastfeeding, or planning to become pregnant. These medications are also not approved for all types of weight-related health concerns.

This brochure is for informational purposes only and does not constitute medical advice or replace a consultation with a qualified healthcare professional. Please speak with your provider if you have any questions or concerns regarding GLP-1 medications.

Contact us today to learn more about how Oaks Health Medspa can support you on your journey to wellness!



WELCOME TO YOUR WEIGHT LOSS JOURNEY

You've taken a significant step toward transforming your health by using GLP-1 medications (like semaglutide or tirzepatide) as part of your weight loss journey. These medications are designed to work with your body in a unique way, helping you feel more in control of your hunger and eating habits.



Regulating Blood Sugar: GLP-1 medications help stabilize your blood sugar levels by slowing the digestion process. This means your body stays fuller longer, reducing cravings and overeating.



Reducing Appetite: One of the most noticeable benefits of GLP-1 medications is a reduction in appetite. This allows you to naturally eat less, without feeling deprived.



Promoting Weight Loss: Combined with mindful eating and physical activity, GLP-1 medications can lead to consistent, sustainable weight loss. It's not about a quick fix but creating lasting, healthy habits that will serve you long-term.

This planner will be your guide, providing you with the tools and structure to stay focused, track your daily progress, and set achievable goals. Whether you're just starting out or have been on this journey for a while, this planner will help you stay accountable and celebrate every step of the way.

I believe in myself and my ability to make lasting, positive changes in my life.

WHAT TO EXPECT

Weight loss is rarely a straight line. Some days you'll feel motivated and energized, and other days may feel more challenging. That's okay! Remember, progress is progress, no matter how small. The key is consistency, and that's where this planner comes in.

This planner will help you:



Track Your Meals: Monitor what you eat, how much protein you're getting, and how you feel after meals.



Stay Active: Record your physical activity and set realistic fitness goals.



Check Your Progress: Measure your weight and non-scale victories (like how your clothes fit or your energy levels).



Reflect and Adjust: Weekly and monthly check-ins will help you reflect on what's working and what might need adjusting.

Remember: You've Got This!

Each small step you take brings you closer to your goals.

Don't be discouraged by the number on the scale—focus on how you feel and the healthy habits you're building along the way.

You're not just losing weight; you're gaining confidence, strength, and a healthier lifestyle. Use this planner as your personal guide to success!





HERE'S WHAT'S INCLUDED

- Welcome to Your Weight Loss Journey
- What to Expect
- Set Your Goals
- Identify the Reasons Past Weight Loss
 Efforts Haven't Been Successful.
- Set Your Goals
- My Personal Goals
- Tips to Stay on Track
- 30 Weight Loss Affirmations
- Weekly Tracker
- Daily Routine Planner
- Healthy Habits Tracker
- Monthly Weight Loss Check-in
- Pounds Lost
- Monthly Reflection Journal Prompts
- Why Meal Planning is Important
- Weekly Meal Planner
- High Protein Foods List
- Dining Out Tips
- Weekly Grocery List
- Breakfast Recipe Card
- Lunch Recipe Card
- Dinner Recipe Card
- Low Impact Exercise
- Tips for Exercise Progression
- Daily Exercise Tracker
- Weekly Exercise Planner
- Notes Page





SET YOUR GOALS

Setting clear and realistic goals is crucial to your success. Let this section be a place where you define what you want to achieve, whether it's about how you feel, how your clothes fit, or reaching a specific weight.

Take a moment to reflect on your goals for your GLP-1 weight loss journey. Here are some examples of goals you might consider setting:

Weight Loss Goals:

How much weight do you want to lose over the next 30 days? What is your long-term weight loss goal? Focus not only on the number, but how you feel and your overall health.

2

Fitness Goals:

What new activities or exercises do you want to try? How often will you exercise each week? Set small goals (e.g., walking 30 minutes 3 times a week) and build from there.



Nutrition Goals:

How will you incorporate more protein into your diet? How will you practice mindful eating to ensure you're listening to hunger/fullness cues? Are there any specific foods or habits you want to limit?



Mindset Goals:

What are three things you can do daily to support a positive mindset on your weight loss journey?

How will you practice self-compassion, even on challenging days? Celebrate non-scale victories, like improved energy or mood!

"I AM EMPOWERED TO SET REALISTIC AND ACHIEVABLE GOALS THAT ALIGN WITH MY HEALTH JOURNEY."

"EACH GOAL I CREATE IS A STEP TOWARD LASTING CHANGE, AND I TRUST THE PROCESS AS I WORK TOWARD MY HEALTHIEST AND HAPPIEST SELF."

IDENTIFY THE REASONS PAST WEIGHT LOSS EFFORTS HAVEN'T BEEN SUCCESSFUL

Start by understanding why long-term weight loss hasn't been successful for you in the past. What were the obstacles that kept you from reaching your goals?

Understanding what these obstacles are and identifying how to overcome them will help keep you motivated this time around and set attainable goals.

8 QUESTIONS TO HELP YOU UNDERSTAND WHY IT HASN'T WORKED FOR YOU YET:

	What are the circumstances that trigger my unhealthy eating habits?
2	How does my emotional state affect my food choices?
2	How does my emotional state affect my food choices?
2	How does my emotional state affect my food choices?
2	How does my emotional state affect my food choices?
2	How does my emotional state affect my food choices?
2	How does my emotional state affect my food choices?
2	How does my emotional state affect my food choices?

1	3 Am I getting enough sleep and rest?	
	4	When do I feel overwhelmed or unmotivated to stay on track with my health goals?
	5	What lifestyle changes do I need to make in order to reach my goals?

