Faith & Grace

WEIGHT LOSS & MENOPAUSE WELLNESS

GLP-1 Wellness Workbook & Journal

Nourish | Move | Reflect | Thrive

Your daily companion for eating, moving, and healing well while on a GLP-1 medication

This journal belongs to: _____

My journey began on: _____

My care team: _____

Welcome to Your Journey

Starting a GLP-1 medication is a powerful step, and the medication is only one part of the picture. Lasting results come from how you **eat, move, rest, and care for yourself** while it works. This workbook gives you one place to record your doses, protein, water, movement, symptoms, and progress, so that you and your care team at Faith & Grace can see what is working and adjust.

Be gentle with yourself. Progress is rarely a straight line. Some weeks the scale moves, and some weeks the real wins are more energy, better sleep, looser clothes, or fewer hot flashes. Every entry you write is a step forward.

Your 5 Daily Pillars

1 — Protein First
Eat protein at every meal to protect muscle.

2 — Hydrate
Sip water and electrolytes all day long.

3 — Move
Walk daily and strength train 2 to 3 days a week.

4 — Rest
Aim for 7 to 9 hours of sleep and manage stress.

5 — Reflect
Notice how you feel and celebrate small wins.

How to Use This Workbook

1. Complete **My Starting Point** with your care team at your first visit.
2. Log each injection in the **Medication Log** so doses and side effects are easy to review.
3. Fill in a **Weekly Tracker** page every week, and use **Daily Journal** pages on days you want to dig deeper.
4. Plan ahead with the **Meal Planner** and record workouts in the **Workout Log**.
5. Bring this workbook to your appointments. Print extra copies of any page you need.

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About Me

Name: _____ **Date of birth:** _____

Start date: _____ **Provider:** _____

Height: _____ **Menopause stage (if known):** _____

My Medication

☐ Semaglutide (Wegovy / Ozempic) ☐ Tirzepatide (Zepbound / Mounjaro) ☐ Liraglutide (Saxenda / Victoza)

☐ Compounded ☐ Other: _____

Starting dose: _____ **Injection day of the week:** _____

Other medications / supplements: _____

Allergies / medical conditions to remember: _____

My Starting Measurements

Re-measure monthly, same time of day

Measurement	Start	Month 1	Month 2	Month 3	Month 6
Weight (lb / kg)					
Waist (at navel)					
Hips (widest point)					
Chest / bust					
Upper arm					
Thigh					
Blood pressure					

My Goals

Goal weight (or health goal): _____

3-month goal: _____

Non-weight goal (energy, sleep, labs, mobility, hot flashes): _____

My "Why": the reason this matters to me

_____

_____

_____

_____

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Eat Smaller, Eat Smarter

- **Protein first.** Start each meal with your protein, then vegetables, then slower carbohydrates. This helps protect muscle while you lose weight.
- **Small, steady meals.** GLP-1 medications slow digestion. Aim for 3 small meals plus 1 to 2 protein-rich snacks, and stop at the first sign of comfortable fullness.
- **Eat slowly.** Take 20 to 30 minutes per meal, chew well, and pause between bites to check in with your body.
- **Hydrate on purpose.** Thirst can be muted on a GLP-1. Sip fluids all day, and ask your provider about electrolytes if you feel tired or dizzy.
- **Add fiber gradually** from vegetables, berries, beans, chia, and whole grains to help prevent constipation.
- **Go easy on trigger foods.** Greasy, fried, very sugary, and heavy foods, alcohol, and carbonated drinks can worsen nausea or reflux.

My Daily Targets

Set these with your provider or dietitian

Protein	Water	Fiber	Calories
_____ grams	_____ ounces	_____ grams	_____ per day

General guidance: many GLP-1 programs suggest roughly 60 to 100 grams of protein and at least 64 ounces of fluid daily, but your needs depend on your size, kidney health, medications, and goals. Confirm your numbers with your provider.

