
COURSE RESOURCE

TRAINING-READINESS & MONITORING TEMPLATE

Coach reference | Per-session and weekly check-in tool for clients using GLP-1 medications — recognise, document, refer

Clients on GLP-1 medications can see week-to-week swings in energy, appetite, hydration, and lean-mass markers that a standard readiness check may miss. This template gives you a fast, repeatable way to screen a client at the door, decide whether to train as planned, modify, or pause and refer, and leave a written trail you can act on over time.

SCOPE OF PRACTICE

This is a coaching and tracking tool, not a medical assessment. As a personal trainer you screen, document, and refer — you do not diagnose symptoms, interpret bloodwork, or advise on medication timing, dose, or whether to eat before/after an injection. The green/amber/red rules below are training decisions, not clinical ones. When in doubt, stop and refer to the client's physician or pharmacist.

HOW TO USE THIS TEMPLATE

Run the SESSION CHECK-IN at the start of every session — it takes about two minutes. Complete the WEEKLY REVIEW once per week (same day each week is easiest) to catch slow trends the daily snapshot hides. Score each item, take the most cautious color that appears, and follow the matching decision rule.

- Ask, don't assume: read each prompt out loud and record the client's own words where useful.
- One red flag sets the session to red, even if everything else is green.
- Date and initial every entry so the record stands on its own if another professional reads it.

PER-SESSION CHECK-IN

Fill this in before the client changes or warms up. Circle or note the color band for each row.

Marker	Prompt to ask / observe	Green	Amber	Red
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Energy	"Rate your energy 1-10 today."	7-10	4-6	0-3 or "wiped out"
Sleep	"Hours and quality last night?"	7+ hrs, rested	5-6 hrs or broken	<5 hrs or unrested 2+ nights
Hydration	"Roughly how much fluid so far today?"	On track, pale urine	Behind, thirsty	Dark urine, dizzy, or barely drinking
Appetite / intake	"Have you eaten today? What and when?"	Ate normally	Light / skipped a meal	Eaten very little for 24h+
GI symptoms	"Any nausea, vomiting, reflux, constipation?"	None / mild	Mild-moderate, manageable	Vomiting, severe pain, or can't keep fluids down
Dizziness / lightheadedness	"Any lightheadedness standing up or today?"	None	Occasional, mild	On standing, or with blurred vision / faintness
Overall readiness	"How ready do you feel to train, 1-10?"	7-10	4-6	0-3

KEY SIGNAL

Treat this cluster as an automatic red and refer same-day: repeated vomiting or inability to keep fluids down, severe or persistent abdominal pain, fainting or near-fainting, chest pain, or new confusion. These are outside training scope. Stop the session, keep the client comfortable and hydrated, and direct them to seek medical care.

STRENGTH & CAPACITY MARKERS

Track a few fixed markers so you can see whether performance is holding, drifting, or dropping faster than expected during a fat-loss phase. Use the same lifts and tools each time.

Marker	How to measure	Log
Grip / handgrip	Dynamometer or a fixed loaded carry distance	____ kg / ____ m
Lower-body strength	Top working set on a chosen lift (e.g. goblet or back squat), same rep target	____ kg x ____ reps

Upper-body strength	Top working set on a chosen press or row, same rep target	____ kg x ____ reps
Bodyweight movement	Reps at a fixed standard (e.g. push-ups, sit-to-stand in 30s)	____ reps
Session RPE	Client-rated effort 1-10 for the whole session	____ / 10
Bodyweight (optional, client-tracked)	Client's own scale, same conditions	____ kg

WHY IT MATTERS

Rapid weight loss can cost muscle as well as fat. Watching strength markers, protein-forward eating habits, and training tolerance side by side helps you protect lean mass and flag when performance is falling faster than expected — a signal to modify the plan and, if it persists, loop in the client's care team.

DECISION RULES: GREEN, AMBER, RED

Take the most cautious band that appears across the check-in, then apply the matching rule. The color decides the training action, not whether the client is 'allowed' to have symptoms.

Band	What it means	Coach action
GREEN	All markers in range; client fed, hydrated, rested	Train as planned. Log markers and proceed.
AMBER	One or more markers borderline; low intake, poor sleep, mild GI or dizziness	Modify: reduce load/volume/intensity, extend warm-up and rest, favour seated/supported work, keep away from failure, prioritise hydration and a break if needed. Re-check mid-session.
RED	Any red marker, or the KEY SIGNAL cluster	Do not train as planned. Stop or postpone. Document what you saw and refer the client to their physician/pharmacist. For the emergency cluster, direct them to urgent medical care.

AMBER MODIFICATIONS YOU CAN MAKE

Amber is a coaching call inside your scope: you are adjusting the training, not treating a condition. Practical swaps:

- Cut top-set load by roughly 10-20% and drop 1-2 sets per exercise, keeping reps 2-3 shy of failure.

- Swap standing or overhead work for seated/supported variations if the client feels lightheaded.
- Extend rest to 2-3 minutes and lengthen the warm-up; break for water and a snack the client brought if intake was low.
- Shorten the session and bias it toward technique, mobility, or easy aerobic work on very low-fuel days.

WEEKLY REVIEW

Once a week, step back from the daily snapshot and look for trends. Fill this in with the client.

Weekly question	Entry
How many sessions were green / amber / red?	G:___ A:___ R:___
Any repeated GI symptoms, dizziness, or missed meals?	_____
Are strength markers holding, up, or trending down?	_____
Average daily protein / meal habits on track?	_____
Hydration consistent through the week?	_____
Anything referred out this week? Follow-up needed?	_____
Plan for next week (progress / hold / deload)	_____

REFERRAL SCRIPT

A calm, non-alarming way to hand off. Adapt the wording to your client:

"I'm noticing [dizziness / low energy / GI symptoms / a drop in your strength numbers] over the last little while. That's outside what I coach, so I'd like you to check in with your doctor or pharmacist before we push training again. I'll keep the notes I've been taking so you can share them. In the meantime we'll keep sessions lighter and focus on hydration and getting enough food in."

EVIDENCE NOTE

The markers and cautions here reflect widely recognised training-readiness and general nutrition principles applied to clients who may experience appetite suppression, GI effects, and rapid weight loss. Statements are kept directional and general on purpose.

The course team will attach verified citations before publication — do not present any figure here as a clinical threshold.

CONSENT

Before collecting this information, tell the client what you record, why, and who might see it, and get their agreement to note symptoms and, when needed, to communicate with their healthcare provider. Store completed templates securely and share them only with the client's permission.