

EBOOK • STARTER CHECKLIST

The GLP-1 Starter Checklist

Food, costs, safety and blood pressure basics before you choose a program.



A practical, source-backed guide for comparing GLP-1 care, planning first-week meals, checking provider costs, avoiding misleading claims and asking better clinician questions.

EDUCATIONAL ONLY, NOT MEDICAL ADVICE

This ebook is educational only. It is not medical advice, diagnosis, treatment guidance or a substitute for a licensed clinician. Do not start, stop, switch or change the dose of any medication based on this ebook. Talk with a licensed clinician about your health history, medication options, side effects, contraindications, pregnancy plans, blood pressure, diabetes status, kidney or gallbladder history, nutrition needs and follow-up plan.

Who this is for

This guide is for U.S. readers who are:

- Researching semaglutide, tirzepatide, Wegovy, Zepbound, Ozempic, compounded GLP-1 offers or online weight-loss programs.
- Comparing cash-pay, insurance, telehealth or clinic-based GLP-1 options.
- Starting treatment and trying to build a simple food, protein and grocery routine.
- Worried about side effects, blood pressure, cost surprises, supplements, viral claims or celebrity weight-loss rumors.

What this guide will not do

This guide will not:

- Recommend a specific medication.
- Give dosing instructions.
- Tell you whether you are medically eligible for GLP-1 treatment.
- Replace prescribing information or clinician care.
- Promise weight-loss results.
- Endorse unverified supplements, patches, peptides or viral recipes.

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START HERE

How to use this ebook



Do not read this like a textbook. Use it as a decision workbook.

Start with the section that matches your situation:

IF YOU ARE...	START HERE	WHAT TO COMPLETE
Comparing programs before paying	Chapter 2	Provider comparison table and cost worksheet.
Starting medication soon	Chapters 1, 3 and 6	Clinician questions, first-week grocery list and symptom tracker.
Already on a GLP-1 and struggling with food	Chapters 3 and 4	Food scaffold, protein anchors and low-appetite plan.
Monitoring blood pressure	Chapter 5	Blood pressure log and lower-sodium checklist.
Worried about online claims	Chapters 2 and 6	Red flags, pharmacy check and source-check rules.
Planning long term	Chapter 9	Maintenance worksheet and follow-up questions.

The 7-day starter roadmap

This is not a medication schedule. It is a planning sequence.

DAY	TASK	OUTPUT
Day 1	Identify the exact product or program you are considering.	Product name, active ingredient and provider source saved.
Day 2	Complete the provider cost table.	Medication, membership, labs, shipping and renewal terms separated.
Day 3	Prepare clinician questions.	Health history, side effects and monitoring questions written down.
Day 4	Build the first grocery list.	Protein anchors, produce, pantry and backup foods selected.
Day 5	Set up symptom and blood-pressure logs if relevant.	Tracking page ready before symptoms or readings become confusing.
Day 6	Check claims and red flags.	FDA/FTC/source checks completed for any product or supplement claim.
Day 7	Decide the next step.	Book clinician visit, compare one more provider, delay purchase or start the plan your clinician approved.

One-page decision tree

Use this when a program, product or ad looks appealing.

1. Is this a prescription medication, compounded product, supplement, patch, peptide, drink recipe or unclear product?
2. If prescription: who is the prescriber and pharmacy?
3. If compounded: why is compounding being used, who compounds it, and what exact ingredient/form is listed?
4. If supplement, patch, peptide or recipe: what product-specific evidence supports the claim?
5. Does the page separate medication price, membership fee, labs, shipping and renewal?
6. Are side effects, contraindications and follow-up explained?
7. If anything is unclear, pause before paying.

What GLP-1s do and do not do



GLP-1 agonists are a class of medicines used in diabetes care, and some are used for weight management. The phrase "GLP-1" appears everywhere now: ads, provider pages, social posts, supplement claims and celebrity headlines. The first job is to slow the language down.

GLP-1 is a hormone involved in signals after eating. GLP-1 agonist medicines can mimic some of those actions. MedlinePlus explains that GLP-1 can signal fullness, help the pancreas release insulin and slow stomach emptying. That helps explain why some people experience lower appetite, fewer cravings or feeling full longer.

That does not make GLP-1 medication a stand-alone plan. MedlinePlus notes that GLP-1 agonists work best with lifestyle changes such as healthy eating and regular activity. For a real person, this means medication questions and routine questions happen together: What can I eat when appetite is low? How do I get enough protein? What side effects should I watch for? What is the total monthly cost? Who monitors me after the first prescription?

It is also important to distinguish the medication names. Ozempic, Wegovy, Zepbound, Mounjaro and other products are not interchangeable labels. Some contain semaglutide, some contain tirzepatide and some are approved for different uses. A provider page that says "GLP-1" may be talking about brand medication, compounded medication, oral medication, non-GLP-1 oral options or something else.