6 How can I reward myself for staying on track?		
	7	Who can I rely on to provide encouragement and support when needed?
	8	What strategies will help me stay motivated this time?

MY PERSONAL GOALS

Once you have identified past obstacles and triggers, use this space set your personal goals.

WEIGHT LOSS GOAL:		
STRENGTHS	CHALLENGES	
ACTION	I STEPS	
GOAL DATE:	REWARD:	
MINDSET GOAL:		
STRENGTHS	CHALLENGES	
ACTION	I STEPS	
GOAL DATE:	REWARD:	

MY PERSONAL GOALS

FITNESS GOAL:		
STRENGTHS	CHALLENGES	
ACTION	I STEPS	
GOAL DATE:	REWARD:	
NUTRITION GOAL:		
STRENGTHS	CHALLENGES	
ACTION STEPS		
GOAL DATE:	REWARD:	

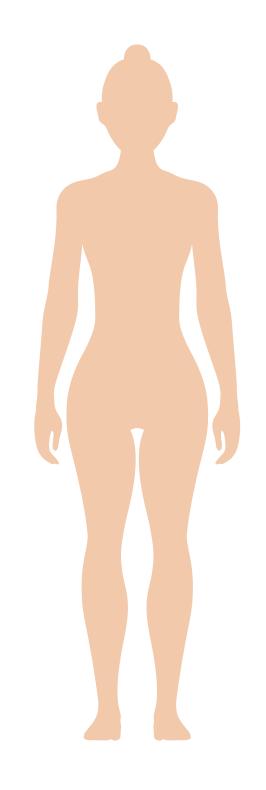
MY PERSONAL GOALS

GOAL:		
STRENGTHS	CHALLENGES	
ACTION	I STEPS	
GOAL DATE:	REWARD:	
GOAL:		
STRENGTHS	CHALLENGES	
ACTION STEPS		
GOAL DATE:	REWARD:	

STARTING STATS

DATE		

WEIGHT	
ВМІ	
NECK	
CHEST	
WAIST	
LEFT ARM	
RIGHT ARM	
HIPS	
LEFT THIGH	
RIGHT THIGH	
LEFT CALF	
RIGHT CALF	



TIPS TO STAY ON TRACK

Common ways to stay on track and motivated with your weight loss journey.



MINDFUL EATING

Practice mindful eating by focusing on your meals without distractions. Pay attention to the flavors, textures, and aromas of your food. This practice can help you enjoy your meals more and recognize when you're full, preventing overeating.



MANAGE STRESS

Stress can impact your eating habits and overall well-being. Incorporate stress reduction techniques such as meditation, deep breathing exercises, or yoga into your routine.



LISTEN TO YOUR BODY

Pay attention to how your body feels before, during, and after meals. GLP-1 medications can help you recognize feelings of fullness, so eat slowly and stop when you're satisfied. If you experience any side effects from the medication, note them and discuss them with your healthcare provider.



SET REALISTIC EXPECTATIONS

Weight loss is a journey, and it's important to set realistic expectations. Understand that progress may be slow and steady, and that's okay. Focus on making sustainable lifestyle changes rather than seeking quick fixes.



ADAPT AND ADJUST

Your needs and preferences may change over time, and that's perfectly normal. Use this planner to continuously adapt your meal plans and goals to fit your evolving lifestyle. Flexibility and adaptability are crucial for long-term success.



STAY MOTIVATED

Keep your motivation high by reminding yourself why you started this journey. Use the motivational quotes and positive affirmations in this planner to stay inspired. Surround yourself with positive influences and remember that every step you take is a step towards better health.

TIPS TO STAY ON TRACK



BE CONSISTENT

Consistency is key to forming new habits. Consistency doesn't mean perfection—focus on making small, sustainable changes that you can stick with over the long term.



STAY FLEXIBLE

Life happens, and plans change. Don't be discouraged by setbacks. Adjust your plans as needed and keep moving forward. Flexibility allows you to adapt to unexpected events without feeling like you've failed. Remember, every meal is a new opportunity to make a healthy choice.



SEEK SUPPORT

Share your journey with friends, family, or a support group. Having a network of encouragement can make a big difference. Consider joining online communities or local groups where you can share experiences, tips, and motivation with others.



CELEBRATE SMALL WINS

Acknowledge and celebrate your progress, no matter how small it may seem. Whether it's trying a new healthy recipe, meeting your water intake or protein goal, or noticing improvements in your energy levels, every step forward is worth celebrating.



PLAN AHEAD

Take time each week to plan your meals, snacks, and grocery shopping. Preparation reduces the likelihood of making unhealthy choices when you're busy or stressed. Use the meal prep tips and grocery list templates to stay organized and efficient.



STAY HYDRATED

Proper hydration is essential for overall health and can support weight loss. Use the daily water intake logs to ensure you're drinking enough water each day. If you find it challenging to stay hydrated, try setting reminders or infusing your water with fruits and herbs for added flavor.

30 POSITIVE AFFIRMATIONS

- 1. I am in charge of my body and I make healthy choices.
 - 2. I am enough, just as I am.
 - 3. I can do this!
- 4. My body is a temple and deserves to be treated with respect and kindness.
 - 5. I make positive changes for myself every day.
 - 6. I trust my body's natural wisdom and ability to heal.
 - 7. I practice mindful eating and make healthy choices.
 - 8. I am strong and capable of achieving my goals.
 - 9. I honor my body with nutritious, nourishing food.
- 10. My thoughts create my reality and I choose to think positively about food and fitness.
 - 11. Healthy eating is a way of life for me.
 - 12. I am grateful for my body and the energy it gives me each day.
 - 13. I nourish my body with food that fuels me and makes me feel energized and vibrant.
- 14. I make healthy lifestyle choices today to create a healthier tomorrow.
 - 15. My self-worth is not determined by the number on the scale.