Protein Cheat Sheet

Approximate grams per serving

Food	Serving	Protein
Chicken breast, cooked	3 oz	**26 g**
Greek yogurt, plain nonfat	3/4 cup	**15-17 g**
Cottage cheese	1/2 cup	**12-14 g**
Eggs	1 large	**6 g**
Salmon or tuna	3 oz	**20-22 g**
Shrimp	3 oz	**18-20 g**

Food	Serving	Protein
Lean ground turkey	3 oz	**21 g**
Tofu, firm	1/2 cup	**10 g**
Lentils or beans, cooked	1/2 cup	**8-9 g**
Protein powder (whey / plant)	1 scoop	**20-25 g**
Milk or unsweetened soy milk	1 cup	**7-8 g**
Almonds	1 oz	**6 g**

Build a Balanced Mini-Plate

Protein	Non-starchy vegetables	Slow carbs & healthy fats

Start with the protein, then the vegetables. Finish with the carbohydrates and fats if you are still comfortably hungry.

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Common Side Effects and Gentle Support

Most ease as your body adjusts

Nausea	Eat small, bland, cool or room-temperature meals. Try ginger or peppermint tea. Eat slowly and stop at first fullness. Avoid greasy, spicy, and very sweet foods.
Constipation	Increase water and fiber gradually. Walk daily. Ask your provider about a fiber or magnesium supplement or a stool softener.
Diarrhea	Sip fluids with electrolytes. Choose bland foods. Limit greasy foods, caffeine, and sugar alcohols. Contact your provider if it lasts more than 2 days.
Reflux / heartburn	Eat smaller meals. Avoid lying down for 2 to 3 hours after eating. Limit alcohol, caffeine, citrus, tomato, and fried foods.
Fatigue / low energy	Make sure you are eating enough protein and calories. Hydrate, rest, and ask whether iron, B12, or other labs should be checked.
Hair shedding	Often linked to rapid weight loss. Prioritize protein, balanced nutrition, and sleep, and ask your provider about supplements.
Injection site reactions	Rotate sites each week (abdomen, thigh, back of the upper arm). Let the pen warm slightly and follow your pharmacy instructions.

Call Your Provider Promptly If You Notice:

- Severe or lasting stomach pain, with or without vomiting (can be a sign of pancreatitis or gallbladder problems)
- Vomiting or diarrhea that will not stop, or signs of dehydration such as dizziness, very dark urine, or a racing heart
- A lump or swelling in your neck, trouble swallowing, or hoarseness that does not go away
- Yellowing of the skin or eyes, or pain in the upper right abdomen
- Vision changes, or symptoms of low blood sugar (shakiness, sweating, confusion), especially if you also take diabetes medicine
- Swelling of the face, lips, or throat, or trouble breathing. **Call 911 or go to the nearest emergency room.**
- Any mood changes, or thoughts of harming yourself, which should be reported right away

My Side Effect Plan

Symptoms I tend to have and when: _____

What helps me feel better: _____

Provider / after-hours phone number: _____

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Move to Protect Your Muscle, Bones, and Energy

Weight lost on a GLP-1 can include muscle as well as fat. **Strength training and regular walking help you keep muscle, protect bone density** (especially important through perimenopause and menopause), support metabolism, improve mood and sleep, and keep your results lasting. Start where you are, and build slowly.

2-3 days
Strength training
Full-body, 20 to 40 minutes, with a rest day between sessions

150 min
Weekly movement
Brisk walking, cycling, swimming, or dancing (about 30 min, 5 days)

Daily
Steps & stretching
Build toward 6,000 to 8,000 steps and finish with gentle stretching or balance work

Sample Week (adjust to your energy and abilities)

Mon	Strength A: lower body and core (20-30 min) + 10 min walk
Tue	Brisk walk 20-30 min
Wed	Strength B: upper body and back (20-30 min)
Thu	Walk, easy bike, or yoga 20-30 min
Fri	Strength C: full body circuit (20-30 min)
Sat	Fun movement: hike, dance, swim, play, 30+ min
Sun	Rest, gentle stretching, or a short stroll

Beginner Strength Menu

2-3 sets of 8-12 reps, slow and controlled

- Sit-to-stand or bodyweight squat
- Glute bridge
- Dumbbell Romanian deadlift
- Step-ups or reverse lunge
- Calf raises
- Wall or incline push-up
- Band or dumbbell row
- Overhead press (light weights)
- Plank or dead bug
- Farmer's carry

Effort Check (RPE)

1-3 very light | **4-5** light, can talk easily | **6-7** moderate, can talk in short sentences | **8** hard | Aim for **5 to 7** most days.

Safety First

Check with your provider before starting or increasing exercise, especially with heart, joint, or blood pressure concerns. Stop and seek help for chest pain, severe shortness of breath, fainting, or sharp pain. If you feel dizzy or weak, eat and hydrate, and ease back. Eating very little and training hard is a poor combination, so fuel your workouts with protein.