The key starter question is simple: **what exact product is being discussed?**

Chapter 1 checklist

Before a clinician visit or program intake, write down:

- Current medications and supplements.
- Diabetes, blood pressure, kidney, gallbladder, pancreas or thyroid history.
- Pregnancy plans or pregnancy status.
- History of severe gastrointestinal symptoms.
- Prior weight-loss medications or programs.
- Insurance status and preferred pharmacy.
- What you want help with: appetite, cravings, diabetes, weight, blood pressure, cost, food structure or all of the above.

Ask a clinician

- What medication options are appropriate for my health history?
- What product would you prescribe, and what is it approved for?
- What side effects should I expect, and what symptoms should I report?
- How will we monitor weight, blood pressure, labs, food intake and side effects?
- What happens if I cannot tolerate the medication or cannot afford it long term?

Clinician visit prep script

USE AS A MESSAGE OR APPOINTMENT NOTE

"I am considering GLP-1 treatment or comparing programs. I want to understand whether this is appropriate for my health history. I can bring my medication list, supplement list, blood pressure readings if relevant, prior weight-loss attempts, insurance information and questions about side effects, monitoring and cost."

Bring these to the visit:

- Medication and supplement list.
- Any history of diabetes, high blood pressure, kidney disease, gallbladder disease, pancreatitis, thyroid cancer concerns, pregnancy plans or severe gastrointestinal symptoms.
- Blood pressure readings if you monitor at home.
- Program or provider screenshots if you are comparing online care.
- Questions about cost, refills and follow-up.

SOURCES

MedlinePlus GLP-1 agonists – medlineplus.gov/ency/article/007853.htm

FDA concerns with unapproved GLP-1 drugs – [fda.gov/drugs/drug-alerts-and-statements/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss](https://www.fda.gov/drugs/drug-alerts-and-statements/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss)

The before-you-pay provider checklist



Online GLP-1 programs can look simple from the landing page: quick intake, a monthly price and a promise of support. The checkout decision is not simple. You need to know what you are paying for, what medication or product is being offered, who is responsible for care and what happens after the first month.

Start by separating cost lines. Medication cost is not the same as platform cost. A membership fee may cover a telehealth visit, coaching, messaging, support, insurance assistance or a subscription. The medication may be billed separately by a pharmacy. Labs, shipping, onboarding, refills and cancellation terms may also change the total.


Then separate product type. FDA-approved brand medication is different from a compounded product. FDA warns that unapproved versions do not undergo FDA review for safety, effectiveness and quality before marketing. FDA also lists telehealth red flags, including claims that compounded products are the same as FDA-approved drugs, prices that seem too good to be true, no screening by a licensed doctor and no licensed doctor available for questions after delivery.

That does not mean every telehealth program is bad. It means you should verify before paying.

BEFORE YOU PAY

Product, prescriber, pharmacy, price. If any of the four is unclear, pause.

"The lowest monthly price is not useful if the product, pharmacy and follow-up are unclear."



Provider comparison table

Use this for three programs before entering payment.

QUESTION	PROVIDER 1	PROVIDER 2	PROVIDER 3
Exact medication or product offered			
FDA-approved brand, compounded or other			
Prescriber involved before payment?			
Pharmacy named?			
State-licensed pharmacy verification			
Medication monthly cost			
Membership/platform fee			
Labs, shipping or onboarding fee			
First-month promo vs renewal price			
Refill cadence			
Cancellation policy			
Side-effect support path			
Last checked date			

Red flags

Pause before paying if a program:

- Does not identify the product type.
- Uses brand names loosely while offering an unapproved or compounded product.
- Does not require medical screening.
- Does not identify a licensed prescriber.
- Does not name a pharmacy or gives suspicious pharmacy information.
- Makes fast-result guarantees.
- Treats side effects as an afterthought.
- Shows a low price but hides renewal, medication or shipping costs.

Provider call or chat script

USE BEFORE ENTERING PAYMENT DETAILS

"I am comparing GLP-1 programs and need an itemized explanation before paying. What exact medication or product might be offered after review? Is it an FDA-approved brand medication, compounded medication or another option? What pharmacy fills it? What is the medication cost separate from membership, labs, shipping and refills? Who answers side-effect questions after delivery? What is the cancellation policy after the first month?"

Cost worksheet

COST LINE	MONTH 1	MONTH 2+	NOTES
Medication			Brand, compounded or other.
Membership/platform fee			Telehealth, coaching, app or support fee.
Labs			Required, optional or not disclosed.
Shipping			Cold shipping if injectable.
Onboarding/consult			One-time or recurring.

COST LINE	MONTH 1	MONTH 2+	NOTES
Refill fee			If separate.
Cancellation/refund risk			Policy source saved.
Unknowns			Anything not disclosed.
Estimated total			Do not count discounts as permanent unless terms say so.