- 16. I am capable of making good choices for my body and my health.
 - 17. I make smart decisions when it comes to food and exercise.
 - 18. I choose to nourish my body with nutritious, wholesome foods.
- 19. My mind and body are connected and I listen to what they need.
- 20. I am confident in my ability to reach my goals and maintain a healthy weight.
 - 21. I celebrate the progress I make toward my goals each day.
- 22. I have a healthy relationship with food, free of guilt and shame.
- 23. My thoughts create my reality, so I choose to think positively about food and fitness.
- 24. I am in control of my health and I make wise choices to nourish and energize my body.
 - 25. I accept the changes that come with taking care of myself, both physically and emotionally.
 - 26. I practice self-care through healthy eating and regular exercise.
- 27. I become more confident and empowered with every healthy choice I make.
- 28. I am surrounded by love, support, and encouragement on my weight loss journey.
 - 29. My body is a reflection of the care I take of it and the love I give it.
 - 30. I am proud of the progress that I have made and will continue to make toward my weight loss goals.

•





DAILY & WEEKLY CHECK-INS



TRACKING YOUR PROGRESS: WHY IT MATTERS

Tracking your journey is one of the most powerful tools in your weight loss success. Monitoring your progress helps you stay motivated, identify patterns, and adjust your plan when needed. This section of the planner is designed to keep you accountable, whether you're tracking your meals, exercise, weight, or habits.

Why Tracking Works



Accountability: Writing things down makes you more aware of your daily habits and choices, giving you the chance to correct course if you stray from your goals.



Motivation: Seeing your progress—whether on the scale, through measurements, or in your energy levels—can give you the boost you need to keep going.



Insight: Tracking allows you to notice trends in your eating habits, energy levels, and physical activity, helping you make informed adjustments to maximize your results.

This section will guide you through daily and weekly tracking to ensure you're moving toward your goals in a manageable, sustainable way.



WEEK 1 ROUTINE & JOURNAL

WEEKLY TRACKER

WEEK OF:	WEEK NUMBER:		
INJECTION DAY NOTES	MY MOTIVATION		
MEDICATON:			
DATE: DOSE:			
DAY: M / T / W / T / F / S / S	WEIGHT LOSS THIS WEEK		
INJECTION LOCATION	STARTING WEIGHT:		
OSTOMACH OARM OTHIGH	ENDING WEIGHT:		
○ RIGHT ○ LEFT	TOTAL WEIGHT LOSS:		
	NON-SCALE VICTORY:		
QUESTIONS FOR MY DOCTOR			
	MAIN GOAL THIS WEEK		
	DID I ACCOMPLISH?		
COMMON SIDE EFFECTS			
	CONSTIPATION O INDIGESTION ABDOMINAL PAIN O HEADACHE		
INJECTION SITE REACTIONS			
O REDNESS O SWELL	ING O IRRITATION		
ОТ	HER		
(Note other side effects you are experiencing)			

DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



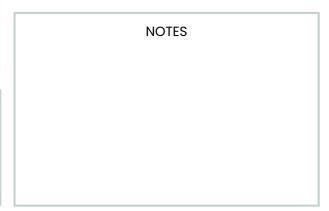
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



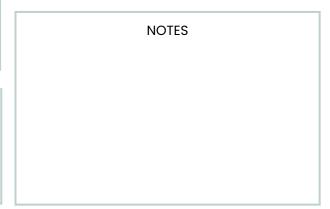
SLEEP HOURS	STEPS
Ö =	

WATER





EXERCISE	DURATION			



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 3 DINNER 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



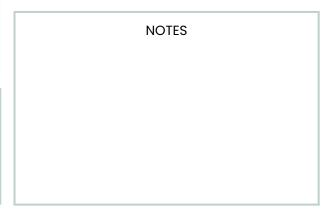
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION			



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



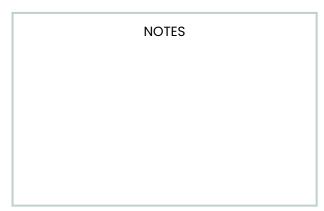
SLEEP HOURS	STEPS	
Ö =		

WATER





EXERCISE	DURATION			



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 3 DINNER 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



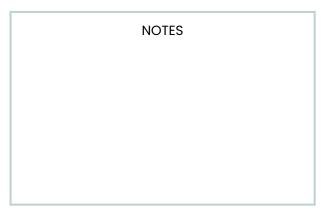
SLEEP HOURS	STEPS
Ö =	

WATER





EXERCISE	DURATION			



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



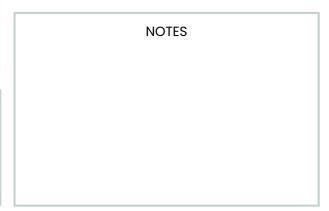
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



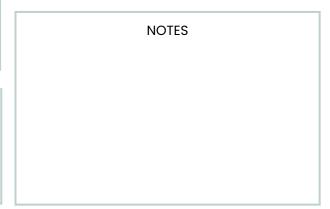
SLEEP HOURS	STEPS
Ö =	

WATER





EXERCISE	DURATION			



HEALTHY HABITS

HABIT	М	Т	W	T	F	S	S
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
WHAT WORKED WELL?	WHAT CAN BE IMPROVED?						
NOT	ES						

WEEKLY REFLECTION

WHAT WAS MY BIGGEST SUCCESS THIS WEEK?
WHAT CHALLENGES DID I FACE, AND HOW DID I OVERCOME THEM?
HOW DID I FEEL PHYSICALLY AND EMOTIONALLY THROUGHOUT THE WEEK?
HOW WELL DID I STICK TO MY MEAL PLAN AND PROTEIN GOALS?