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Weekly Injection Log

Weeks 1 to 16

Week	Date	Dose (mg)	Time	Site (rotate)	Side effects (0 none - 5 severe)	Notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Site rotation key

A = Abdomen (left) B = Abdomen (right) C = Thigh (left) D = Thigh (right) E = Upper arm (left) F = Upper arm (right)

Keep your pen or vial stored as directed and never share pens. Missed a dose? Follow your prescriber's instructions and call the office if you are unsure.

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Weekly Injection Log

Weeks 17 to 32

Week	Date	Dose (mg)	Time	Site (rotate)	Side effects (0 none - 5 severe)	Notes
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						

Site rotation key

A = Abdomen (left) B = Abdomen (right) C = Thigh (left) D = Thigh (right) E = Upper arm (left) F = Upper arm (right)

Keep your pen or vial stored as directed and never share pens. Missed a dose? Follow your prescriber's instructions and call the office if you are unsure.

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Weekly Progress Tracker

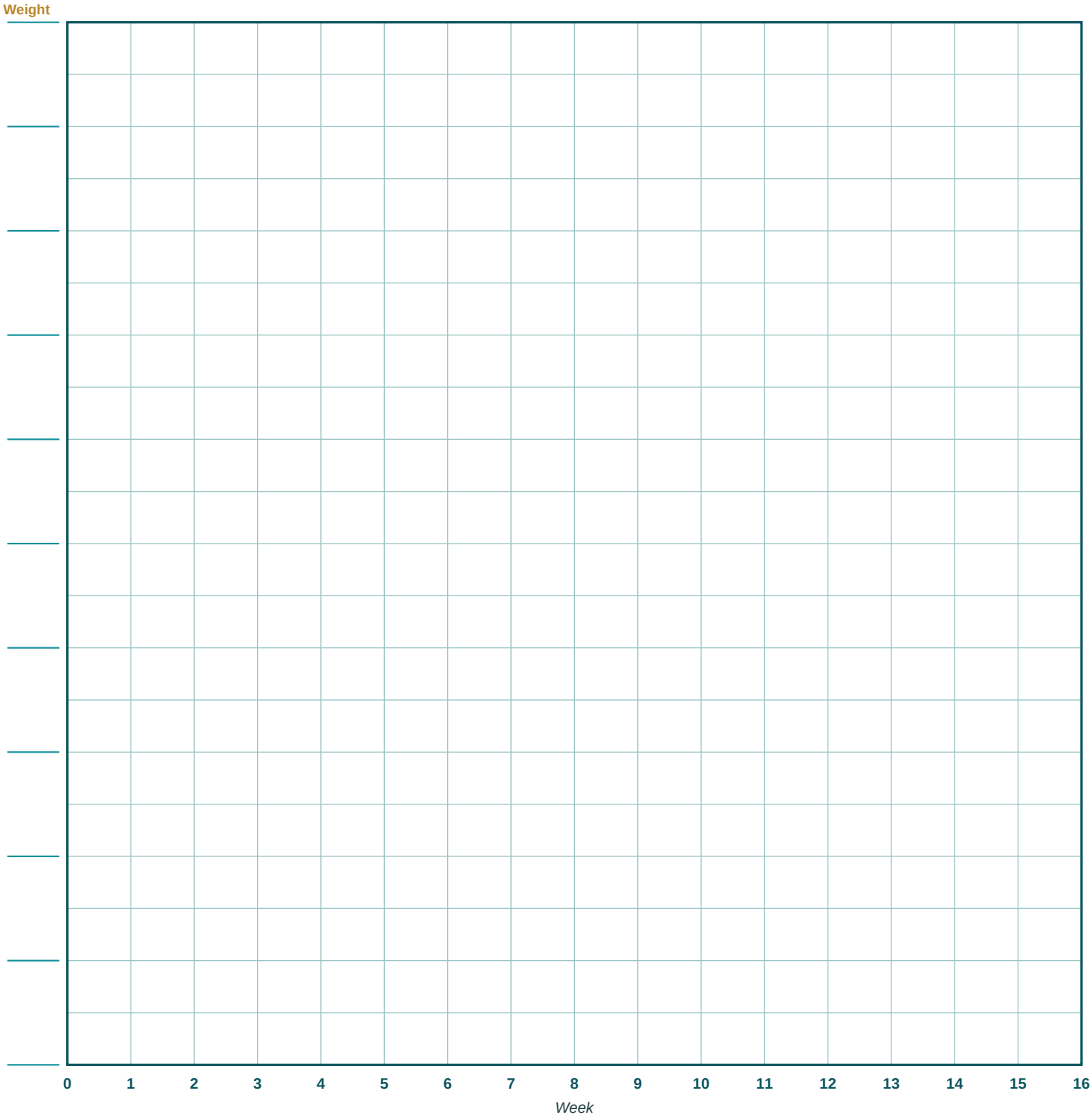
Same scale, same time of day, same clothing