Online pharmacy check

Before buying medication online:

- Confirm the pharmacy name appears in writing.
- Check whether the pharmacy is state-licensed.
- Be cautious if the site sells prescription medicine without a prescription.
- Be cautious if the medication arrives with broken packaging, missing instructions or suspicious labeling.
- Report unexpected side effects or suspicious products through the appropriate FDA reporting tools when relevant.

SOURCES

FDA concerns with unapproved GLP-1 drugs – [fda.gov/drugs/drug-alerts-and-statements/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss](https://www.fda.gov/drugs/drug-alerts-and-statements/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss)

FDA BeSafeRx – [fda.gov/drugs/buying-using-medicine-safely/besaferrx-your-source-online-pharmacy-information](https://www.fda.gov/drugs/buying-using-medicine-safely/besaferrx-your-source-online-pharmacy-information)

FTC Health Products Compliance Guidance – [ftc.gov/business-guidance/resources/health-products-compliance-guidance](https://www.ftc.gov/business-guidance/resources/health-products-compliance-guidance)

The first-week food scaffold



The first week of a GLP-1 routine should not become a contest to eat as little as possible. Appetite may change, fullness may arrive earlier and familiar meals may feel too large. The goal is to protect structure: fluids, protein, tolerable meals and a plan for low-appetite days.

Think in anchors, not perfect menus.

Anchor one is protein. This could be eggs, Greek-style yogurt, tofu, fish, poultry, beans, lentils, cottage cheese or a protein-forward soup. Protein helps give the day structure when portions are smaller.

Anchor two is produce or fiber-rich foods as tolerated. Vegetables, fruit, beans, lentils, oats or whole grains can support a balanced pattern, but tolerance matters. If nausea, reflux or constipation is active, you may need individualized advice.

Anchor three is hydration. If appetite drops, some people also drink less. If vomiting, diarrhea or constipation appears, hydration and symptom tracking become more important.

Anchor four is backup food. Backup foods are not failure foods. They are foods that keep the week from collapsing when appetite, work or side effects change.

First-week grocery base

Pick what you tolerate and actually eat:

- **Protein:** eggs, plain Greek-style yogurt, tofu, beans, lentils, chicken, fish, cottage cheese.
- **Simple meals:** soups, rice bowls, bean bowls, tuna bowl, tofu bowl, egg-and-vegetable plate.
- **Produce:** berries, bananas, greens, frozen vegetables, carrots, cucumbers.
- **Pantry:** oats, rice, whole-grain toast, low-sodium beans, low-sodium soup.
- **Gentle backups:** broth-based soup, crackers, applesauce, yogurt, simple smoothies.

One-day starter menu

MEAL	OPTIONS
Breakfast	Greek-style yogurt with berries, or eggs with vegetables.
Lunch	Lentil soup, tuna bowl or tofu rice bowl.
Dinner	Fish, chicken, tofu or beans with vegetables and a small grain portion.
Backup	Soup, yogurt, eggs, beans or a simple smoothie if appetite is low.

What to track

For the first week, note:

- Meal timing.
- Protein anchor.
- Fluids.
- Nausea, constipation, diarrhea, vomiting, reflux or abdominal pain.
- Appetite level.
- Blood pressure readings if monitoring.
- Dose day if already prescribed medication.

Three-day starter menu

This is a sample structure, not a prescription. Swap foods based on allergies, cultural preferences, budget, clinician advice and tolerance.

DAY	BREAKFAST	LUNCH	DINNER	BACKUP
Day 1	Greek-style yogurt, berries and oats.	Lentil soup with a small piece of whole-grain toast.	Chicken, tofu or fish bowl with vegetables and rice.	Broth-based soup or eggs if appetite is low.
Day 2	Eggs with spinach or a tofu scramble.	Tuna, bean or chickpea salad over greens.	Turkey, tofu or bean chili with lower-sodium ingredients.	Plain yogurt, banana or simple smoothie.
Day 3	Cottage cheese or yogurt with fruit, or oatmeal with a protein side.	Leftover chili, soup or rice bowl.	Salmon, chicken, tofu or beans with vegetables and potatoes.	Low-sodium soup and crackers if nausea is present.

Low-appetite day plan

If a normal plate feels too large:

1. Start with a few bites of protein.
2. Sip fluids steadily rather than waiting until the end of the day.
3. Choose simple foods you tolerate.
4. Avoid stacking new supplements or recipes to "fix" appetite.
5. Track nausea, vomiting, constipation, diarrhea or abdominal pain.
6. Contact your clinician if symptoms interfere with eating, drinking or normal function.

Pantry staples for a hard week

- Low-sodium soup or broth.
- Canned beans.
- Tuna or salmon packets if tolerated.
- Eggs.
- Plain Greek-style yogurt.
- Oats.
- Rice or potatoes.
- Frozen vegetables.
- Applesauce.
- Crackers.
- Electrolyte option if your clinician recommends it.