WEEKLY REFLECTION

HOW DID I MOVE MY BODY THIS WEEK?	
WHAT NON-SCALE VICTORIES DID I EXPERIENCE THIS WEEK?	
WHAT IS ONE THING I CAN IMPROVE ON NEXT WEEK?	
HOW DID I PRACTICE SELF-CARE AND MINDFULNESS THIS WEEK?	

WEEKLY REFLECTION

WHAT MOTIVATES ME TO KEEP GOING?		
WHAT DID I LEARN ABOUT MYSELF THIS WEEK?		
WHAT IS ONE THING I WANT TO ACHIEVE NEXT WEEK?		



WEEK 2 ROUTINE & JOURNAL

WEEKLY TRACKER

WEEK OF:	WEEK NUMBER:	
INJECTION DAY NOTES	MY MOTIVATION	
MEDICATON:		
DATE: DOSE:		
DAY: M / T / W / T / F / S / S	WEIGHT LOSS THIS WEEK	
INJECTION LOCATION	STARTING WEIGHT:	
OSTOMACH OARM OTHIGH	ENDING WEIGHT:	
ORIGHT OLEFT	TOTAL WEIGHT LOSS:	
	NON-SCALE VICTORY:	
QUESTIONS FOR MY DOCTOR		
	MAIN GOAL THIS WEEK	
	DID I ACCOMPLISH?	
COMMON SIDE EFFECTS		
	CONSTIPATION O INDIGESTION ABDOMINAL PAIN O HEADACHE	
INJECTION SITE REACTIONS		
O REDNESS O SWELL	ING O IRRITATION	
OTHER		
(Note other side effects you are experiencing)		

DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



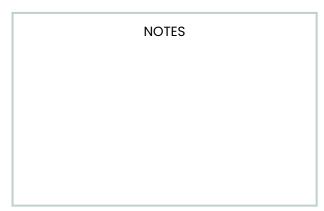
SLEEP HOURS	STEPS	
Ö =		

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



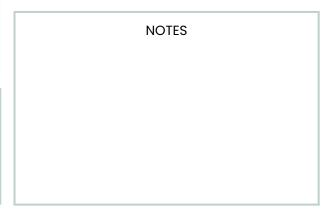
SLEEP HOURS	STEPS
Ö =	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



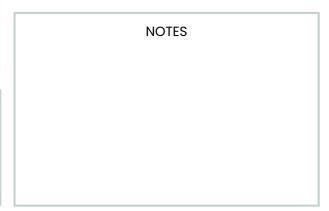
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



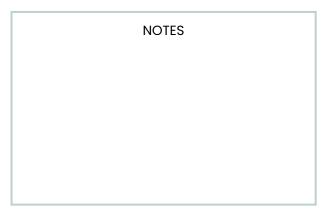
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 3 DINNER 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



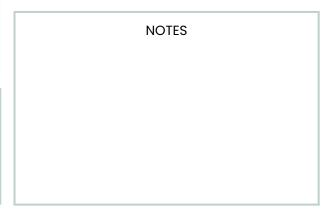
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



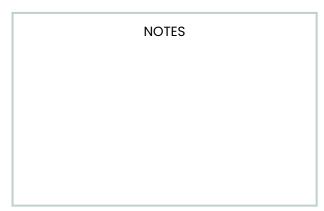
SLEEP HOURS	STEPS	
Ö =		

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



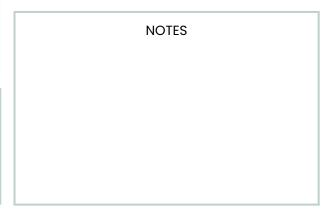
SLEEP HOURS	STEPS
Ö =	

WATER





EXERCISE	DURATION



HEALTHY HABITS

HABIT	М	Т	W	T	F	S	S
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
WHAT WORKED WELL?	WHAT CAN BE IMPROVED?						
NO1	ΓES						

WHAT WAS MY BIGGEST SUCCESS THIS WEEK?
WHAT CHALLENGES DID I FACE, AND HOW DID I OVERCOME THEM?
HOW DID I FEEL PHYSICALLY AND EMOTIONALLY THROUGHOUT THE WEEK?
HOW WELL DID I STICK TO MY MEAL PLAN AND PROTEIN GOALS?

HOW DID I MOVE MY BODY THIS WEEK?			
WHAT NON-SCALE VICTORIES DID I EXPERIENCE THIS WEEK?			
WHAT IS ONE THING I CAN IMPROVE ON NEXT WEEK?			
HOW DID I PRACTICE SELF-CARE AND MINDFULNESS THIS WEEK?			

WHAT MOTIVATES ME TO KEEP GOING?
WHAT DID I LEARN ABOUT MYSELF THIS WEEK?
WHAT IS ONE THING I WANT TO ACHIEVE NEXT WEEK?