Week	Date	Weight	Change	Waist	Hips	Energy (1-5)	Sleep (avg hrs)	Notes
Start								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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My Weight Journey

Write your weights on the left and plot a dot each week



My milestones along the way

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Weekly Meal Planner

Week of: _____ **Daily protein goal:** _____ **Water goal:** _____

Day	Breakfast	Lunch	Dinner	Snacks	Protein (total g)
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Grocery List

Proteins

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Produce

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Pantry & Grains

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Dairy / Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Prep ideas & easy protein swaps

_____

_____

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Week of: _____ **Daily protein goal:** _____ **Water goal:** _____

Day	Breakfast	Lunch	Dinner	Snacks	Protein (total g)
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Grocery List

Proteins

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Produce

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Pantry & Grains

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- ☐ _____
- ☐ _____

Dairy / Other

- ☐ _____
- ☐ _____
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- ☐ _____
- ☐ _____
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- ☐ _____
- ☐ _____
- ☐ _____

Prep ideas & easy protein swaps

_____

_____

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Sat					
Sun					

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Proteins

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- ☐ _____
- ☐ _____
- ☐ _____

Produce

- ☐ _____
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Pantry & Grains

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Dairy / Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Prep ideas & easy protein swaps

_____

_____

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- ☐ _____
- ☐ _____
- ☐ _____

Produce

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Pantry & Grains

- ☐ _____
- ☐ _____
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- ☐ _____
- ☐ _____
- ☐ _____

Dairy / Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Prep ideas & easy protein swaps

_____

_____

Weekly Tracker

Week # _____ **Dates:** _____ **Dose this week:** _____

My intention for this week: _____

☐ Injection taken **Site:** _____ **Weight:** _____ **Waist:** _____

Daily Check-In	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Protein (g) goal: ____							
Water (oz) goal: ____							
Fiber (g)							
Steps							
Workout type / minutes							
Sleep (hours)							
Hunger (1-5) 1 none, 5 very							
Nausea (0-5) 0 none, 5 severe							
Energy (1-5) 1 low, 5 high							
Mood (1-5) 1 low, 5 great							
Bowel movement yes / no							
Hot flashes / sweats how many							

Wins this week

Challenges

Next week's focus

Questions or notes for my care team

I am building a healthier life one gentle choice at a time.

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Weekly Tracker

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Wins this week

Challenges

Next week's focus

Questions or notes for my care team

My body is worthy of care, nourishment, and rest.

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Wins this week

Challenges

Next week's focus

Questions or notes for my care team

Small steps, repeated daily, create lasting change.

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Wins this week

Challenges

Next week's focus

Questions or notes for my care team

I listen to my body and honor what it needs today.

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Wins this week

Challenges

Next week's focus

Questions or notes for my care team

Progress, not perfection.

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Wins this week

Challenges

Next week's focus

Questions or notes for my care team

I am stronger than I was last week.

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Hot flashes / sweats how many							

Wins this week

Challenges

Next week's focus

Questions or notes for my care team

I nourish my body with kindness, not punishment.

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Wins this week

Challenges

Next week's focus

Questions or notes for my care team

My worth is not measured by a number on the scale.

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Hot flashes / sweats how many							

Wins this week

Challenges

Next week's focus

Questions or notes for my care team

I give myself grace on the hard days and celebrate the good ones.

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Mood (1-5) 1 low, 5 great							
Bowel movement yes / no							
Hot flashes / sweats how many							

Wins this week

Challenges

Next week's focus

Questions or notes for my care team

Every healthy choice is an investment in my future.