SOURCES

CDC healthy eating – [cdc.gov/healthy-weight-growth/healthy-eating/index.html](https://www.cdc.gov/healthy-weight-growth/healthy-eating/index.html)

MedlinePlus GLP-1 agonists – medlineplus.gov/ency/article/007853.htm

Protein, muscle and low-appetite days




Low appetite can be helpful for reducing overeating, but it can also make meals random. That is why protein planning matters. The goal is not to force a large meal. The goal is to make sure smaller meals still have a useful structure.

MedlinePlus lists reduced muscle mass among possible concerns for GLP-1 agonists. That does not mean the same thing happens to everyone, and it does not mean a blog or ebook should prescribe a protein target for every reader. It does mean low appetite should not automatically turn into under-eating.

A simple approach is to start each eating moment with a protein anchor. Then add produce, fiber-rich foods or grains as tolerated.

"Low appetite should not turn into random under-eating."



Protein anchor list

- Eggs.
- Greek-style yogurt.
- Cottage cheese.
- Beans.
- Lentils.
- Tofu or tempeh.
- Fish.
- Chicken or turkey.
- Lean meat if tolerated.
- Protein-forward soups.

Low-appetite meal builder

Use this sequence:

1. Protein anchor.
2. Produce or fiber where tolerated.
3. Simple carbohydrate or grain if needed.
4. Fluids.
5. Backup plan if the meal feels too large.

Examples:

- Yogurt + berries + oats.
- Eggs + greens + toast.
- Tofu + rice + vegetables.
- Beans + broth + vegetables.
- Chicken soup + rice.

Ask for personalization

Ask a clinician or dietitian about protein needs if you have:

- Kidney disease.
 - Diabetes complications.
 - Pregnancy.
 - Eating-disorder history.
 - Significant gastrointestinal symptoms.
 - Athletic training goals.
 - Rapid weight change or weakness.
-

SOURCES

CDC healthy eating – [cdc.gov/healthy-weight-growth/healthy-eating/index.html](https://www.cdc.gov/healthy-weight-growth/healthy-eating/index.html)

MedlinePlus GLP-1 agonists – medlineplus.gov/ency/article/007853.htm

Blood pressure friendly eating without making it complicated



Many CravingWise readers care about weight, blood pressure and GLP-1 treatment at the same time. Food planning can support blood-pressure goals, but it should not be presented as a cure or as a replacement for blood-pressure medication.

The DASH eating plan is a useful framework because it emphasizes a pattern, not a magic food. NHLBI describes DASH as an eating plan centered on fruits, vegetables, whole grains, low-fat dairy where tolerated, fish, poultry, beans, nuts and vegetable oils, while limiting foods high in saturated fat, sugar-sweetened drinks and sweets.

For GLP-1 users, the DASH pattern may need smaller portions and simpler meals. The pattern can still work: protein anchor, produce, fiber-rich foods and lower-sodium defaults.

Blood pressure basics readers actually need

Blood pressure is written as two numbers: systolic over diastolic. Systolic is the top number and reflects pressure when the heart beats. Diastolic is the bottom number and reflects pressure between beats. The American Heart Association lists common adult categories, including normal, elevated, stage 1 hypertension, stage 2 hypertension and severe readings. Those categories are useful for orientation, but a clinician is the person who confirms diagnosis and treatment.

KEEP IT CLINICAL

A blood pressure chart is a filter, not a diagnosis.

For an ebook reader, the practical lesson is not to memorize a chart. It is to build a better monitoring habit:

- Measure at the time and frequency your clinician recommends.
- Use a cuff that fits.
- Sit quietly before a reading.
- Write down both numbers.
- Note symptoms, sleep, caffeine, exercise, stress, medication timing and sodium-heavy meals.
- Recheck severe readings as directed by credible medical guidance.
- Seek urgent help for severe readings with concerning symptoms.

If you are using or considering a GLP-1, blood pressure deserves extra context. Appetite change, reduced intake, vomiting, diarrhea, dehydration, weight change and medication adjustments can all affect how you feel. That does not mean GLP-1 treatment is a blood-pressure treatment plan by itself. It means your blood-pressure notes should be part of the same clinical conversation.

"Blood pressure belongs in the same conversation as weight change, hydration and medication side effects."



Lower-sodium defaults

Try:

- Low-sodium canned beans.
- No-salt-added canned vegetables.
- Frozen vegetables.
- Plain Greek-style yogurt.
- Herbs, citrus, vinegar, garlic or spices before salty sauces.
- Broth-based soups with lower sodium when possible.
- Reading Nutrition Facts labels before buying packaged foods.

Blood pressure log fields

If a clinician recommends monitoring, track:

- Date.
- Time.
- Reading.
- Arm.
- Cuff size if relevant.
- Symptoms.
- Sleep.
- Caffeine.
- Alcohol.
- Exercise.
- Medication timing.
- Sodium-heavy meal.
- GLP-1 dose day if relevant.

IMPORTANT CAVEAT

Do not stop, start or adjust blood-pressure medication because your weight is changing or because one reading improved. Weight change, hydration, vomiting, diarrhea, appetite shifts and other medications can all affect how you feel. Bring readings and symptoms to your clinician.