WEEK 3 ROUTINE & JOURNAL

WEEKLY TRACKER

WEEK OF:	WEEK NUMBER:		
INJECTION DAY NOTES	MY MOTIVATION		
MEDICATON:			
DATE: DOSE:			
DAY: M / T / W / T / F / S / S	WEIGHT LOSS THIS WEEK		
INJECTION LOCATION	STARTING WEIGHT:		
OSTOMACH OARM OTHIGH	ENDING WEIGHT:		
ORIGHT OLEFT	TOTAL WEIGHT LOSS:		
	NON-SCALE VICTORY:		
QUESTIONS FOR MY DOCTOR			
	MAIN GOAL THIS WEEK		
	DID I ACCOMPLISH?		
COMMON S	IDE EFFECTS		
	CONSTIPATION O INDIGESTION ABDOMINAL PAIN O HEADACHE		
INJECTION SITE REACTIONS			
O REDNESS O SWELL	ING O IRRITATION		
	HER		
(Note other side effects you are experiencing)			

DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



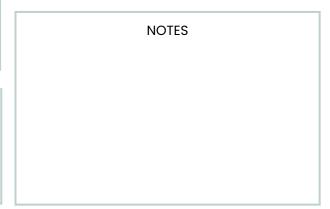
SLEEP HOURS	STEPS
Ö =	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 3 DINNER 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



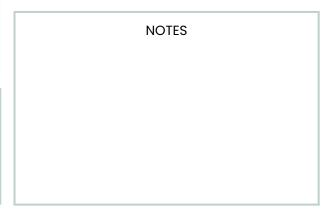
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



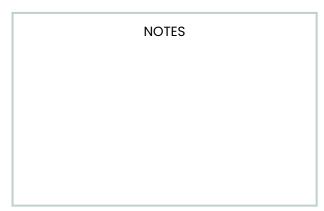
SLEEP HOURS	STEPS	
Ö =		

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 3 DINNER 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



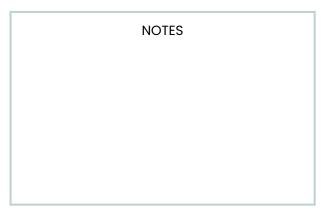
SLEEP HOURS	STEPS	
Ö =		

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



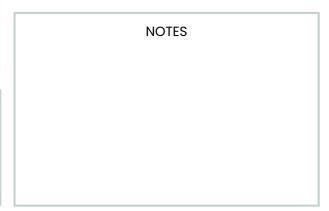
SLEEP HOURS	STEPS		
			

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



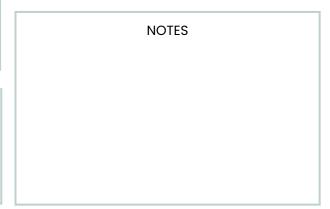
SLEEP HOURS	STEPS
Ö =	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 3 DINNER 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



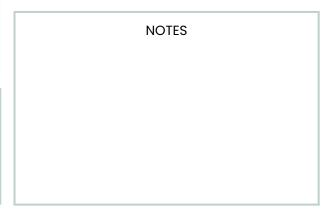
SLEEP HOURS	STEPS	
		

WATER





EXERCISE	DURATION



HEALTHY HABITS

HABIT	М	Т	W	T	F	S	S
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	_	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
WHAT WORKED WELL?		WHAT	CAN	BE IMF	PROVE	ED?	
NOT	ES						

WHAT WAS MY BIGGEST SUCCESS THIS WEEK?
WHAT CHALLENGES DID I FACE, AND HOW DID I OVERCOME THEM?
HOW DID I FEEL PHYSICALLY AND EMOTIONALLY THROUGHOUT THE WEEK?
HOW WELL DID I STICK TO MY MEAL PLAN AND PROTEIN GOALS?

HOW DID I MOVE MY BODY THIS WEEK?				
WHAT NON-SCALE VICTORIES DID I EXPERIENCE THIS WEEK?				
WHAT IS ONE THING I CAN IMPROVE ON NEXT WEEK?				
HOW DID I PRACTICE SELF-CARE AND MINDFULNESS THIS WEEK?				

WHAT MOTIVATES ME TO KEEP GOING?			
WHAT DID I LEARN ABOUT MYSELF THIS WEEK?			
WHAT IS ONE THING I WANT TO ACHIEVE NEXT WEEK?			



WEEK 4 ROUTINE & JOURNAL

WEEKLY TRACKER

WEEK OF:			WEEK NUMBER	₹:	
INJECTION	DAY NOTES		МҮ	MOTIVATIO	ON
MEDICATON:					
DATE:	DOSE:				
DAY: M / T / W	/ T / F / S / S		WEIGHT	LOSS THIS	S WEEK
INJECTION	LOCATION		STARTING WEI	GHT:	
Озтомасн О	ARM OTHIGH		ENDING WEIGH	1 T :	
O RIGHT	O LEFT		TOTAL WEIGHT	LOSS:	
			NON-SCALE VI	ICTORY:	
QUESTIONS FO	OR MY DOCTOR				
			MAIN	GOAL THIS	WEEK
			DID I ACCOMP	PLISH?	
	СОММОМ	N SIE	DE EFFECTS		
O NAUSEA CO		_	ONSTIPATION BDOMINAL PAIN	_	DIGESTION EADACHE
	INJECTION	SIT	E REACTIONS		
O REDNES	O REDNESS O SWELLING O IRRITATION			١	
		отн	E R		
(Note other side effects y	ou are experiencing)				

DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



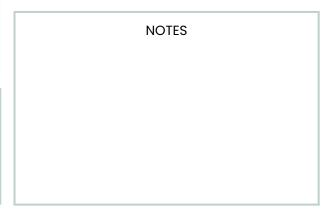
SLEEP HOURS	STEPS
Ö =	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



