
COURSE RESOURCE

COMING OFF YOUR MEDICATION - SUPPORT WORKSHEET

Client handout | Plan your transition or pause with your prescriber, and protect the habits you have built

This worksheet helps you and your coach prepare for a time when you stop or pause your medication. Fill it in yourself, bring it to your prescriber, and share the training and habit sections with your coach. Nothing here replaces medical advice.

SCOPE OF PRACTICE

Your personal trainer is not a medical provider. The decision to stop, pause, taper, or change your medication belongs to you and your prescriber alone. Your coach's job is to support your training, general nutrition habits, and progress tracking through the transition, and to flag anything that should be brought to your clinician. If in doubt, we recognise it, document it, and refer you.

BEFORE YOU START: YOUR DETAILS

- Name: _____ Date: _____
- Reason for coming off / pausing (your words, optional): _____
- Have you set a date or appointment with your prescriber to discuss this? Yes / No — Date: _____
- Who is on your support team? Prescriber: _____ Coach: _____ Other (dietitian, family): _____

WHAT MAY CHANGE (AND WHY IT HELPS TO EXPECT IT)

Many people notice their appetite and hunger signals feel stronger again after stopping this class of medication. This is a normal physiological change, not a personal failure. Planning for it in advance is the single most useful thing you can do. Tick anything you want to keep an eye on:

- Appetite / hunger feeling stronger between meals
- Feeling less full after the same portion size

- More food thoughts or cravings, especially in the evening
- Changes in energy or how training feels
- Changes in mood around eating

EVIDENCE NOTE

General guidance and clinical experience suggest appetite often returns after stopping GLP-1 medication, and that people who keep structured habits tend to hold their progress better than those who stop everything at once. This is directional, not a guarantee for any one person. The course team will attach verified citations to the final version.

HABITS TO KEEP (YOUR NON-NEGOTIABLES)

Pick 3 to 5 habits you already do that you want to protect no matter what. These are the anchors that carry your results forward. Write the specific version you will actually do.

Habit anchor	Your specific commitment	When / how often
Protein at each meal	e.g. a palm-sized protein source every meal	3x daily
Steps / daily movement	e.g. _____ steps or a ____ min walk	Daily
Strength training	e.g. ____ sessions per week	Weekly
Meal structure	e.g. eat at planned times, sit down to eat	Daily
Sleep / recovery	e.g. lights out by _____	Nightly

TRAINING PLAN THROUGH THE TRANSITION

Your priority as appetite returns is to keep the muscle you built. Muscle protects your metabolism and your strength. Keep lifting; do not swap strength work for endless cardio.

- Strength: 2 to 4 full-body or split sessions per week, keeping the main lifts (squat/hinge/push/pull) with loads you can move for about 6 to 12 quality reps and 1 to 2 reps left in reserve.
- Progression: aim to keep or slightly beat last week's key lifts (add a rep or a small load) rather than chasing big jumps.
- Cardio / steps: keep a steady walking target for appetite regulation, energy, and mood; add it to, not in place of, strength work.

- Recovery: keep at least one full rest day and protect sleep — under-recovery makes hunger feel harder to manage.
 - My training days this week:
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NUTRITION HABITS (GENERAL, NOT A PRESCRIPTION)

These are everyday coaching habits, not a medical diet. If you have specific medical nutrition needs, your prescriber or a registered dietitian should guide those.

- Anchor each meal with protein and vegetables first — this supports fullness as appetite returns.
 - Keep portions on a plate rather than eating from packages, so you can see what you are having.
 - Plan for the hungry window you identified above (e.g. a planned evening snack you feel good about).
 - Stay hydrated; sometimes thirst reads as hunger.
 - One habit I want to add or tighten up:
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RELAPSE-PREVENTION PLAN

A slip is not a failure — it is information. The goal is to catch drift early and have a plan ready before you need it.

- My early warning signs (e.g. skipping sessions, portions creeping up, weighing avoidance): _____
- My 'get back on track' first step (make it small — one walk, one planned meal, one session): _____
- Who I will tell if I feel things slipping: _____
- What I will track to stay honest (choose 1 to 2): weight trend / photos / measurements / training log / step count
- My check-in cadence with my coach during this period: weekly / every 2 weeks / monthly

KEY SIGNAL

Tell your prescriber promptly — do not wait for a scheduled check-in — if you have symptoms that concern you, such as rapid unexpected weight change, persistent nausea

or vomiting, dizziness, or any new or returning symptom the medication had been managing. Your coach will help you document what you are noticing, but interpreting symptoms and any medication decision is your clinician's role.

QUESTIONS TO DISCUSS WITH YOUR DOCTOR

Bring these prompts to your appointment. Write the answers in so you and your coach are working from the same plan.

- Is stopping, pausing, or tapering right for me — and if we taper, over what timeline?
- What changes in appetite, weight, or symptoms should I expect, and which ones should I report back to you?
- Are there any effects on other conditions or medications I take that I should watch for?
- How and when should I check back in with you — and what would prompt an earlier call?
- Is it safe for me to continue my current strength and cardio training as planned?

MY COMMITMENT

- My top 3 habits to protect: 1) _____ 2) _____ 3) _____
- My next prescriber conversation is booked for: _____
- Client signature: _____ Coach signature: _____ Date: _____

CONSENT

By sharing the training and habit sections of this worksheet with your coach, you agree they may support you on those items and document what you report. You understand your coach will not advise on your medication and will refer any clinical question back to your prescriber. You can withdraw this consent at any time.