Nutrition Facts label quick check

Use the label before choosing packaged foods for the week.

1. Check serving size first. The label values are based on the listed serving, not necessarily the whole package.
2. Check sodium, saturated fat and added sugars when blood pressure or heart-health goals matter.
3. Use Percent Daily Value as a shortcut: 5% DV or less is generally low, and 20% DV or more is generally high.
4. Compare similar foods with the same serving size when possible.
5. Look for more fiber, potassium, calcium, vitamin D and iron where appropriate, but personalize with clinician advice if you have kidney disease or other conditions.

Restaurant ordering defaults

When eating out:

- Choose grilled, baked, steamed or brothy options more often than fried or heavily sauced options.
- Ask for sauces and dressings on the side.
- Split large portions or save half.
- Add a protein anchor first.
- Choose fruit, vegetables, beans or whole grains where practical.
- Drink water unless your clinician has different fluid guidance.
- Do not treat one restaurant meal as a failed week.

The weight, sodium and blood pressure loop

Blood pressure is not controlled by one food or one workout. It sits inside a loop:

1. Food pattern.
2. Sodium intake.
3. Body weight and waist change.
4. Sleep.
5. Alcohol and smoking.

- 6. Physical activity.
- 7. Stress.
- 8. Medication adherence.
- 9. Hydration and side effects.

GLP-1 treatment can affect part of that loop by changing appetite and weight trajectory, but it does not replace the rest of the system. A reader who loses weight while eating mostly high-sodium convenience foods may still need a blood-pressure plan. A reader who improves meals but stops prescribed medication without guidance can create risk. Keep the loop visible, and keep medication decisions clinical.

Blood-pressure-friendly grocery swaps

INSTEAD OF	TRY MORE OFTEN	WHY IT HELPS
Regular canned soup	Lower-sodium soup or broth	Packaged soups can be sodium-heavy.
Salt-heavy sauces	Citrus, vinegar, herbs, garlic, spices	Adds flavor without relying only on salt.
Processed snack default	Fruit, yogurt, nuts where appropriate, vegetables with dip	Gives a planned option before cravings hit.
Restaurant-sized entree	Half portion plus protein/produce focus	Helps with portion and sodium control.
Sweet drink	Water, unsweetened tea or clinician-approved fluids	Reduces added sugar and keeps routine simple.

SOURCES

NHLBI DASH eating plan – nhlbi.nih.gov/health/dash-eating-plan

American Heart Association blood pressure readings – heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings

CDC preventing high blood pressure – cdc.gov/high-blood-pressure/prevention/index.html

CDC managing high blood pressure – cdc.gov/high-blood-pressure/living-with/index.html

CDC sodium and health – cdc.gov/salt/about/index.html

FDA Nutrition Facts Label – fda.gov/food/nutrition-facts-label/how-understand-and-use-nutrition-facts-label

Side-effect planning and red flags

GLP-1 side-effect content online can be useful when it helps you ask better questions. It becomes risky when it tells you to change a dose, ignore symptoms or copy someone else's routine.

MedlinePlus lists possible GLP-1 agonist side effects such as nausea, vomiting, diarrhea, abdominal pain, loss of appetite, constipation, headache, low blood sugar risk in some combinations, reduced muscle mass, injection-site reactions and rare pancreatitis or gallbladder disease. The practical step is not to memorize a list. It is to know what your prescriber wants you to report.

NO EXCEPTIONS

Microdosing is still dosing. Dose decisions belong to your prescriber, not to social content.

Symptom tracker

Use this when symptoms appear:

FIELD	NOTES
Date and time	
Dose day or medication timing	

FIELD	NOTES
Symptom	
Severity	
Meals before symptom	
Fluids	
Vomiting, diarrhea or constipation	
Abdominal pain	
Blood sugar concern if relevant	
Blood pressure concern if relevant	
What helped or worsened it	
Message sent to clinician?	

Ask your prescriber before starting

- What side effects are common?
- Which symptoms should I report quickly?
- What symptoms should trigger urgent care?
- What should I do if I vomit or cannot keep fluids down?
- How should I handle constipation?
- What should I do if I miss a dose?
- Who answers questions after the prescription?

Red flags for online advice

Avoid advice that:

- Tells you to increase or decrease dose without your prescriber.
- Treats severe vomiting or abdominal pain as normal.

- Claims one supplement fixes GLP-1 side effects.
- Recommends stacking multiple weight-loss products.
- Ignores blood sugar, hydration, pregnancy, kidney, gallbladder or pancreas history.

Message template for side effects

USE WHEN CONTACTING A PRESCRIBER

"I am taking [medication/product name] and I am experiencing [symptom]. It started on [date/time], around [dose timing if relevant]. Severity is [mild/moderate/severe]. I have had [vomiting/diarrhea/constipation/abdominal pain/low intake/dehydration symptoms]. I have been able/unable to keep fluids down. My recent meals and fluids were [brief notes]. My other medications are [list or attached]. What should I do next, and what symptoms should trigger urgent care?"