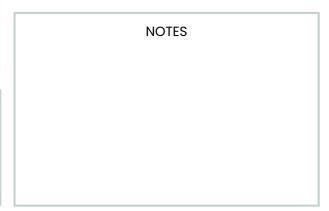
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



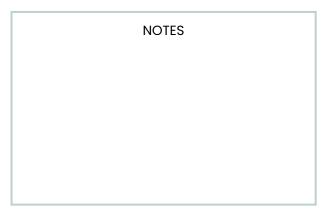
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 3 DINNER 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



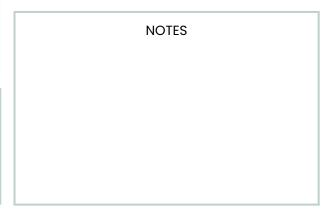
SLEEP HOURS	STEPS
	

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



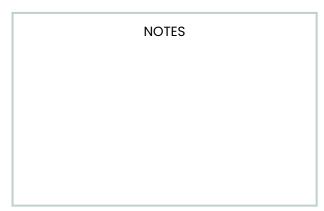
SLEEP HOURS	STEPS	
Ö =		

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



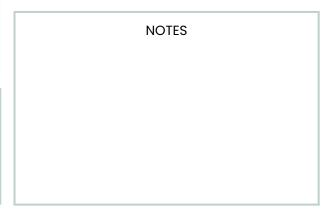
SLEEP HOURS	STEPS	
©=		

WATER





EXERCISE	DURATION



DATE:

1 CAL HUNGER SCALE BREAKFAST PRO 5 (1) CAL HUNGER SCALE 2 3 4 5 LUNCH PRO CAL HUNGER SCALE 2 DINNER 3 4 PRO 5 1 CAL HUNGER SCALE 3 SNACK 1 4 PRO (5) 1 CAL HUNGER SCALE 3 4 SNACK 2 PRO (5)

SIDE EFFECTS

WEEK NUMBER:



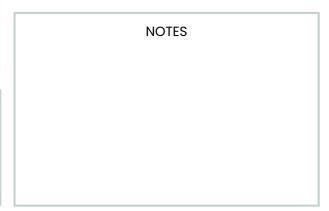
SLEEP HOURS	STEPS
(1) =	

WATER





EXERCISE	DURATION



HEALTHY HABITS

HABIT	М	T	W	Т	F	S	S
	O	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
WHAT WORKED WELL?		WHAT	CAN	BE IMF	PROVI	ED?	
	NOTES						
WHAT WORKED WELL?							

WHAT WAS MY BIGGEST SUCCESS THIS WEEK?
WHAT CHALLENGES DID I FACE, AND HOW DID I OVERCOME THEM?
HOW DID I FEEL PHYSICALLY AND EMOTIONALLY THROUGHOUT THE WEEK?
HOW WELL DID I STICK TO MY MEAL PLAN AND PROTEIN GOALS?

HOW DID I MOVE MY BODY THIS WEEK?		
WHAT NON-SCALE VICTORIES DID I EXPERIENCE THIS WEEK?		
WHAT IS ONE THING I CAN IMPROVE ON NEXT WEEK?		
HOW DID I PRACTICE SELF-CARE AND MINDFULNESS THIS WEEK?		

WEEKLY REFLECTION

WHAT MOTIVATES ME TO KEEP GOING?
WHAT DID I LEARN ABOUT MYSELF THIS WEEK?
WHAT IS ONE THING I WANT TO ACHIEVE NEXT WEEK?





MONTHLY GOAL REVIEW & REFLECTION

MONTHLY WEIGHT LOSS CHECK-IN

BEFORE

WEIGHT BMI NECK CHEST WAIST LEFT ARM RIGHT ARM HIPS LEFT THIGH RIGHT THIGH LEFT CALF RIGHT CALF

AFTER

WEIGHT	
ВМІ	
NECK	
CHEST	
WAIST	
LEFT ARM	
RIGHT ARM	
HIPS	
LEFT THIGH	
RIGHT THIGH	
LEFT CALF	
RIGHT CALF	

WEIGHT LOST

1	2 3	4 5	6	7 8	9	10
11	12 13	14 (15	5 (16)	17 18	19	20
21	22 23	24 25	5 26	27 28	3 29	30
31	32 33	34 35	36	37 38	39	40
41	42 43	44 45	5 46	47 48	3 49	50
51	52 53	54 55	56	57 58	3 59	60
61	62 63	64 65	5 66	67 68	8 69	70
71	72 73	74 75	5 76	77 78	3 79	80
81	82 83	84 85	86	87 88	8 89	90
91	92 93	94 95	5 96	97 98	3 (99)	100

REVIEW YOUR MONTHLY GOALS

At the end of each month, look back at the goals you set. Evaluate how well you did and consider what worked and what didn't.

WHAT WERE MY TOP GOALS FOR THIS MONTH? Write down the goals you set at the beginning of the month to track your progress.
DID I ACHIEVE THESE GOALS? WHY OR WHY NOT? Reflect on each goal. What helped you succeed, or what barriers kept you from reaching your target?

REFLECT ON YOUR PROGRESS

Take time to think about your overall journey this month—your wins, struggles, and everything in between.

WHAT WERE MY BIGGEST SUCCESSES THIS MONTH?
Celebrate your achievements, both big and small. Focus on the positive changes you've made.
WILLAT CHALLENGES DID LENG OF INTERS
WHAT CHALLENGES DID I ENCOUNTER? IDENTIFY ANY CHALLENGES OR OBSTACLES THAT MADE IT DIFFICULT TO STAY ON TRACK THIS MONTH.
HOW DID I HANDLE THESE CHALLENGES?
Reflect on how you responded to difficulties. Did you find ways to overcome them, or are they areas
you still need to work on?