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My intention for this week: _____

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Energy (1-5) 1 low, 5 high							
Mood (1-5) 1 low, 5 great							
Bowel movement yes / no							
Hot flashes / sweats how many							

Wins this week

Challenges

Next week's focus

Questions or notes for my care team

I am patient with my body and proud of how far I have come.

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Weekly Tracker

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My intention for this week: _____

☐ Injection taken **Site:** _____ **Weight:** _____ **Waist:** _____

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Workout type / minutes							
Sleep (hours)							
Hunger (1-5) 1 none, 5 very							
Nausea (0-5) 0 none, 5 severe							
Energy (1-5) 1 low, 5 high							
Mood (1-5) 1 low, 5 great							
Bowel movement yes / no							
Hot flashes / sweats how many							

Wins this week

Challenges

Next week's focus

Questions or notes for my care team

I am becoming the healthiest, strongest version of me.

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Date: _____ **Day:** _____ **Sleep (hrs):** _____ ☐ Injection day

Food & Fluid Journal

Fullness scale: 1 hungry - 5 comfortable - 10 stuffed

Meal	Time	What I ate & drank	Protein (g)	Fullness
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Evening				

Water (1 circle = 8 oz)

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Protein total / goal: _____ **Fiber (g):** _____

Supplements

☐ Multivitamin ☐ Protein
☐ Fiber ☐ Electrolytes ☐ Other

Movement

Steps: _____ **Workout / min:** _____
Stretching / balance: _____

Overall energy (circle one)

1 2 3 4 5 low to high

How My Body Feels Today

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☐ Dizziness ☐ Bloating ☐ Hot flash / sweats ☐ Poor sleep ☐ Mood swings ☐ Site reaction

Notes on symptoms or how I managed them: _____

Reflection

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Date: _____ **Focus:** _____ **Duration:** _____ **Energy (1-5):** _____

Warm-up (5-10 min): _____

Strength

Record reps x weight for each set

Exercise	Set 1	Set 2	Set 3	Set 4	Notes

Cardio & Flexibility

Activity	Minutes	Distance / steps	Effort (RPE 1-10)	Notes

How Did It Feel?

Effort (RPE): 1 2 3 4 5 6 7 8 9 10

After workout: ☐ Energized ☐ Strong ☐ Tired ☐ Dizzy / weak ☐ Sore ☐ Proud

Wins, challenges, and what I will do next time

_____

_____

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Non-Scale Victories

Check them off and write the date

- ☐ Clothes fit more comfortably _____
- ☐ More energy during the day _____
- ☐ Sleeping more soundly _____
- ☐ Climbing stairs is easier _____
- ☐ Fewer hot flashes or night sweats _____
- ☐ Less joint or back pain _____
- ☐ Quieter "food noise" and cravings _____
- ☐ Improved blood pressure _____
- ☐ Improved blood sugar or A1C _____
- ☐ Better lab results _____
- ☐ Walking farther without stopping _____
- ☐ Lifting heavier weights _____
- ☐ Better mood and confidence _____
- ☐ Needing fewer medications (per provider) _____
- ☐ Fitting into a favorite outfit _____
- ☐ Enjoying a meal without overeating _____

My own victory: _____

And another: _____

Milestone Celebrations

Milestone	Date	How I celebrated (non-food rewards)
First injection		
First full week		
5 lb / 2.3 kg lost		
10 lb / 4.5 kg lost		
15 lb / 6.8 kg lost		
20 lb / 9 kg lost		
Halfway to my goal		
Goal reached		

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Month # _____ **Dates:** _____

By the Numbers

Weight change	Inches lost	Avg protein / day	Workouts / week	Avg steps / day

What is working well

What has been hard

Non-scale victories this month

Questions for my provider

My 3 goals for next month

A kind word to myself

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Appointment Log

Date	Provider / type	Weight	BP	Dose / medication changes	Notes & next steps

Lab Tracker

Ask your provider which labs are right for you

Test	Baseline	3 months	6 months	12 months
A1C				
Fasting glucose				
Total cholesterol				
LDL / HDL				
Triglycerides				
TSH (thyroid)				
Vitamin D				
Vitamin B12				
Iron / ferritin				
Kidney (creatinine, eGFR)				
Liver (ALT / AST)				
Hormone labs (if ordered)				

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Questions for My Provider

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Notes & Reflections

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Faith & Grace Weight Loss & Menopause Wellness

Phone: _____

Website: _____

Address: _____

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