When a blog or video is not enough

Use clinical support, not content, when:

- Vomiting or diarrhea is persistent.
- You cannot maintain fluids.
- Abdominal pain is severe or worsening.
- Constipation is severe, persistent or paired with concerning symptoms.
- You have symptoms of low blood sugar and are on medications that can increase that risk.
- You feel faint, confused, weak or unusually unwell.
- You are pregnant, planning pregnancy or have a complex medical history.

SOURCES

MedlinePlus GLP-1 agonists – medlineplus.gov/ency/article/007853.htm

MedlinePlus semaglutide – medlineplus.gov/druginfo/meds/a619057.html

MedlinePlus tirzepatide – medlineplus.gov/druginfo/meds/a622044.html

Movement, sleep and stress without all-or-nothing rules



Movement, sleep and stress routines are not punishment for eating. They are support systems. When appetite changes, daily routines can become more important because the body is adjusting to a new pattern.

CDC guidance on weight management emphasizes realistic, sustainable steps. The useful question is not "what is the most intense routine?" It is "what can I repeat next week?"

For GLP-1 users, activity has three jobs:

1. Support heart and metabolic health.
2. Help preserve function, strength and daily capacity while weight changes.
3. Give the week a stable rhythm that is not controlled only by appetite.

The goal is not to out-exercise food or chase punishment workouts. The goal is to keep the body engaged while food intake, medication tolerance and weight trajectory change.

Movement starter options

Pick one:

- 10-20 minute walk.
- Two short walks after meals.

- Beginner resistance band routine.
- Bodyweight sit-to-stand, wall pushups and light rows.
- Gentle stretching on nausea or low-energy days.

Ask a clinician before changing activity if you have cardiovascular, orthopedic, neurological or metabolic concerns.

Minimum effective movement plan

For the first two weeks, choose a plan that feels almost too easy:

- Two 10-minute walks per week, or
- One short walk after two meals per week, or
- Two beginner strength sessions with 4-5 simple movements, or
- A gentle mobility routine on low-energy days.

The point is to create a repeatable baseline. Increase only when the baseline feels stable and your clinician has not restricted activity.

Simple strength circuit

Use bodyweight or light resistance only if appropriate for you:

1. Sit-to-stand from a chair.
2. Wall pushup.
3. Resistance band row or towel row.
4. Step-up or supported march.
5. Farmer carry with light household items.

Stop if you feel chest pain, severe shortness of breath, faintness or symptoms your clinician told you to avoid.

Cardio, strength and daily movement

Think in three buckets:

BUCKET	EXAMPLES	WHY IT MATTERS
Cardio	Walking, cycling, swimming, elliptical, dancing	Supports cardiovascular fitness and blood-pressure-friendly routines.
Strength	Bodyweight, resistance bands, weights, machines	Helps preserve strength and function during weight change.
Daily movement	Steps, stairs, chores, short walking breaks	Makes activity less dependent on a perfect workout.

If you are starting from low activity, the daily movement bucket may be the best first step. If you are already active, strength training and recovery may deserve more attention.

The two-week movement ramp

This is a conservative example for someone cleared for light activity. Adjust with a clinician if you have limitations.

DAY	MOVEMENT TARGET	NOTES
Monday	10-minute walk	Easy pace.
Tuesday	Strength circuit, 1 round	Chair sit-to-stand, wall pushup, supported row, supported march.
Wednesday	Rest or gentle mobility	Keep routine flexible.
Thursday	10-15 minute walk	Stop if symptoms appear.
Friday	Strength circuit, 1 round	Keep effort modest.
Saturday	Optional easy walk or chores	Count ordinary movement.
Sunday	Review week	What was repeatable? What was too much?

Week two can repeat the same plan. Only add time, distance or resistance if the first version felt stable.

Non-scale wins to track

Weight is only one signal. Track improvements that affect real life:

- Walking without stopping as often.
- Less late-night grazing.
- More consistent breakfast.
- Better blood-pressure log completion.
- Fewer impulse checkout decisions.
- More meals with a protein anchor.
- Better sleep routine.
- Fewer all-or-nothing restarts.
- More confidence asking provider questions.

Sleep support

Try:

- Keep a consistent wake time where possible.
- Avoid turning late-night hunger or nausea into random grazing without a plan.
- Keep a simple evening backup food if appetite is low during the day.
- Track whether poor sleep changes cravings, blood pressure or side effects.

Stress support

A SMALL SCRIPT

"I do not need a perfect reset. I need the next useful step: water, protein anchor, short walk, message my clinician or plan tomorrow's breakfast."