EVALUATE YOUR HABITS & BEHAVIORS

Tracking and reviewing your habits can help you refine your approach for the upcoming month.

WHAT HEALTHY HABITS DID I BUILD OR MAINTAIN THIS MONTH? List any positive habits you formed or sustained during the month (e.g., meal prep, daily walks, mindful eating).
WHAT HABITS OR BEHAVIORS HELD ME BACK?
Consider the habits or behaviors that might have hindered your progress (e.g., skipping workouts, emotional eating, lack of sleep).

REFLECT ON MINDSET & MOTIVATION

Your mindset plays a huge role in how well you stick to your goals. This section helps you reflect on your mental and emotional well-being.

HOW WAS MY MINDSET THIS MONTH? Did you feel motivated, energized, or perhaps frustrated? Reflect on how your mindset impacted your progress.
WHAT KEPT ME MOTIVATED, AND WHAT CHALLENGED MY MOTIVATION? Think about the factors that helped or hurt your motivation this month. Understanding this can help you strengthen your mindset moving forward.

PLANNING FOR NEXT MONTH

Use what you've learned from this month's review to set yourself up for success in the upcoming month.

WHAT WILL I CONTINUE DOING NEXT MONTH? Identify the positive habits or strategies that worked well for you, and make a plan to keep them going.
WHAT WILL I DO DIFFERENTLY NEXT MONTH? Think about adjustments you want to make based on what didn't work as well this month. How can you improve or adapt?
WHAT IS MY PRIMARY GOAL FOR NEXT MONTH? Set one clear, achievable goal for the upcoming month that aligns with your overall weight loss journey.

CELEBRATE YOUR PROGRESS

Finally, make sure to celebrate how far you've come! Weight loss and health journeys are about more than just the scale—they're about building a healthier life.

WHAT NON-SCALE VICTORIES DID I ACHIEVE THIS MONTH? Non-scale victories (NSVs) include things like fitting into smaller clothes, having more energy, or feeling more confident. List those moments.

	HOW DO I FEEL ABOUT MY PROGRESS OVERALL? Take a moment to reflect on how you feel emotionally and mentally about the journey so far. Are you proud, energized, or feeling challenged? This can help guide your mindset for the next month.
L	





MEAL PLANNING & RECIPE ARCHIVE

WHY MEAL PLANNING IS IMPORTANT

Meal planning is a key strategy for achieving and maintaining your weight loss goals. By organizing your meals ahead of time, you make intentional, healthier choices rather than relying on convenience foods, which can derail progress. It helps you control portion sizes, ensuring you eat the right amounts without overindulging, while also promoting balanced nutrition that aligns with your dietary needs.

For those taking GLP-1 medications, meal planning is even more valuable. It helps manage appetite and hunger cues, especially since GLP-1 can alter how you experience fullness.

By focusing on protein-rich meals and well-balanced nutrition, you can maintain steady energy levels throughout the day and stay on track with your goals. Plus, having meals prepared in advance reduces daily stress, helps you avoid last-minute unhealthy choices, and saves time.

Ultimately, meal planning supports consistency, which is crucial for long-term success on your weight loss journey.



HIGH PROTEIN FOOD LIST

MEAT AND SEAFOOD	DAIRY
Chicken breast Turkey breast Lean ground beef Lean ground turkey Pork tenderloin Pork chops Lean cuts of beef Salmon Tuna Cod	Greek yogurt Cottage cheese Skim milk Low-fat cheese (mozzarella, cheddar, feta) Eggs Egg whites Plant-based milk (soy, almond, peoprotein)
O Tilapia	VEGETABLES
ShrimpScallops LEGUMES	EdamameGreen PeasSpinach
LentilsChickpeasBlack beansKidney beansEdamame	KaleBroccoliBrussels SproutsAsparagusArtichokesSweet Corn
NUTS & SEEDS	O Mushrooms
AlmondsWalnutsChia seedsFlaxseedsPumpkin seedsSunflower seeds	SNACKS Protein bars Jerky (beef, turkey) String cheese Hard-boiled eggs Hummus
GRAINS	Greek yogurt cups
QuinoaFarroBulgurAmaranthTeff	PROTEIN SUPPLEMENTS Whey protein powder Plant-based protein powder (pea, hemp, soy)

GROCERY LIST

MEATS & POULTRY	\otimes	FRUITS & VEGETABLES
	0	
	0	
SEAFOOD & SHELLFISH	\otimes	CANNED GOODS
DAIRY & DELI	Ø	SNACKS
DAIRY & DELI	Ø	SNACKS
DAIRY & DELI		SNACKS
DAIRY & DELI		SNACKS
DAIRY & DELI	0	SNACKS
DAIRY & DELI	0 0	SNACKS
DAIRY & DELI	0 0 0	SNACKS
DAIRY & DELI FROZEN FOODS	0 0 0	SNACKS
	Ø	
	Ø	
	SEAFOOD & SHELLFISH	SEAFOOD & SHELLFISH SEAFOOD & OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO

WEEKLY MEAL PLANNER

_	BREAKFAST	LUNCH	DINNER	SNACKS	PRO / CAL
MOM					CAL
W					PRO
Е					CAL
TUE					PRO
Q:					CAL
WED					PRO
n.					CAL
THU					PRO
FRI					CAL
F					PRO
SAT					CAL
S					PRO
SUN					CAL
S					PRO