SOURCES

CDC losing weight – [cdc.gov/healthy-weight-growth/losing-weight/index.html](https://www.cdc.gov/healthy-weight-growth/losing-weight/index.html)

CDC adult physical activity guidelines – [cdc.gov/physical-activity-basics/guidelines/adults.html](https://www.cdc.gov/physical-activity-basics/guidelines/adults.html)

CDC physical activity and weight – [cdc.gov/healthy-weight-growth/physical-activity/](https://www.cdc.gov/healthy-weight-growth/physical-activity/)

Cravings, environment and the weight-loss system



Weight loss is not only a medication decision or a meal plan. It is a system: what food is available, when stress happens, how sleep changes appetite, what social situations trigger overeating, how easy it is to move, what the budget allows and what happens when a week gets messy.

GLP-1 medication may reduce appetite or cravings for some people, but the environment still matters. A quieter appetite does not automatically create a grocery plan, a protein routine, lower-sodium defaults, a refill budget or a follow-up visit.

The craving map

Use this before blaming willpower.

TRIGGER	WHAT IT FEELS LIKE	BETTER NEXT STEP
Late night	Searching the kitchen after the day slows down	Planned evening protein or tea routine, earlier dinner anchor, sleep cue.
Work stress	Snack as pressure release	Five-minute reset, walk, message draft, planned snack.
Low protein day	Grazing without feeling satisfied	Add protein anchor at next meal.

TRIGGER	WHAT IT FEELS LIKE	BETTER NEXT STEP
Poor sleep	More hunger, more cravings, less patience	Keep meals simpler; avoid "restart tomorrow" spiral.
Social meal	Portions and alcohol drift	Choose anchor first, decide alcohol plan, avoid compensation restriction.
Scale frustration	"Nothing is working" reaction	Review trend, symptoms, adherence, sleep, sodium and clinician plan.

Food environment reset

The easiest plan is the one your kitchen supports.

Try setting up:

- One visible protein option.
- One low-effort produce option.
- One emergency meal.
- One lower-sodium pantry backup.
- One planned snack.
- One drink default.
- One "do not buy this on autopilot" item.

The goal is not to make the kitchen perfect. It is to reduce friction when the day is hard.

Plateaus without panic

A plateau does not automatically mean failure. It can reflect normal body adaptation, water shifts, sodium changes, constipation, menstrual cycle changes, medication changes, sleep disruption, activity changes or inconsistent measurement.

Before reacting:

1. Review a multi-week trend, not one weigh-in.
2. Check side effects and constipation.
3. Review protein, fluids and meal consistency.
4. Check sodium-heavy meals if blood pressure or water retention matters.
5. Look at sleep and activity.
6. Ask your clinician whether medication, labs or medical factors need review.

Do not respond to a plateau by copying a dose change or extreme diet from social content.

"A plateau is a signal to review the system, not a reason to copy a social-media protocol."



The "good enough week" standard

A useful week does not need to be perfect. A good enough week might include:

- Three protein-forward breakfasts.
- Two planned grocery backups.
- Two walks.
- One provider or pharmacy question answered.
- Blood pressure readings logged if recommended.
- One lower-sodium swap.
- Symptoms tracked accurately.

That is progress because it builds the system around the medication.

REMEMBER

A good enough week beats a perfect reset.

SOURCES

CDC losing weight – [cdc.gov/healthy-weight-growth/losing-weight/index.html](https://www.cdc.gov/healthy-weight-growth/losing-weight/index.html)

CDC healthy eating – [cdc.gov/healthy-weight-growth/healthy-eating/index.html](https://www.cdc.gov/healthy-weight-growth/healthy-eating/index.html)

CDC adult physical activity guidelines – [cdc.gov/physical-activity-basics/guidelines/adults.html](https://www.cdc.gov/physical-activity-basics/guidelines/adults.html)

Maintenance, plateaus and stopping questions



Starting is not the only decision. Many people need to think about coverage changes, side effects, refills, plateaus, maintenance, switching, stopping or long-term costs. Those decisions belong with a clinician.

MedlinePlus notes that many people using GLP-1 agonists will regain lost weight if they stop the medicine. That makes stopping or switching a care-plan conversation, not a social-media experiment.

Follow-up visit questions

Bring these:

- What outcomes are we tracking?
- How are side effects changing?
- Are labs needed?
- Should blood pressure monitoring change?
- Am I eating enough protein and fluids?
- Is weight change happening at an appropriate pace?
- What is the long-term cost?
- What happens if insurance changes?
- What are my options if this medication is not tolerated?

- What is the plan if I plateau?
- What is the plan if I stop?

Maintenance worksheet

AREA	CURRENT STATUS	QUESTION FOR CLINICIAN
Medication		
Side effects		
Food intake		
Protein		
Fluids		
Blood pressure		
Activity		
Sleep		
Cost		
Refills		
Long-term plan		

The safest GLP-1 decision is not the fastest checkout or the most dramatic story. It is the one where you know the product, price, source, prescriber, pharmacy, side-effect plan, food routine and follow-up path.

Use this ebook as a checklist. Use your clinician for medical decisions.