DINING-OUT CHECKLIST

PLAN AHEAD	APPETIZERS AND SNACKS
Look up the restaurant's menu online. Identify healthy options beforehand. Plan your meal to fit your dietary goals.	Avoid fried and breaded appetizers. Opt for a vegetable appetizer or a broth soup. Skip the bread basket or limit to one piece.
HEALTHY CHOICES	MINDFUL EATING
Opt for grilled, baked, or steamed dishes. Choose lean protein sources. Select whole grain options when available. VEGETABLES & SIDES	Eat slowly and savor each bite. Pay attention to hunger and fullness cues. Put your fork down between bites. SPECIAL REQUESTS
Order a side of steamed or roasted vegetables. Substitute fries/chips with a side salad. Avoid creamy sauces and dressings; ask for them on the side.	 Don't be afraid to ask for modifications (e.g., dressing on the side, no added salt). Request healthier cooking methods (e.g., grilled instead of fried). Inquire about ingredients and preparation methods.
PORTION CONTROL	DESSERTS
Consider sharing an entrée or appetizer. Ask for a half-portion if available. Box half of your meal before you start eating.	Consider fresh fruit as a dessert option. Share a dessert if you want to indulge. Skip dessert if you feel satisfied after your meal.
BEVERAGES	AFTER THE MEAL
Choose water, unsweetened tea, or black coffee. Avoid sugary drinks and sodas. Limit alcoholic beverages.	Reflect on your choices and how you feel. Avoid feeling guilty about indulgences; focus on balance. Plan your next meal to continue your
	healthy eating habits

BREAKFAST RECIPE

RECIPE	SERVES	PREP TIME	COOK TIME
DIRECTIONS		INGREDIENTS	
NUTRITION		NOTES	
PROTEIN:	CALORIES:		
RATING:			

LUNCH RECIPE

RECIPE	SERVES	PREP TIME	COOK TIME
DIRECTIONS		INGREDIENTS	
NUTRITION		NOTES	
PROTEIN:	CALORIES:		
RATING:			

DINNER RECIPE

RECIPE	SERVES	PREP TIME	COOK TIME
DIRECTIONS		INGREDIENTS	
NUTRITION		NOTES	
PROTEIN:	CALORIES:		
RATING:			





LOW-IMPACT EXERCISE GUIDE

Exercise is a crucial part of a healthy lifestyle and weight loss journey, but it's important to approach it in a way that's manageable, especially if you're adjusting to GLP-1 medications. Low-impact exercises are gentle on your joints, reduce the risk of injury, and allow you to build strength and stamina gradually. This guide suggests exercises tailored for GLP-1 users, taking into account fluctuations in energy levels and the need for steady progression.

Suggested Low-Impact Exercises:



Walking: A simple yet effective exercise. Aim for 20-30 minutes of brisk walking 3-5 times per week, gradually increasing time or pace as you get stronger.



Swimming or Water Aerobics: These are excellent full-body workouts that reduce strain on your joints while helping to build endurance and muscle tone.



Cycling (Stationary or Outdoor): Cycling provides cardiovascular benefits while being easy on the knees and lower body. Start with 10–20 minute sessions and work up to longer rides.



Yoga or Pilates: Great for flexibility, balance, and muscle tone. Begin with beginner-friendly classes and focus on stretching and core exercises.



Resistance Bands: Resistance training with bands is a low-impact way to build strength without heavy weights. Incorporate simple exercises like bicep curls, squats, and seated rows.



Bodyweight Exercises: Gentle exercises like wall push-ups, seated leg lifts, or modified squats that use your own body weight can help you gradually build strength.





TIPS FOR EXERCISE PROGRESSION

Tips for Exercise Progression:



Start slow, especially if you're new to exercise or adjusting to GLP-1 medication.



Listen to your body—some days you may feel more energetic, while others may require a lighter approach.



Gradually increase the duration or intensity of your workouts, aiming for consistency over perfection.



Include rest days to allow your body to recover and avoid overexertion.

Planning your exercise routine is just as important as planning meals. Use the tracker tracker outline and record your workouts for each week, keeping track of your progress and any adjustments along the way. This will help you stay accountable and motivated.

Always consult your doctor or a qualified health professional before beginning any new diet, exercise, or wellness program, especially if you are taking medications such as GLP-1. Individual results may vary, and participation in any suggested activities is at your own risk.

DAILY EXERCISE PLANNER

DATE:	TODAY'S GOAL

CARDIO	TIME	DISTANCE	INTENSITY	HEART RATE

EXERCISE	SETS	1	2	3	4	5
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					

WEEKLY EXERCISE PLANNER

WEEK OF:					
THIS	THIS WEEK'S GOAL:				
Z O Z					
TUE					
WED					
THU					
FRI					
SAT					
SUN					





NOTES

CONTACT US



At Oaks Health Medspa, we prioritize your safety and well-being. While GLP-1 medications, such as semaglutide (Ozempic, Wegovy) and liraglutide (Saxenda), are effective tools for weight management and improving metabolic health, it is important to fully understand their potential risks and benefits. Consultation Required: GLP-1 medications are prescription drugs that must be administered under the guidance of a licensed healthcare provider. Before starting treatment, you will undergo a thorough medical evaluation to determine if this therapy is appropriate for you.

(919) 336-2947 contactus@oakshealthmedspa.com

www.oakshealthmedspa.com

- O O O AKSHEALTHMEDSPA
- OAKSHEALTH

This booklet is for informational purposes only and does not constitute medical advice or replace a consultation with a qualified healthcare professional. Please speak with your provider if you have any questions or concerns regarding GLP-1 medications.