PRINTABLE

Before-you-pay checklist



- Exact product name: _____
- Active ingredient: _____
- FDA-approved brand, compounded product, supplement or other: _____
- Prescriber: _____
- Pharmacy: _____
- Medication cost: _____
- Membership fee: _____
- Labs: _____
- Shipping: _____
- Refill cadence: _____
- Cancellation terms: _____
- Side-effect support: _____
- Last checked date: _____
- Source screenshots saved: _____

Label reading mini-checklist

- Serving size checked: _____
- Servings per container checked: _____
- Sodium %DV: _____
- Added sugar %DV: _____
- Saturated fat %DV: _____
- Fiber: _____
- Protein: _____
- Does this food fit my blood-pressure, diabetes, kidney or clinician guidance? _____
- Notes: _____

PRINTABLE

First-week grocery list



Protein

- Eggs.
- Greek-style yogurt.
- Tofu.
- Beans.
- Lentils.
- Fish.
- Chicken.
- Cottage cheese.

Produce

- Berries.
- Bananas.
- Greens.
- Frozen vegetables.
- Carrots.
- Cucumbers.

Pantry

- Oats.
- Rice.
- Whole-grain toast.
- Low-sodium beans.
- Low-sodium soup.
- Broth.

Backup

- Yogurt.
- Soup.
- Eggs.
- Applesauce.
- Crackers.
- Simple smoothie ingredients.

Weekly planning page

DAY	PROTEIN ANCHOR	PRODUCE/FIBER	BACKUP FOOD	FLUIDS	SYMPTOM NOTES	BP IF TRACKING
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

REFERENCE

Glossary



TERM	PLAIN-ENGLISH MEANING
Active ingredient	The medication component that produces the drug effect, such as semaglutide or tirzepatide.
Brand medication	A marketed medication sold under a brand name with official prescribing information.
Compounded medication	A medication prepared by a compounding pharmacy for a specific need. Compounded drugs are not FDA-approved finished products.
Contraindication	A reason a medication may not be recommended for a person because of safety risk.
FDA-approved	Reviewed by FDA for safety, effectiveness and quality for the approved use.
GLP-1 agonist	A medication class that mimics GLP-1 hormone actions involved in fullness, insulin signaling and stomach emptying.
Membership fee	A platform or program charge that may be separate from medication cost.
Off-label use	Use of an FDA-approved medication for a purpose not included in the approved labeling. Clinician guidance is required.
Prior authorization	An insurance process where coverage may require approval before payment.
Side-effect plan	Instructions for what symptoms to monitor, what to do and when to contact a clinician.

TERM	PLAIN-ENGLISH MEANING
Supplement	A dietary product. It should not be treated as equivalent to prescription medication.
Telehealth	Remote care delivered through online or phone-based clinical services.

Source library

MedlinePlus GLP-1 agonists – medlineplus.gov/ency/article/007853.htm

FDA concerns with unapproved GLP-1 drugs – [fda.gov/drugs/drug-alerts-and-statements/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss](https://www.fda.gov/drugs/drug-alerts-and-statements/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss)

FDA BeSafeRx – [fda.gov/drugs/buying-using-medicine-safely/besaferx-your-source-online-pharmacy-information](https://www.fda.gov/drugs/buying-using-medicine-safely/besaferx-your-source-online-pharmacy-information)

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CDC physical activity – [cdc.gov/healthy-weight-growth/physical-activity/](https://www.cdc.gov/healthy-weight-growth/physical-activity/)

CDC preventing high blood pressure – [cdc.gov/high-blood-pressure/prevention/index.html](https://www.cdc.gov/high-blood-pressure/prevention/index.html)

CDC managing high blood pressure – [cdc.gov/high-blood-pressure/living-with/index.html](https://www.cdc.gov/high-blood-pressure/living-with/index.html)

CDC sodium and health – [cdc.gov/salt/about/index.html](https://www.cdc.gov/salt/about/index.html)

American Heart Association blood pressure readings – [heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings](https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings)

NHLBI DASH eating plan – [nhlbi.nih.gov/health/dash-eating-plan](https://www.nhlbi.nih.gov/health/dash-eating-plan)

FDA Nutrition Facts Label – [fda.gov/food/nutrition-facts-label/how-understand-and-use-nutrition-facts-label](https://www.fda.gov/food/nutrition-facts-label/how-understand-and-use-nutrition-facts-label)

FTC Health Products Compliance Guidance – [ftc.gov/business-guidance/resources/health-products-compliance-guidance](https://www.ftc.gov/business-guidance/resources/health-products-compliance-guidance)

MedlinePlus semaglutide – [medlineplus.gov/druginfo/meds/a619057.html](https://www.medlineplus.gov/druginfo/meds/a619057.html)

MedlinePlus tirzepatide – [medlineplus.gov/druginfo/meds/a622044.html](https://www.medlineplus.gov/druginfo/meds/a622044.html)

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